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Rules and Regulations

Federal Register
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NUCLEAR REGULATORY COMMISSION

10 CFR Part 9

RIN 3150–AB94

Government in the Sunshine Act Regulations

AGENCY: Nuclear Regulatory Commission.

ACTION: Final rule: Notice of intent to implement currently effective rule; response to comments.

SUMMARY: The Nuclear Regulatory Commission, having considered the comments received on the May 10, 1999, document declaring its intent to begin implementing a final rule published and made effective in 1985, has decided to proceed with implementation of the rule, 30 days from the date of publication of this document.

DATES: The May 21, 1985, interim rule became effective May 21, 1985. The Commission will begin holding non-Sunshine Act discussions no sooner than August 23, 1999.

FOR FURTHER INFORMATION CONTACT: Peter Crane, Office of the General Counsel, U.S. Nuclear Regulatory Commission, Washington, DC 20555, (301) 415–1622.

SUPPLEMENTARY INFORMATION: On May 10, 1999 (64 FR 24936), the Nuclear Regulatory Commission noticed in the **Federal Register** of its intention to begin implementing its regulations, promulgated in 1985, applying the Government in the Sunshine Act. The Commission provided a period for public comment, ending June 9, 1999, and stated that no non-Sunshine Act discussions would be held before July 1, 1999, to give the Commission an opportunity to consider the comments. The Commission stated that non-Sunshine Act discussions could begin on July 1, unless it took further action. Finding that the comments do in fact warrant discussion, the Commission provides this additional document that responds to the issues raised by the commenters. During the period of its review of the comments, the Commission has not held any non-Sunshine Act discussions and has decided not to hold any such discussions until, at the earliest, 30 days from the date of publication of this document.

Nine comments were received on the May 10 notice, all but one of which expressed disapproval of the NRC's action. (The lone exception was a comment from a nuclear industry group, the Nuclear Energy Institute, which said that it endorsed the NRC's action for the reasons stated in the May 10, 1999, document.) Of the critical comments received, the most detailed came from a Member of the United States House of Representatives, Edward J. Markey, and from two public interest organizations, the Natural Resources Defense Council and Public Citizen. The negative comments were mostly (but as will be seen, not exclusively) along the lines that the Commission had tried to anticipate in its detailed document of May 10.

The comments were both on legal and policy grounds. The primarily legal arguments included the following:

(a) The legislative history of the Sunshine Act makes clear Congress's intent that there should be openness to the maximum extent practicable;

(b) The Commission's action is thus antithetical to the letter and spirit of the Act;

(c) The Supreme Court's decision in *FCC* v. *ITT World Communications,* 466 U.S. 463 (1984), involved unique circumstances and is not relevant to the issue before the NRC;

(d) The Commission disregarded such court decisions as that of the U.S. Court of Appeals for the D.C. Circuit in *Philadelphia Newspapers* v. *NRC,* 727 F.2d 1195 (1984);

(e) The criteria adopted by the Commission are too vague to be workable, inasmuch as they require the Commission to predict the course that discussions will take; and

(f) The Commission's action, by providing for minimal recordkeeping, possibly to be discontinued after six months, will preclude meaningful judicial review.

Policy arguments included these:

(a) Even if the rule can be justified legally, it represents a retreat from openness and will diminish public confidence in the Commission;

(b) The NRC has failed to show that collegiality has been impaired by the Sunshine Act;

(c) The examples of topics that the Commission has cited as examples of possible non-Sunshine Act discussions are too trivial to warrant changing a rule that has served well for 20 years;

(d) The Commission failed to follow the recommendations of the American Bar Association with respect to record keeping;

(e) No harm could come to the Commission's processes if general background briefings were held in open session;

(f) The NRC's role as regulator of a technically complex industry calls for maximum openness; and

(g) Nothing in the rule prevents the Commission from holding off-the-record discussions with representatives of the regulated industry.

In the interest of clarity, we will address the comments in a comment-and-response format. Some comments were dealt with in sufficient detail in the May 10, 1999, document that it would serve no useful purpose to repeat here the Commission's position with regard to them.

A. *Comment:* One of the critical commenters quoted at length from the decision of the U.S. Court of Appeals for the District of Columbia Circuit in *Philadelphia Newspapers* v. *NRC,* 727 F.2d 1195 (1984), in which the court declared that ''Government should conduct the public's business in public.'' The commenter opined that Congress undoubtedly intended that the Government in the Sunshine Act ''would guarantee public accountability'' on the safety of nuclear power.

Response: Undeniably, the *Philadelphia Newspapers* decision represented an expansive view of the Sunshine Act on the part of that panel of the D.C. Circuit. Only a few months later, however, the Supreme Court provided sharply different guidance in the first (and to date only) Government in the Sunshine Act case to reach the Court: *FCC* v. *ITT World*

Communications, 466 U.S. 463 (1984). *ITT World Communications* resembled *Philadelphia Newspapers* in that it also involved an expansive interpretation of the Sunshine Act by the D.C. Circuit. Resoundingly, in a unanimous decision, the Supreme Court overturned the D.C. Circuit's ruling, and it used the opportunity to give guidance on the proper interpretation of the Sunshine Act. It said, among other things:

> Congress in drafting the Act's definition of ''meeting'' recognized that the administrative process cannot be conducted entirely in the public eye. ''(I)nformal background discussions (that) clarify issues and expose varying views'' are a necessary part of an agency's work. (Citation omitted.) The Act's procedural requirements effectively would prevent such discussions and thereby impair normal agency operations without achieving significant public benefit. Section 552b(a)(2) therefore limits the Act's application. * * *

Id. at 469–70.

The Commission's rulemaking has been grounded from the start in this definitive Supreme Court guidance. The rule itself includes a definition of ''meeting'' taken verbatim from the Court's opinion. The American Bar Association confirmed that the NRC's approach was consistent with Congressional intent and the Supreme Court's interpretation. To the extent that the commenter was urging the NRC to follow the approach of the Court of Appeals and disregard the contrary guidance of the Supreme Court, the NRC cannot agree. Even if the Commission believed as a matter of policy that such a course was desirable, the NRC is not at liberty to ignore Supreme Court decisions interpreting the statutes that govern its operations.[1]

B. *Comment:* The NRC's action, even if some legal arguments could be made for it, is contrary to the Congress's intent, documented in the legislative history, that Federal agencies were intended to practice openness to the maximum extent possible.

Response: Congress made a deliberate decision to limit the applicability of the Sunshine Act to ''meetings.'' As the Supreme Court explained in detail, the definition of ''meeting'' was an issue to which Congress paid extremely close attention, with changes introduced late in the process. The bill in its final form therefore differed significantly from what some of its supporters (including its chief sponsor, the late Senator Lawton Chiles) desired. As a result, Committee reports describing earlier, more expansive versions of the legislation bills are of slight significance compared to the Supreme Court's parsing of the statute that Congress actually passed. Some commenters are in effect asking the NRC to join in rewriting history so that the narrowing of the scope of ''meetings''—proposed by then-Representative Pete McCloskey, enacted over the opposition of Senator Chiles and others, and elucidated by the Supreme Court—is made to disappear from the record. The reality, contrary to the views of some commenters, is that the Sunshine Act did not decree openness to the maximum extent practicable. Instead, it struck a balance between the public's right to know and the agencies' need to function efficiently in order to get the public's business done.

C. *Comment:* A commenter asserted that the NRC had failed to offer examples of the types of ''non-Sunshine Act discussions'' that it contemplated holding.

Response: The commenter is in error, as may be seen from the section of the NRC's May 10, 1999, document on page 24942 that begins, ''Some specific examples of the kinds of topics that might be the subject of non-Sunshine Act discussions would include. * * *'' Nor was this the first time that the NRC had offered such examples. It has done so repeatedly, beginning in 1985. Indeed, the American Bar Association task force that studied the Sunshine Act quoted, with approval and at considerable length, the examples of possible non-Sunshine Act discussions included in a memorandum to the Commission from the NRC General Counsel.

D. *Comment:* A commenter asserted that ''no detailed analysis or specific example has been provided of problems with the current rule or of the need for changes.''

Response: The Commission disagrees with this comment. As long ago as 1984, the Administrative Conference of the United States, in Recommendation 84–3, was commenting that the Sunshine Act had had the unintended effect of diminishing collegiality at multi-member agencies and shifting power from the collegium to the Chairman and staff. Analyses by the NRC, the American Bar Association, and the Administrative Conference all provide factual support for the proposition that there are problems associated with the Act. Again, this topic was covered in detail in the Commission's May 10, 1999, document.

E. *Comment:* One commenter observed that ''[t]here is no apparent requirement to keep any tape or transcript of non-Sunshine Act discussions.''

Response: This comment is correct, for that is the way that Congress enacted the statute. (The May 10, 1999, document quoted the legal judgment reflected in the ABA report that if a discussion ''is not a 'meeting,' no announcement or procedures are required because the Act has no application.'') As a matter of policy discretion, however, the NRC has decided to maintain a record of the date and subject of, and participants in, any scheduled non-Sunshine Act discussions that three or more Commissioners attend, for *at least* the initial six-month period of implementing the rule. This will assist the Commission in determining whether thereafter, recordkeeping should be maintained, increased, or eliminated. No final decision has been made at this time. The Commission will not discontinue its practice of keeping such records without advance notice to the public.

F. *Comment:* The NRC should make clear whether or not it intends that discussions now held as ''meetings'' can henceforth be held as non-Sunshine Act discussions. The Commissioners whose proposal initiated the Commission's action seem to have contemplated transforming current ''meetings'' into non-Sunshine Act discussions, but the Commission's May 10, 1999, document denies this intent.

Response: The May 10, 1999, document made clear that the objective is not to turn discussions now held as ''meetings'' into non-Sunshine Act discussions, but rather to enable the Commission to hold, as non-Sunshine Act discussions, the kind of informal, preliminary, and ''big picture'' discussions that currently are not held at all. As is sometimes the case, the final Commission action differed in this

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[1] It is worth noting that on the precise legal point in dispute here—the definition of a ''meeting'' under the Sunshine Act—one D.C. Circuit decision held that an agency is legally prohibited from interpreting the law more restrictively than Congress provided. In *WATCH* v. *FCC,* 665 F.2d 1264 (D.C. Cir. 1981), the court sharply chastised an agency which had adopted a definition of ''meeting'' that included types of discussions that Congress had not included within the statutory scope. The court declared that the agency was ''supposed to track'' the statutory definition when it defined a ''meeting'' in its regulations. Because it had failed to do so, and instead included types of discussions not intended by Congress to fall within the statutory scope, the agency had written an ''impermissibly broad'' definition which could not legally be sustained. The court said:

> Indeed, we are unable to discern any reason for the breadth of the agency's definition of ''meeting''—apart from shoddy draftsmanship, perhaps. While we recognize that an agency generally is free to shoulder burdens more onerous than those specifically imposed by statute, the regulation at issue here is in excess of the Commission's rulemaking discretion under 47 U.S.C. 154(1) (1976). Consequently, we set it aside to the extent that its definition of ''meeting'' is more inclusive than the one contained in the Sunshine Act. 665 F.2d 1264, 1272.

instance from the proposal that set the action in motion.

G. *Comment:* The memorandum from two Commissioners that initiated the Commission's action said that one reason to act was that the primary opponent of the Commission's 1985 action was no longer in Congress. This suggests that the Commission's action was motivated by political considerations, rather than actual need.

Response: The cited memorandum did indeed include an allusion to a former Representative. Read fairly and in its totality, it makes clear that the two Commissioners' proposal was motivated by concerns of good government and legal correctness, not politics. At the same time, they offered their candid view that concern about the proposal might be less intense than it had been in 1985. There was nothing inappropriate about making this observation. The Commission's decision to take action with regard to the Sunshine Act was a reflection of its longstanding efforts to increase the collegiality of the Commission process, to ensure that its procedures and practices are in conformity with current law, and to reach closure on outstanding items.

H. *Comment:* The May 10, 1999, document is not clear as to whether there is anything in the rule that would prevent the full Commission from meeting off-the-record with representatives of a licensee or the Nuclear Energy Institute in non-Sunshine Act discussions.

Response: The commenter's point is well taken; the notice did not address this question. The Commission's intent is that non-Sunshine Act discussions would be limited to NRC or other federal agency personnel, with limited exceptions for persons (e.g. representatives of the regulatory body of a foreign nation, or a state regulator) who would not be regulated entities or who could not be considered interested parties to Commission adjudicatory or rulemaking proceedings. The Commission is committed to implementing this intent; the non-Sunshine Act discussions will not include discussions with representatives of licensees or of organizations who could be considered interested parties to NRC adjudications, rulemakings, or development of guidance.

I. *Comment:* The NRC's standards for determining when a discussion can be held as a non-Sunshine Act discussion is impermissibly vague, requiring ''divination'' on the part of the participants.

Response: The standards for determining what is a non-Sunshine Act discussion were taken verbatim from the decision of a unanimous Supreme Court. Moreover, it is not correct to say that the standard requires ''divination'' of what will happen in a discussion. Rather, what the rule envisions is that if a discussion begins to evolve from the preliminary exchange of views that the Commission contemplated into something so particularized that it may ''effectively predetermine'' agency action if it continues, the Commission will cease the discussion.[2]

J. *Comment:* Because of the special sensitivity and public interest in issues of nuclear safety, the NRC should continue to apply the law more stringently than is required.

Response: That argument may have some force, but it cuts both ways. By the same token, it can be argued that the special sensitivity and public interest in issues of nuclear safety make it essential that the Commission remove barriers to efficiency and collegiality, so as to maximize the quality of Commission decision-making, and that the Congressional balance between openness and efficiency should therefore be adhered to strictly. The NRC believes that the latter interest should predominate.

K. *Comment:* Whether or not legally justifiable, the NRC's action will diminish public confidence in the Commission.

Response: The Commission was aware of this possibility at the time it issued the May 10, 1999, document, but it believes that the legal and policy reasons for its action—compliance with the Supreme Court's guidance, and the expected benefits in collegiality and efficiency, make this a desirable course of action, even if—despite the Commission's best efforts to explain its reasoning—some persons misunderstand or disapprove of the Commission's action. It is also possible that the potential enhancement of collegiality and the potential improvement in Commission decision-making that may result from non-Sunshine Act discussions will ultimately increase the public's confidence in the Commission's actions.

[2] Every Commissioner who meets one-on-one with an interested party to a matter before the Commission has to be prepared to cut off discussions that threaten to stray into impermissible areas, as provided, for example, by the NRC's *ex parte* rules. There seems no reason why Commissioners could not equally well halt discussions among themselves that seem likely to cross the line separating non-Sunshine Act discussions from ''meetings.''

L. *Comment:* The NRC did not follow the recordkeeping recommendations of the American Bar Association.

Response: It is true that the Commission did not follow the American Bar Association's recommendations with respect to recordkeeping. However, those recommendations were prudential, not based on legal requirements. The ABA recognized that as a legal matter, if a discussion is not a ''meeting,'' no procedural requirements apply at all. The Commission's May 10, 1999, document reflected a judgment that Congress would not have given agencies latitude to hold this type of discussion free of elaborate and burdensome procedures if it had not viewed such procedures as undesirable. Nonetheless, as described in the response to Comment E above, the Commission has decided to maintain a record of the date, participants in, and subject matter of all non-Sunshine Act discussions for at least the first six months in which the rule is implemented, and it will not discontinue the practice thereafter without advance notice to the public.

M. *Comment:* No harm could result from holding briefings in public session, and doing so would benefit public understanding.

Response: On this point, arguments can go either way. At the time that the Commission first put its Sunshine Act rules into place, it acknowledged that briefings might be exempt from the Sunshine Act's scope, but said that the Commission did so much of its important work in briefings that as a policy matter, it believed these should be open to the public. This argument is not insubstantial. In part for that reason, the Commission affirms once again what it said in its May 10, 1999, document and earlier in this present document, namely, that its objective is not to turn discussions now held as ''meetings'' into non-Sunshine Act discussions. Rather, the intent is to ensure that the Commission is not categorically required to apply the Sunshine Act's procedural requirements to *every* briefing, including such things as routine status updates, where the benefit to the public would be small compared to the administrative burden and loss of efficiency in doing day-to-day business.

In sum, the NRC believes, based on its review of the comments received on the May 10, 1999, document, that the general approach taken by the Commission in that notice remains a desirable course of action. Accordingly, the NRC intends to implement its 1985 Sunshine Act rules and to begin holding non-Sunshine Act discussions, subject

to the conditions outlined in the May 10, 1999, document, and as further clarified in the present document, 30 days from the date of this notice.

Dated at Rockville, Md., this 16th day of July, 1999.

For the Nuclear Regulatory Commission.

Annette Vietti-Cook,

Secretary of the Commission.

[FR Doc. 99–18724 Filed 7–21–99; 8:45 am]

BILLING CODE 7590–01–P

DEPARTMENT OF TRANSPORTATION

Federal Aviation Administration

14 CFR Part 39

[Docket No. 98–NM–350–AD; Amendment 39–11232; AD 99–15–12]

RIN 2120–AA64

Airworthiness Directives; Saab Model SAAB 2000 Series Airplanes

AGENCY: Federal Aviation Administration, DOT.

ACTION: Final rule; request for comments.

SUMMARY: This amendment adopts a new airworthiness directive (AD), applicable to certain Saab Model SAAB 2000 series airplanes. This action requires repetitive detailed inspections to detect looseness or gap of the press fit bushing installation of the actuator fittings of the aileron trim tabs, and eventual replacement of the bushings with new, staked bushings. Accomplishment of such replacement terminates the repetitive inspections. This action also provides for an optional temporary preventive action, which, if accomplished, would terminate the repetitive inspections until the terminating action is accomplished. This amendment is prompted by issuance of mandatory continuing airworthiness information by a foreign civil airworthiness authority. The actions specified in this AD are intended to prevent looseness or gap of the bushings. In the event of failure of the redundant trim tab actuator, such looseness or gap of the bushings could lead to trim tab flutter and consequent structural failure of the trim tab and reduced controllability of the airplane.

DATES: Effective August 6, 1999.

The incorporation by reference of certain publications listed in the regulations is approved by the Director of the **Federal Register** as of August 6, 1999.

Comments for inclusion in the Rules Docket must be received on or before August 23, 1999.

ADDRESSES: Submit comments in triplicate to the Federal Aviation Administration (FAA), Transport Airplane Directorate, ANM–114, Attention: Rules Docket No. 98–NM–350–AD, 1601 Lind Avenue, SW., Renton, Washington 98055–4056.

The service information referenced in this AD may be obtained from Saab Aircraft AB, SAAB Aircraft Product Support, S–581.88, Linköping, Sweden. This information may be examined at the FAA, Transport Airplane Directorate, 1601 Lind Avenue, SW., Renton, Washington; or at the Office of the **Federal Register**, 800 North Capitol Street, NW., suite 700, Washington, DC.

FOR FURTHER INFORMATION CONTACT: Norman B. Martenson, Manager, International Branch, ANM–116, FAA, Transport Airplane Directorate, 1601 Lind Avenue, SW., Renton, Washington 98055–4056; telephone (425) 227–2110; fax (425) 227–1149.

SUPPLEMENTARY INFORMATION:

Discussion

The Luftfartsverket (LFV), which is the airworthiness authority for Sweden, notified the FAA that an unsafe condition may exist on certain Saab Model SAAB 2000 series airplanes. The LFV advises that a failure of a bushing of the flap support fitting occurred during a fatigue test. The bushing installation of the flap support fitting is similar to the bushing installation of the actuator fittings of the aileron trim tabs. In the event of failure of the redundant trim tab actuator, such a failure of the bushing could lead to trim tab flutter and consequent structural failure of the trim tab and reduced controllability of the airplane.

Explanation of Relevant Service Information

Saab has issued Service Bulletin 2000–57–011, dated October 1, 1998, which describes procedures for repetitive visual inspections to detect looseness or gap of the press fit bushing installation of the actuation fittings of the aileron trim tabs. In addition, the service bulletin describes procedures for eventual replacement of existing bushings with new, staked bushings in the fittings. Such replacement when accomplished, eliminates the need for the repetitive inspections. The service bulletin also describes procedures for an optional temporary preventive action that involves the installation of washers on the bushings of the actuator fittings of the aileron trim tabs. Accomplishment of the actions specified in the service bulletin is intended to adequately address the identified unsafe condition.

The LFV classified this service bulletin as mandatory and issued Swedish airworthiness directive (SAD) No. 1–132, dated October 8, 1998, in order to assure the continued airworthiness of these airplanes in Sweden.

FAA's Conclusions

This airplane model is manufactured in Sweden and is type certificated for operation in the United States under the provisions of section 21.29 of the Federal Aviation Regulations (14 CFR 21.19) and the applicable bilateral airworthiness agreement. Pursuant to this bilateral airworthiness agreement, the LFV has kept the FAA informed of the situation described above. The FAA has examined the findings of the LFV, reviewed all available information, and determined that AD action is necessary for products of this type design that are certificated for operation in the United States.

Explanation of Requirements of the Rule

Since an unsafe condition has been identified that is likely to exist or develop on other airplanes of the same type design registered in the United States, this AD is being issued to prevent looseness or gap of the press fit bushing installation of the actuator fittings of the aileron trim tabs. This AD requires accomplishment of the actions specified in the service bulletin described previously, except as discussed below.

Differences Between this AD and Service Bulletin

Operators should note that, although the service bulletin specifies that the manufacturer may be contacted for disposition of a certain repair condition, this AD requires the repair of that condition to be accomplished in accordance with a method approved by the FAA, or the LFV (or its delegated agent).

Cost Impact

None of the airplanes affected by this action are on the U.S. Register. All airplanes included in the applicability of this rule currently are operated by non-U.S. operators under foreign registry; therefore, they are not directly affected by this AD action. However, the FAA considers that this rule is necessary to ensure that the unsafe condition is addressed in the event that any of these subject airplanes are imported and placed on the U.S. Register in the future.

Should an affected airplane be imported and placed on the U.S. Register in the future, it would require approximately 3 work hours to accomplish the required inspection, at an average labor rate of $60 per work hour. Based on these figures, the cost impact of the inspection would be $180 per airplane, per inspection cycle.

It would require approximately 12 work hours for the bushing replacement, at an average labor rate of $60 per work hour. Required parts would be provided by the manufacturer at no cost to the operator. Based on these figures, the cost impact of the installation would be $720 per airplane.

Should an operator elect to accomplish the optional temporary preventive action, it would take approximately 8 work hours to accomplish it, at an average labor rate of $60 per work hour. Required parts would be provided by the manufacturer at no cost to the operator. Based on these figures, the cost impact of the optional temporary preventive action would be $480 per airplane.

Determination of Rule's Effective Date

Since this AD action does not affect any airplane that is currently on the U.S. register, it has no adverse economic impact and imposes no additional burden on any person. Therefore, prior notice and public procedures hereon are unnecessary and the amendment may be made effective in less than 30 days after publication in the **Federal Register.**

Comments Invited

Although this action is in the form of a final rule and was not preceded by notice and opportunity for public comment, comments are invited on this rule. Interested persons are invited to comment on this rule by submitting such written data, views, or arguments as they may desire. Communications shall identify the Rules Docket number and be submitted in triplicate to the address specified under the caption ''**ADDRESSES.**'' All communications received on or before the closing date for comments will be considered, and this rule may be amended in light of the comments received. Factual information that supports the commenter's ideas and suggestions is extremely helpful in evaluating the effectiveness of the AD action and determining whether additional rulemaking action would be needed.

Comments are specifically invited on the overall regulatory, economic, environmental, and energy aspects of the rule that might suggest a need to modify the rule. All comments submitted will be available, both before and after the closing date for comments, in the Rules Docket for examination by interested persons. A report that summarizes each FAA-public contact concerned with the substance of this AD will be filed in the Rules Docket.

Commenters wishing the FAA to acknowledge receipt of their comments submitted in response to this rule must submit a self-addressed, stamped postcard on which the following statement is made: ''Comments to Docket Number 98–NM–350–AD.'' The postcard will be date stamped and returned to the commenter.

Regulatory Impact

The regulations adopted herein will not have substantial direct effects on the States, on the relationship between the national government and the States, or on the distribution of power and responsibilities among the various levels of government. Therefore, in accordance with Executive Order 12612, it is determined that this final rule does not have sufficient federalism implications to warrant the preparation of a Federalism Assessment.

For the reasons discussed above, I certify that this action (1) is not a ''significant regulatory action'' under Executive Order 12866; (2) is not a ''significant rule'' under DOT Regulatory Policies and Procedures (44 FR 11034, February 26, 1979); and (3) will not have a significant economic impact, positive or negative, on a substantial number of small entities under the criteria of the Regulatory Flexibility Act. A final evaluation has been prepared for this action and it is contained in the Rules Docket. A copy of it may be obtained from the Rules Docket at the location provided under the caption ''**ADDRESSES.**''

List of Subjects in 14 CFR Part 39

Air transportation, Aircraft, Aviation safety, Incorporation by reference, Safety.

Adoption of the Amendment

Accordingly, pursuant to the authority delegated to me by the Administrator, the Federal Aviation Administration amends part 39 of the Federal Aviation Regulations (14 CFR part 39) as follows:

PART 39—AIRWORTHINESS DIRECTIVES

1. The authority citation for part 39 continues to read as follows:

Authority: 49 U.S.C. 106(g), 40113, 44701.

§ 39.13 [Amended]

2. Section 39.13 is amended by adding the following new airworthiness directive:

99–15–12 Saab Aircraft AB: Amendment 39–11232. Docket 98–NM–350–AD.

Applicability: Model SAAB 2000 series airplanes having serial numbers –004 through –011 inclusive and –013 through –016 inclusive, certificated in any category.

Note 1: This AD applies to each airplane identified in the preceding applicability provision, regardless of whether it has been modified, altered, or repaired in the area subject to the requirements of this AD. For airplanes that have been modified, altered, or repaired so that the performance of the requirements of this AD is affected, the owner/operator must request approval for an alternative method of compliance in accordance with paragraph (d) of this AD. The request should include an assessment of the effect of the modification, alteration, or repair on the unsafe condition addressed by this AD; and, if the unsafe condition has not been eliminated, the request should include specific proposed actions to address it.

Compliance: Required as indicated, unless accomplished previously.

To detect looseness or gap of the press fit bushing installation of the actuation fittings of the aileron trim tabs, which, in the event of failure of the redundant trim tab actuator, could lead to trim tab flutter and consequent structural failure of the trim tab, accomplish the following:

Inspection

(a) Within 400 flight hours after the effective date of this AD, perform a detailed inspection of the bushing installation of the actuator fittings of the aileron trim tabs to detect looseness or gap, in accordance with Saab Service Bulletin 2000–57–011, dated October 1, 1998.

(1) If no looseness or gap is found, repeat the inspection thereafter at intervals not to exceed 800 flight hours until the requirements of paragraph (b) of this AD have been accomplished. Accomplishment of the temporary preventive action specified in paragraph 2.C. of the Accomplishment Instructions of the service bulletin terminates the repetitive inspections until the requirements of paragraph (b) of this AD have been accomplished.

(2) Except as specified in paragraph (c) of this AD, if any looseness or gap is found, prior to further flight, accomplish the corrective actions specified in paragraph 2.G. of the Accomplishment Instructions of the service bulletin. Repeat the inspection thereafter at intervals not to exceed 800 flight hours until the requirements of paragraph (b) of this AD have been accomplished. Accomplishment of the temporary preventive action specified in paragraph 2.C. of the Accomplishment Instructions of the service bulletin terminates the repetitive inspections of paragraph (a) of this AD.

Note 2: For the purposes of this AD, a detailed inspection is defined as: ''An intensive visual examination of a specific structural area, system, installation, or

assembly to detect damage, failure, or irregularity. Available lighting is normally supplemented with a direct source of good lighting at intensity deemed appropriate by the inspector. Inspection aids such as mirror, magnifying lenses, etc. may be used. Surface cleaning and elaborate access procedures may be required.''

Terminating Action

(b) Except as specified in paragraph (c) of this AD, within 6,000 flight hours after the effective date of this AD, replace the existing bushings with new, staked bushings in the actuator fittings of the aileron trim tabs in accordance with Saab Service Bulletin 2000–57–011, dated October 1, 1998. Accomplishment of this replacement terminates the requirements of this AD.

Conditional Corrective Action

(c) If, during the accomplishment of the bushing installation inspection required by paragraph (a)(2) or the bushing replacement required by paragraph (b) of this AD, any radial play is detected between the small diameter flanged bushing and the fitting lug hole, and the radial play is 0.006 inch or less, prior to further flight, repair it in accordance with a method approved by the Manager, International Branch, ANM–116, FAA, Transport Airplane Directorate, or the Luftfartsverket (LFV) (or its delegated agent).

Alternative Methods of Compliance

(d) An alternative method of compliance or adjustment of the compliance time that provides an acceptable level of safety may be used if approved by the Manager, International Branch, ANM–116. Operators shall submit their requests through an appropriate FAA Principal Maintenance Inspector, who may add comments and then send it to the Manager, International Branch, ANM–116.

Note 3: Information concerning the existence of approved alternative methods of compliance with this AD, if any, may be obtained from the International Branch, ANM–116.

Special Flight Permits

(e) Special flight permits may be issued in accordance with sections 21.197 and 21.199 of the Federal Aviation Regulations (14 CFR 21.197 and 21.199) to operate the airplane to a location where the requirements of this AD can be accomplished.

Incorporation by Reference

(f) Except as provided in paragraph (c) of this AD, the actions shall be done in accordance with Saab Service Bulletin 2000–57–011, dated October 1, 1998. This incorporation by reference was approved by the Director of the Federal Register in accordance with 5 U.S.C. 552(a) and 1 CFR part 51. Copies may be obtained from Saab Aircraft AB, SAAB Aircraft Product Support, S–581.88, Linköping, Sweden. Copies may be inspected at the FAA, Transport Airplane Directorate, 1601 Lind Avenue, SW., Renton, Washington; or at the Office of the Federal Register, 800 North Capitol Street, NW., suite 700, Washington, DC.

Note 4: The subject of this AD is addressed in Swedish airworthiness directive (SAD) 1–132, dated October 8, 1998.

(g) This amendment becomes effective on August 6, 1999.

Issued in Renton, Washington, on July 14, 1999.

D.L. Riggin,

Acting Manager, Transport Airplane Directorate, Aircraft Certification Service.

[FR Doc. 99–18409 Filed 7–21–99; 8:45 am]

BILLING CODE 4910–13–P

DEPARTMENT OF TRANSPORTATION

Federal Aviation Administration

14 CFR Part 39

[Docket No. 97–SW–59–AD; Amendment 39–11235; AD 99–15–14]

RIN 2120–AA64

Airworthiness Directives; Sikorsky Aircraft-Manufactured Model CH–54B Helicopters

AGENCY: Federal Aviation Administration, DOT.

ACTION: Final rule.

SUMMARY: This amendment adopts a new airworthiness directive (AD), applicable to Sikorsky Aircraft-manufactured Model CH–54B helicopters, that requires initial and recurring inspections and rework or replacement, if necessary, of the second stage lower planetary plate (plate). This amendment is prompted by two reports of cracked plates that have been found during overhaul and inspections. The actions specified by this AD are intended to prevent failure of the main gearbox plate due to fatigue cracking, which could lead to failure of the main gearbox and subsequent loss of control of the helicopter.

EFFECTIVE DATE: August 26, 1999.

FOR FURTHER INFORMATION CONTACT: Uday Garadi, Aerospace Engineer, FAA, Rotorcraft Directorate, Rotorcraft Certification Office, Fort Worth, Texas 76193–0170, telephone (817) 222–5157, fax (817) 222–5959.

SUPPLEMENTARY INFORMATION: A proposal to amend part 39 of the Federal Aviation Regulations (14 CFR part 39) to include an airworthiness directive (AD) that is applicable to Sikorsky Aircraft-manufactured Model CH–54B helicopters was published in the **Federal Register** on April 16, 1999 (64 FR 18835). That action proposed to require initial and recurring inspections, and rework or replacement, if necessary, of the plate.

Interested persons have been afforded an opportunity to participate in the making of this amendment. No comments were received on the proposal or the FAA's determination of the cost to the public. The FAA has determined that air safety and the public interest require the adoption of the rule as proposed.

The FAA estimates that 4 helicopters of U.S. registry will be affected by this AD, that it will take approximately 8 work hours per helicopter to accomplish the borescope inspection, 1 work hour to inspect the main gearbox oil filter pack, 140 work hours to remove and replace the main gearbox assembly, if necessary, and 20 work hours to rework the plate, and that the average labor rate is $60 per work hour. Required parts will cost approximately $8,000 per helicopter. Based on these figures, the total cost impact of the AD on U.S. operators is estimated to be $67,760; $2,160 to accomplish the initial inspections and $65,600 to replace the plate in the main gearbox assembly in all 4 helicopters, if necessary. Daily preflight inspections of the main gearbox oil filter pack will cost $60 per helicopter for each day flight is conducted.

The regulations adopted herein will not have substantial direct effects on the States, on the relationship between the national government and the States, or on the distribution of power and responsibilities among the various levels of government. Therefore, in accordance with Executive Order 12612, it is determined that this final rule does not have sufficient federalism implications to warrant the preparation of a Federalism Assessment.

For the reasons discussed above, I certify that this action (1) is not a ''significant regulatory action'' under Executive Order 12866; (2) is not a ''significant rule'' under DOT Regulatory Policies and Procedures (44 FR 11034, February 26, 1979); and (3) will not have a significant economic impact, positive or negative, on a substantial number of small entities under the criteria of the Regulatory Flexibility Act. A final evaluation has been prepared for this action and it is contained in the Rules Docket. A copy of it may be obtained from the Rules Docket at the Office of the Regional Counsel, Southwest Region, 2601 Meacham Blvd., Room 663, Fort Worth, Texas 76137.

List of Subjects in 14 CFR Part 39

Air transportation, Aircraft, Aviation safety, Safety.

Adoption of the Amendment

Accordingly, pursuant to the authority delegated to me by the

Administrator, the Federal Aviation Administration amends part 39 of the Federal Aviation Regulations (14 CFR part 39) as follows:

PART 39—AIRWORTHINESS DIRECTIVES

1. The authority citation for part 39 continues to read as follows:

Authority: 49 U.S.C. 106(g), 40113, 44701.

§ 39.13 [Amended]

2. Section 39.13 is amended by adding a new airworthiness directive to read as follows:

AD 99–15–14 Blue Bird Helicopters: Amendment 39–11235. Docket No. 97–SW–59–AD.

Applicability: CH–54B helicopters with main gearbox second stage lower planetary plate (plate), part number (P/N) 6435–20516–101, installed, certificated in any category.

Note 1: This AD applies to each helicopter identified in the preceding applicability provision, regardless of whether it has been otherwise modified, altered, or repaired in the area subject to the requirements of this AD. For helicopters that have been modified, altered, or repaired so that the performance of the requirements of this AD is affected, the owner/operator must request approval for an alternative method of compliance in accordance with paragraph (c) of this AD. The request should include an assessment of the effect of the modification, alteration, or repair on the unsafe condition addressed by this AD; and, if the unsafe condition has not been eliminated, the request should include specific proposed actions to address it.

Compliance: Required as indicated, unless accomplished previously.

To prevent failure of the plate due to fatigue cracking, which could lead to failure of the main gearbox and subsequent loss of control of the helicopter, accomplish the following:

(a) For main gearbox assemblies containing plate, part number (P/N) 6435–20516–101, with 1,600 or more hours time-in-service (TIS):

Note 2: If the TIS hours of the plate is not known, use the main gearbox assembly's total operating time.

(1) Prior to the first flight of each day, inspect the main oil filter for magnesium contamination. If magnesium contamination is discovered, replace the main gearbox assembly.

(2) Within the next 100 hours TIS after the effective date of this AD, and thereafter at intervals not to exceed 200 hours TIS, conduct a borescope inspection of the plate for cracks in the area of the nine lightening holes (see Figure 1). If a crack is found, replace the plate with an airworthy plate. The plate, P/N 6435–20516–101, is part of the main gearbox second stage planetary set (P/N 6435–20514–041), which is a serialized matched set, and must be replaced as a set.

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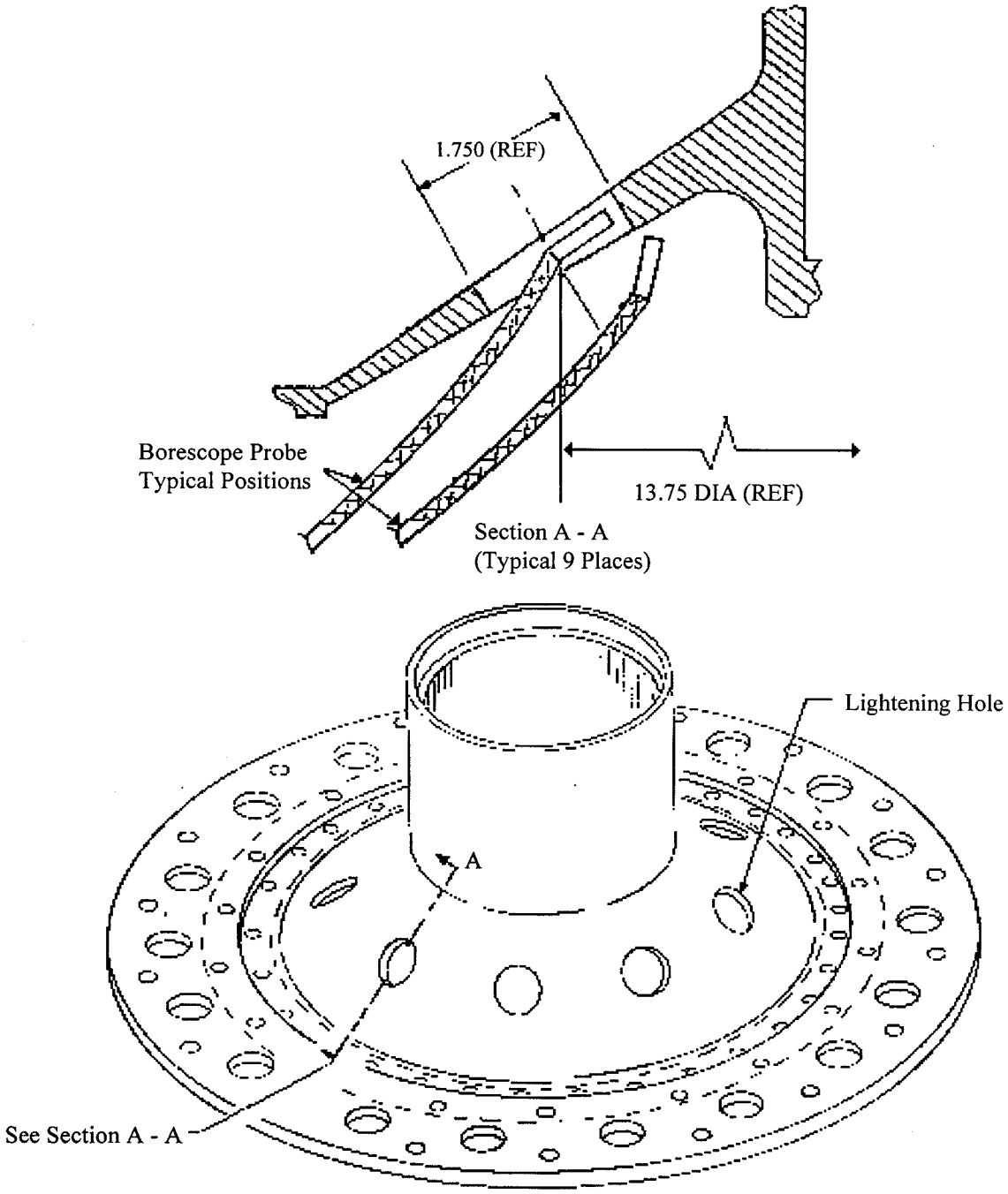

Borescope Inspection of Second Stage
Lower Planetary Plate Lightening Holes
Figure 1

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(b) At the next overhaul of the main gearbox assembly, inspect and rework the plate, P/N 6435–20516–101, as follows:

(1) Fluorescent magnetic particle inspect the plate per ASTM E1444 in circumferential and longitudinal directions using a wet continuous method. Pay particular attention to the area around the nine 1.750-inch diameter lightening holes.

(2) If a crack is found, the plate is unairworthy. Replace it with an airworthy plate.

(3) If no crack is found, rework the plate as follows, ensuring that all plate surfaces are free of any crack, scratch, dent, or corrosion.

(i) Measuring from the center of each 1.750-inch diameter lightening hole, machine 0.015/0.020 inch from the radius of the hole (see Figure 2). Machined surface roughness shall not exceed 63 microinches AA rating.

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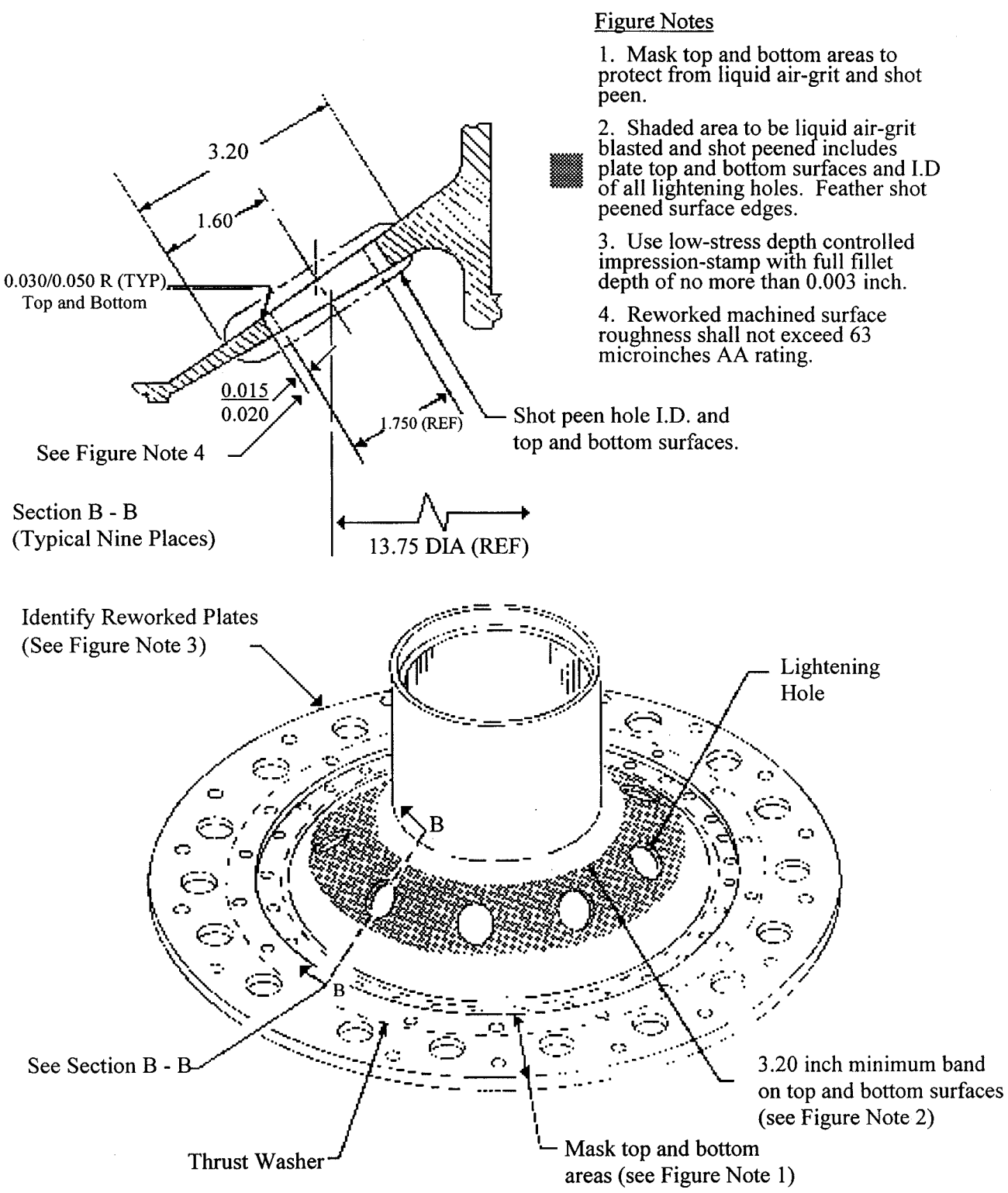

Rework of Second Stage Lower Planetary Plate
Figure 2

BILLING CODE 4910–13–C

(ii) Apply a 0.030/0.050-inch radius on the top and bottom edge of each hole.

(4) Fluorescent magnetic particle inspect the reworked areas per ASTM E1444 in circumferential and longitudinal directions using a wet continuous method.

(5) If a crack is found, the plate is unairworthy. Replace it with an airworthy plate.

(6) If no crack is found, rework the plate as follows:

(i) Remove the protective finish from the specified areas on the top and bottom of the plate as follows:

(A) Mask the top and bottom of the plate leaving exposed a 3.20-inch minimum circumferential band centered on 13.75-inch diameter of plate (see Figure 2). Mask the area to protect the thrust washer and the surrounding areas from vapor blast.

(B) Using a vapor blast machine, remove the protective finish from the exposed circumferential band on the top and bottom of the plate. Use No. 220 aluminum oxide grit at a pressure of 80–90 pounds per square inch.

(ii) Shot peen the specified areas on the plate by remasking the top and bottom of the plate leaving exposed the 3.20-inch minimum circumferential band centered on 13.75-inch diameter of the plate. Mask the area to protect the thrust washer and the surrounding areas from the shot peening process.

(iii) Shot peen the inside diameter of the lightening holes and the upper and lower surfaces of the plate in the 3.20-inch minimum circumferential band to 0.008 to 0.012A intensity, ensuring 200% coverage per MIL–S–13165C or latest revision. Use cast steel shot, size 170. Use a tracer dye inspection method.

Note 3: Overspray is permitted to allow a feathering application during the peening process from the peened surface to the non-peened surface.

(iv) Finish the reworked surfaces as follows:

(A) Clean the surfaces thoroughly with acetone (Fed. Spec O–A–51, or equivalent).

(B) Apply Presto black or blueing touchup solution to the reworked surfaces with cotton swabs. The solution temperature must be between 21° C and 49° C (70° F to 120° F). Keep the surfaces wet for about three minutes to get a uniform dark color.

(C) Rinse the surface in cold running water and dry with forced air.

Note 4: A hot water rinse may be used after the cold water rinse to speed up drying time.

(D) Using steel wool, Grade 00 or finer, rub the surfaces lightly. Polish with a soft cloth and then coat with a preservative oil (MIL–C–15074).

(v) Identify the reworked plate by stamping the number of this AD after the part number. Use a low-stress depth-controlled impression-stamp with full fillet depth of no more than 0.003 inch (see Figure 2). Marking must be such that it cannot be construed as part of the part number.

(c) An alternative method of compliance or adjustment of the compliance time that provides an acceptable level of safety may be used if approved by the Manager, Rotorcraft Certification Office, FAA, Rotorcraft Directorate. Operators shall submit their requests through an FAA Principal Maintenance Inspector, who may concur or comment and then send it to the Manager, Rotorcraft Certification Office.

Note 5: Information concerning the existence of approved alternative methods of compliance with this AD, if any, may be obtained from the Rotorcraft Certification Office.

(d) Special flight permits may be issued in accordance with sections 21.197 and 21.199 of the Federal Aviation Regulations (14 CFR 21.197 and 21.199) to operate the helicopter to a location where the requirements of this AD can be accomplished.

(e) This amendment becomes effective on August 26, 1999.

Issued in Fort Worth, Texas, on July 15, 1999.

Henry A. Armstrong,

Manager, Rotorcraft Directorate, Aircraft Certification Service.

[FR Doc. 99–18683 Filed 7–21–99; 8:45 am]

BILLING CODE 4910–13–P

DEPARTMENT OF TRANSPORTATION

Federal Aviation Administration

14 CFR Part 71

[Airspace Docket No. 99–AWS–08]

Revocation of Class D Airspace; Dallas NAS, Dallas, TX

AGENCY: Federal Aviation Administration (FAA), DOT.

ACTION: Final rule.

SUMMARY: This action revokes the Class D airspace area at Dallas Naval Air Station (NAS), Dallas, TX. This action is prompted by the closure of Dallas NAS. The United States Navy no longer requires use of the airspace. The intended effect of this action is to revoke the Class D airspace at Dallas NAS since it is no longer needed.

EFFECTIVE DATES: 0901 UTC, September 9, 1999.

FOR FURTHER INFORMATION CONTACT: Donald J. Day, Airspace Branch, Air Traffic Division, Southwest Region, Federal Aviation Administration, Fort Worth, TX 76193–0520, telephone: 817–222–5593.

SUPPLEMENTARY INFORMATION:

History

On April 1, 1999, a proposal to amend 14 CFR Part 71 to revoke the Class D airspace at Dallas NAD, Dallas, TX, was published in the **Federal Register** (64 FR 15709). The proposal was to revoke the Class D airspace area at Dallas NAS, Dallas, TX. This action is prompted by the closure of Dallas NAS. The United States Navy no longer requires use of the airspace. The intended effect of this proposed is to revoke the Class D airspace at Dallas NAS since it is no longer needed.

Interested parties were invited to participate in this rulemaking proceeding by submitting written comments on the proposal to the FAA. No comments to the proposal were received. The rule is adopted as proposed.

The coordinates for this airspace docket are based on North American Datum 83. Designated Class D airspace areas are published in paragraph 5000 of FAA Order 74000F, dated September 10, 1998, and effective September 16, 1998, which is incorporated by reference in 14 CFR 71.1. The Class D airspace designation listed in this document will be published subsequently in the order.

The Rule

This amendment to 14 CFR Part 71 revokes the Class D airspace at Dallas NAD, Dallas, TX.

The FAA has determined that this regulation only involves an established body of technical regulations that requires frequent and routine amendments to keep them operationally current. It, therefore, (1) is not a ''significant regulatory action'' under Executive Order 12866; (2) is not a ''significant rule'' under DOT Regulatory Policies and Procedures (44 FR 11034; February 26, 1979); and (3) does not warrant preparation of a regulatory evaluation as the anticipated impact is so minimal. Since this is a routine matter that will only effect air traffic procedures and air navigation, it is certified that this rule will not have a significant economic impact on a substantial number of small entities under the criteria of the Regulatory Flexibility Act.

List of Subjects in 14 CFR Part 71

Airspace, Incorporation by reference, Navigation (air).

Adoption of the Amendment

In consideration of the foregoing, the Federal Aviation Administration amends 14 CFR Part 71 as follows:

PART 71—DESIGNATION OF CLASS A, CLASS B, CLASS C, CLASS D, AND CLASS E AIRSPACE AREAS; AIRWAYS; ROUTES; AND REPORTING POINTS

1. The authority citation for 14 CFR Part 71 continues to read as follows:

Authority: 49 U.S.C. 106(g), 40103, 40113, 40120; E.O. 10854; 24 FR 9565, 3 CFR, 1959–1963 Comp., p. 389.

§ 71.1 [Amended]

2. The incorporation by reference in 14 CFR 71.1 of the Federal Aviation Administration Order 7400.0F, *Airspace Designations and Reporting Points,* dated September 10, 1998, and effective September 16, 1998, is amended as follows:

Paragraph 5000 Class D airspace areas.

* * * * *

ASW TX D Dallas NAS Dallas, TX [Removed]

* * * * *

Issued in Fort Worth, TX on July 12, 1999.

Robert N. Stevens,

Acting Manager, Air Traffic Division, Southwest Region.

[FR Doc. 99–18573 Filed 7–21–99; 8:45 am]

BILLING CODE 4910–13–M

NATIONAL AERONAUTICS AND SPACE ADMINISTRATION

14 CFR Part 1206

RIN 2700–AC36

Availability of Agency Records to Members of the Public

AGENCY: National Aeronautics and Space Administration (NASA).

ACTION: Final rule

SUMMARY: This action amends 14 CFR Part 1206, ''Availability of Agency Records to Members of the Public,'' by making administrative changes to conform with requirements made by the Electronic Freedom of Information Act of 1996 as amended.

EFFECTIVE DATE: July 22, 1999.

ADDRESSES: Freedom of Information Act Officer, Code PO, NASA Headquarters, Washington, DC 20546.

FOR FURTHER INFORMATION CONTACT: Patricia M. Riep-Dice, 202/358–1764, or Sharon Smith, 202/358–2465.

SUPPLEMENTARY INFORMATION: The National Aeronautics and Space Administration last published a Final Rule to revise its Freedom of Information Act (FOIA) regulations on October 29, 1987, 52 FR 41406–41416, Title 14 CFR Chapter V, Part 1206. This new amendment to NASA's regulation implementing the FOIA is required by the EFOIA of 1996 as amended by Pub. L. 104–231. The amendments made include changing the processing time from 10 working days to 20 working days; to include electronic searches as well as manual searches; the addition of FOIA e-mail addresses for all of the NASA FOIA Offices; the establishment of an electronic FOIA reading room on all of NASA's FOIA Homepages on the Internet; an increase in the schedule of fees and to address and explain how records of NASA will be reviewed and released when the records are maintained in electronic format. However, documentation not previously subject to the FOIA when maintained in nonelectronic format is not made subject to FOIA by this new amendment. It has been determined that this addition is not a significant regulatory action and it will not:

(1) Have an annual effect on the economy of $100 million or more or adversely affect in a material way the economy; a section of the economy; productivity; competition; jobs; the environment; public health or safety; or State, local or tribal governments or communities;

(2) Create a serious inconsistency or otherwise interfere with an action taken or planned by another agency;

(3) Materially alter the budgetary impact of entitlements, grants, user fees, or loan programs, or the rights and obligations of recipients thereof;

(4) Have a significant economic impact on a substantial number of small entities; or

(5) Impose any reporting or record keeping requirements under the Paperwork Reduction Act of 1995 (44 U.S.C. Chapter 35).

For the reasons set forth in the preamble, NASA amends 14 CFR chapter V by revising part 1206 to read as follows:

PART 1206—AVAILABILITY OF AGENCY RECORDS TO MEMBERS OF THE PUBLIC

Sec.

Authority: 5 U.S.C. 552, 552a; 42 U.S.C. 2473.

Subpart 1—Basic Policy

§ 1206.100 Scope of Part.

This Part 1206 establishes the policies, responsibilities, and procedures for the release of Agency records which are under the jurisdiction of the National Aeronautics and Space Administration, hereinafter NASA, to members of the public. This part applies to information and Agency records located at NASA Headquarters, at NASA Centers, and at NASA Component, as defined in Part 1201 of this chapter.

§ 1206.101 Definitions.

For the purposes of this part, the following definitions shall apply:

(a) The term *Agency records* or *records* means any information that would be an Agency record subject to

the requirements of the Freedom of Information Act (FOIA) when maintained by NASA in any format, including an electronic format. Such information includes all books, papers, maps, photographs, or other documentary materials made or received by NASA in pursuance of Federal law or in connection with the transaction of public business and preserved by NASA as evidence of the organization, functions, policies, decisions, procedures, operations, or other activities or because of the informational value of data contained therein. It does not include tangible objects or articles, such as structures, furniture, paintings, sculptures, exhibits, models, vehicles or equipment; library or museum material made or acquired and preserved solely for reference or exhibition purposes; or records of another agency, a copy of which may be in NASA's possession.

(b) The term *initial determination* means a decision by a NASA official, in response to a request by a member of the public for an Agency record, on whether the record described in the request can be identified and located after a reasonable search and, if so, whether the record (or portions thereof) will be made available under this part or will be withheld from disclosure under Subpart 3 of this part.

(c) The term *appeal* means a request by a member of the public, hereinafter requester, to the Administrator or designee, or, in the case of records as specified in § 1206.504, to the Inspector General or designee for reversal of any adverse initial determination the requester has received in response to a request for an Agency record.

(d) The term *final determination* means a decision by the Administrator or designee, or, in the case of records as specified in § 1206.504, by the Inspector General or designee on an appeal.

(e) The term *working days* means all days except Saturdays, Sundays, and Federal holidays.

(f) As used in § 1206.608, the term *unusual circumstance* means, but only to the extent reasonably necessary to the proper processing of a particular request for Agency records—

(1) The need to search for and collect the requested records from NASA Centers or other establishments that are separate from the NASA Information Center processing the request (see Subpart 6 of this part for procedures for processing a request for Agency records);

(2) The need to search for, collect, and appropriately examine a voluminous amount of separate and distinct records which are demanded in a single request; or

(3) The need for consultation, which shall be conducted with all practicable speed, with another agency having a substantial interest in the determination of the request or among two or more components of NASA having substantial subject-matter interest therein.

(g) A *statute specifically providing for setting the level of fees for particular types of records* (5 U.S.C. 552(a)(4)(A)(vi)) means any statute that specifically requires a government agency to set the level of fees for particular types of records in order to:

(1) Serve both the general public and private sector organizations by conveniently making available government information;

(2) Ensure that both groups and individuals pay the cost of publications and other services that are for their special use so that these costs are not borne by the general taxpaying public;

(3) Operate, to the maximum extent possible an information dissemination activity on a self-sustaining basis (to the maximum extent possible); or

(4) Return revenue to the Treasury for defraying, wholly or in part, appropriated funds used to pay the cost of disseminating government information.

(h) The term *direct costs* means those expenditures that NASA actually incurs in searching for, duplicating, and downloading computer files and documents in response to a FOIA request. Direct costs include, for example, the salary of the employee who would ordinarily perform the work (the basic rate of pay for the employee plus 16 percent of that rate to cover benefits) and the cost of operating duplicating machinery. Direct costs do not include overhead expenses such as costs of space, heating, or lighting in the records storage facility.

(i) The term *search* includes all time spent looking for material that is responsive to a request, including page-by-page or line-by-line identification of material within documents. A search for Agency records that are responsive to the request may be accomplished by manual or automated means. NASA will make reasonable efforts to search for records in electronic form or format, except when such efforts would significantly interfere with the operation of NASA's automated information systems. NASA will ensure that searching for material is done in the most efficient, least expensive manner so as to minimize costs for both the Agency and the requester and will only utilize line-by-line, page-by-page search when consistent with this policy. *Search* should be distinguished, however, from *review* of material in order to determine whether the material is exempt from disclosure (see paragraph (k) of this section).

(j) The term *duplication* means the process of making a copy of a document in order to respond to a FOIA request. Such copies can take the form of paper copy, electronic forms, microfilm, audio-visual materials, or machine-readable documentation (e.g., magnetic tape on disk), among others.

(k) The term *review* means the process of examining documents located in response to a request (see paragraph (l) of this section) to determine whether any portion of any document located is permitted to be withheld. It also includes processing any documents for disclosure, e.g., doing all that is necessary to excise them and otherwise prepare them for release. Review does not include time spent resolving general legal or policy issues regarding the application of exemptions.

(l) The term *commercial use request* means a request from or on behalf of one whom seeks information for a use or purpose that furthers the commercial, trade, or profit interests of either the requester or the person on whose behalf the request is made. In determining whether a requester properly belongs in this category, NASA will look first to the use to which a requester will put the documents requested. When NASA has reasonable cause to doubt the use to which a requester will put the records sought or when the use is not clear from the request itself, NASA will ask the requester to further clarify the immediate use for the requested records. A request from a corporation (not a *news media* corporation) may be presumed to be for commercial use unless the requester demonstrates that it qualifies for a different fee category.

(m) The term *educational institution* refers to a preschool, a public or private elementary or secondary school, an institution of graduate higher education, an institution of undergraduate higher education, an institution of professional education, and an institution of vocational education, operating a program or programs of scholarly research.

(n) The term *noncommercial scientific institution* refers to an institution that is not operated on a *commercial* basis as that term is referenced in paragraph (l) of this section, and which is operated solely for the purpose of conducting scientific research, the results of which are not intended to promote any particular product or industry.

(o) The term *representative of the news media* means any person actively

gathering news for an entity that publishes, broadcasts, or makes news available to the public. The term *news* means information about events that would be of interest to the public. Examples of news media include, but are not limited to, television or radio stations broadcasting to the public at large, publishers of periodicals who make their products available for purchase or subscription by the general public (but only in those instances when they can qualify as disseminators of *news*), and entities that disseminate news to the general public through telephone, computer or other telecommunications methods. Moreover, as traditional methods of news delivery evolve (e.g., electronic dissemination of newspapers through telecommunications services), such alternative media would be included in this category. In the case of *freelance* journalists, they may be regarded as working for a news organization if they can demonstrate a solid basis for expecting publication through that organization, even though not actually employed by it. A publication contract would be the clearest proof, but NASA may also look to the past publication record of a requester in making this determination.

(p) The term *commercial information* means, for the purpose of applying the notice requirements of § 1206.610, information provided by a submitter and in the possession of NASA, that may arguably be exempt from disclosure under the provisions of Exemption 4 of the FOIA (5 U.S.C. 552(b)(4)). The meaning ascribed to this term for the purpose of this notice requirement is separate and should not be confused with use of this or similar terms in determining whether information satisfies one of the elements of Exemption 4.

(q) The term *submitter* means a person or entity that is the source of commercial information in the possession of NASA. The term *submitter* includes, but is not limited to, corporations, state governments, and foreign governments. It does not include other Federal Government agencies or departments.

(r) The term *compelling need* means:

(1) That a failure to obtain requested records on an expedited basis could reasonably be expected to pose an imminent threat to the life or physical safety of an individual; or

(2) With respect to a request made by a person primarily engaged in disseminating information, urgency to inform the public concerning actual or alleged Federal government activity.

(s) The term *electronic reading room* means a World Wide Web site from which members of the public can access information regarding activities, missions, organizations, publications, or other material related to NASA's congressional mandate.

§ 1206.102 General policy.

(a) In accordance with section 203(a)(3) of the National Aeronautics and Space Act of 1958 (42 U.S.C. 2473(a)(3)), it has been and continues to be NASA policy to provide for the ''widest practicable and appropriate dissemination of information concerning its activities and the results thereof.''

(b) In compliance with the Freedom of Information Act, as amended (5 U.S.C. 552), a positive and continuing obligation exists for NASA to make available to the fullest extent practicable upon request by members of the public all Agency records under its jurisdiction, as described in Subpart 2 of this part, except to the extent that they may be exempt from disclosure under Subpart 3 of this part.

Subpart 2—Records Available

§ 1206.200 Types of records to be made available.

(a) Records required to be published in the **Federal Register**. The following records are required to be published in the **Federal Register,** for codification in Title 14, Chapter V, of the CFR.

(1) Description of NASA Headquarters and NASA Centers and the established places at which, the employees from whom, and the methods whereby, the public may secure information, make submittals or requests, or obtain decisions;

(2) Statements of the general course and method by which NASA's functions are channeled and determined, including the nature and requirements of all formal and informal procedures available;

(3) Rules of procedure, descriptions of forms available or the places at which forms may be obtained, and instructions regarding the scope and contents of all papers, reports, or examinations;

(4) Substantive rules of general applicability adopted as authorized by law, and statements of general policy or interpretations of general applicability formulated and adopted by NASA;

(5) Each amendment, revision, or repeal of the foregoing.

(b) Agency opinions, orders, statements, and manuals.

(1) Unless they are exempt from disclosure under Subpart 3 of this part, or unless they are promptly published and copies offered for sale, NASA shall make available the following records for public inspection and copying or purchase:

(i) All final opinions (including concurring and dissenting opinions) and all orders made in the adjudication of cases;

(ii) Those statements of NASA policy and interpretations which have been adopted by NASA and are not published in the **Federal Register**;

(iii) Administrative staff manuals (or similar issuances) and instructions to staff that affect a member of the public;

(iv) Copies of all records, regardless of form or format, which have been released to any person under subpart 6 herein and which, because of the nature of their subject matter, the Agency determines have become or are likely to become the subject of subsequent requests for substantially the same records.

(v) A general index of records referred to under paragraph (b)(1)(iv) of this section.

(2) (i) For records created after November 1, 1997, which are covered by paragraph (b)(l)(i) through (b)(l)(v) of this section, such records shall be available electronically, through an electronic reading room and in electronic forms or formats.

(ii) In connection with all records required to be made available or published under this paragraph (b), identifying details shall be deleted to the extent required to prevent a clearly unwarranted invasion of personal privacy. However, in each case the justification for the deletion shall be explained fully in writing. The extent of such deletion shall be indicated on the portion of the record which is made available or published, unless including that indication would harm an interest protected by an exemption in Subpart 3. If technically feasible, the extent of the deletion shall be indicated at the place in the record where the deletion is made.

(c) Other Agency records.

(1) In addition to the records made available or published under paragraphs (a) and (b) of this section, NASA shall, upon request for other records made in accordance with this part, make such records promptly available to any person, unless they are exempt from disclosure under Subpart 3 of this part, or unless they may be purchased from other readily available sources, as provided in § 1206.201.

(2) Furthermore, at a minimum, NASA will maintain in its electronic reading room records created after November 1, 1997, under paragraphs (b)(1)(iv) and (v) and a guide for

requesting records or information from NASA. Such guide shall include all NASA major information systems, a description of major information and record locator systems, and a handbook for obtaining various types and categories of NASA public information through the FOIA.

§ 1206.201 Records which have been published.

Publication in the **Federal Register** is a means of making certain Agency records are available to the public. NASA has a FOIA Electronic Reading Room at NASA Headquarters and each of its Centers. Also, the Commerce Business Daily, Synopsis of U.S. Government Proposed Procurement, Sales and Contract Awards (Department of Commerce) is a source of information concerning Agency records or actions. Various other NASA publications and documents, and indexes thereto, are available from other sources, such as the U.S. Superintendent of Documents, the National Technical Information Service (Department of Commerce), and the Earth Resources Observation Systems Data Center (Department of the Interior). Such publications and documents are not required to be made available or reproduced in response to a request unless they cannot be purchased readily from available sources. If a publication or document is readily available from a source other than NASA, the requester shall be informed of the procedures to follow to obtain the publication or document.

§ 1206.202 Deletion of segregable portions of a record.

If a record requested by a member of the public contains both information required to be made available and that which is exempt from disclosure under Subpart 3 of this part, and the portion of the records that is required to be made available is reasonably segregable from the portion that is exempt, the portion that is exempt from disclosure shall be deleted and the balance of the record shall be made available to the requester. If the nonexempt portion of the record appears to be unintelligible or uninformative, the requester shall be informed of that fact, and such nonexempt portion shall not be sent to the requester unless thereafter specifically requested. If technically feasible, the amount of information deleted shall be indicated on the released portion of the record, unless including that indication would harm an interest protected by the exemption in Subpart 3 under which the deletion is made.

§ 1206.203 Creation of records.

Records will not be created by compiling selected items from the files at the request of a member of the public, nor will records be created to provide the requester with such data as ratios, proportions, percentages, frequency distributions, trends, correlations, or comparisons.

§ 1206.204 Records of interest to other agencies.

If a NASA record is requested and another agency has a substantial interest in the record, such an agency shall be consulted on whether the record shall be made available under this part (see § 1206.101(f)(3)). If a record is requested that is a record of another agency, the request shall be returned to the requester, as provided in § 1206.604(c) unless NASA has possession and control of the record requested.

§ 1206.205 Incorporation by reference.

Records reasonably available to the members of the public affected thereby, shall be deemed published in the **Federal Register** when incorporated by reference in material published in the **Federal Register** (pursuant to the **Federal Register** regulation on incorporation by reference, 1 CFR Part 51).

§ 1206.206 Availability for copying.

Except as provided in § 1206.201, the availability of a record for inspection shall include the opportunity to extract information therefrom or to purchase copies.

§ 1206.207 Copies.

The furnishing of a single copy of the requested record will constitute compliance with this part.

§ 1206.208 Release of exempt records.

If a record which has been requested is exempt from disclosure under Subpart 3 of this part, the record may nevertheless be made available under the procedures of Subpart 6 of this part if it is determined by an official authorized to make either an initial determination or a final determination that such action would not be inconsistent with a purpose of the exemptions set forth in Subpart 3 of this part.

Subpart 3—Exemptions

§ 1206.300 Exemptions.

(a) Under 5 U.S.C. 552(b) Agency records falling within the exemptions of paragraph (b) of this section are not required to be made available under this part. Such records may nevertheless be made available if it is determined that such actions would not be inconsistent with a purpose of the exemption (see § 1206.208).

(b) The requirements of this part to make Agency records available do not apply to matters that are—

(1)(i) Specifically authorized under criteria established by an Executive Order to be kept secret in the interest of national defense or foreign policy and

(ii) Are in fact properly classified pursuant to such Executive Order;

(2) Related solely to the internal personnel rules and practices of NASA;

(3) Specifically exempted from disclosure by statute (other than 5 U.S.C. 552), provided that such statute:

(i) Requires that the matters be withheld from the public in such a manner as to leave no discretion on the issue, or

(ii) Establishes particular criteria for withholding or refers to particular types of matters to be withheld;

(4) Trade secrets and commercial or financial information obtained from a person which is privileged or confidential;

(5) Interagency or intra-agency memoranda or letters which would not be available by law to a party other than an agency in litigation with NASA;

(6) Personnel and medical files and similar files the disclosure of which would constitute a clearly unwarranted invasion of personal privacy;

(7) Records or information compiled for law enforcement purposes, but only to the extent that the production of such law enforcement records or information—

(i) Could reasonably be expected to interfere with enforcement proceedings,

(A) Whenever a request is made which involves access to these records and—

(*1*) The investigation or proceeding involves a possible violation of criminal law; and

(*2*) There is reason to believe that the subject of the investigation or proceeding is not aware of its pendency, and disclosure of the existence of the records could reasonably be expected to interfere with enforcement proceedings, the Agency may, during only such time as that circumstance continues, treat the records as not subject to the requirements of 5 U.S.C. 552.

(B) [Reserved]

(ii) Would deprive a person of a right to a fair trial or an impartial adjudication,

(iii) Could reasonably be expected to constitute an unwarranted invasion of personal privacy,

(iv) Could reasonably be expected to disclose the identity of a confidential source, including a State, local, or

foreign agency or authority or any private institution which furnished information on a confidential basis, and, in the case of a record or information compiled by criminal law enforcement authority in the course of a criminal investigation or by an agency conducting a lawful national security intelligence investigation, information furnished by a confidential source. Whenever informant records maintained by a criminal law enforcement agency under an informant's name or personal identifier are requested by a third party according to the informant's name or personal identifier, the Agency may treat the records as not subject to the requirements of 5 U.S.C. 552 unless the informant's status as an informant has been officially confirmed.

(v) Would disclose techniques and procedures for law enforcement investigations or prosecutions, or would disclose guidelines for law enforcement investigations or prosecutions if such disclosure could reasonably be expected to risk circumvention of the law, or

(vi) Could reasonably be expected to endanger the life or physical safety of any individual.

(8) Contained in or related to examination, operating, or condition reports prepared by, on behalf of, or for the use of an agency responsible for the regulation or supervision of financial institutions; or

(9) Geological and geophysical information and data, including maps, concerning wells.

§ 1206.301 Limitation of exemptions.

(a) This Part 1206 does not authorize the withholding of information or the availability of records to the public, except as specifically stated in this part.

(b) Nothing in this part shall be construed as authority to withhold information from Congress.

Subpart 4—Location for Inspection and Request of Agency Records

§ 1206.400 Information Centers.

NASA will maintain Information Centers as set forth in this subpart.

§ 1206.401 Location of NASA Information Centers.

(a) NASA will maintain the following Information Centers, at which Agency records may be inspected, from which copies of Agency records may be requested and at which copies of Agency forms may be obtained:

(1) NASA Headquarters (HQ) Information Center, National Aeronautics and Space Administration, Washington, DC 20546.

(2) NASA Information Center, Ames Research Center (ARC), Moffett Field, CA 94035.

(3) NASA Information Center, Hugh L. Dryden Flight Research Center, (DFRC), Post Office Box 273, Edwards, CA 93523.

(4) NASA Information Center, Glenn Research Center (GRC), 21000 Brookpark Road, Cleveland, OH 44135.

(5) NASA Information Center, Goddard Space Flight Center (GSFC), Greenbelt, MD 20771.

(6) NASA Information Center, John F. Kennedy Space Center (KSC), Kennedy Space Center, FL 32899.

(7) NASA Information Center, Langley Research Center (LaRC), Langley Station, Hampton, VA 23665.

(8) NASA Information Center, Lyndon B. Johnson Space Center (JSC), 2101 NASA Road 1, Houston, TX 77058.

(9) NASA Information Center, George C. Marshall Space Flight Center (MSFC), Huntsville, AL 35812.

(10) NASA Information Center, John C. Stennis Space Center (SSC), MS 39529.

(11) NASA Information Center, NASA Management Office Jet Propulsion Laboratory (JPL), 4800 Oak Grove Drive, Pasadena, CA 91109.

(12) NASA Information Center, Wallops Flight Facility (WFF), Wallops Island, VA 23337.

(b) NASA Headquarters and each NASA Center also has a FOIA Electronic Reading Room on the Internet. The Uniform Resource Locator (URL) addresses are as follows:

(1) (HQ) http://www.hq.nasa.gov/office/pao/FOIA/;

(2) (ARC) http://george.arc.nasa.gov/dx/FOIA/elec.html;

(3) (DFRC) http://www.dfrc.nasa.gov/FOIA/readroom.html;

(4) (GRC) http://www.grc.nasa.gov/WWW/FOIA/ReadingRm.htm;

(5) (GSFC) http://genesis.gsfc.nasa.gov//foia/read-rm.htm;

(6) (JSC) http://www.jsc.nasa.gov/pao/public/foia/edocs.html;

(7) (KSC) http://www-foia.ksc.nasa.gov/foia/READROOM.HTM;

(8) (LaRC) http://foia.larc.nasa.gov/readroom.html;

(9) (MSFC) http://www1.msfc.nasa.gov/FOIA/docs/docs.html and

(10) (SSC) http://www.ssc.nasa.gov/~foia/reading/

(c) In addition a requester may submit a FOIA request electronically. The addresses are as follows: (HQ) foia@hq.nasa.gov; (ARC) foia@arc.nasa.gov; (DFRC) foia@dfrc.nasa.gov; (GRC) foia@grc.nasa.gov; (GSFC) foia@gsfc.nasa.gov; (JSC) foia@ems.jsc.nasa.gov; (KSC)FOIA@ksc.nasa.gov; (LaRC) foia@larc.nasa.gov; (MSFC) foia@msfc.nasa.gov and (SSC) foia@ssc.nasa.gov; and for Inspector General records, foiaoig@hq.nasa.gov.

§ 1206.402 Documents available for inspection at NASA Information Centers.

(a) Each NASA Information Center will have available for inspection, as a minimum, a current version of the following documents:

(1) 5 U.S.C. 552;

(2) Title 14 CFR Chapter V, and Title 41 CFR Chapter 18, and material published in the **Federal Register** for codification but not yet included in the Code of Federal Regulations;

(3) A master list and index of NASA Issuances, and a copy of all such issuances;

(4) A list and index of the management issuances of the NASA Center at which the Information Center is located, and a copy of such issuances;

(5) NASA's Scientific and Technical AeroSpace Reports and current indexes thereto;

(6) Cumulative Index to Selected Speeches and News Releases issued by NASA Headquarters;

(7) Index/Digest of Decisions, NASA Board of Contract Appeals;

(8) Decisions of the NASA Contract Adjustment Board and a current index thereto;

(9) Copies of Environmental Impact Statements filed by NASA under the National Environmental Policy Act of 1969;

(10) Collection of all issues of ''NASA Activities'';

(11) List of licenses granted under NASA-owned patents; and

(12) A master list and an index of NASA Policy Directives, Guidelines, and Charters, and a copy of all such Directives, Guidelines, and Charters.

(b) Because the indexes listed in paragraph (a) of this section are voluminous and because current versions thereof will be available for inspection at NASA Information Centers, from which copies of the indexes may be requested under § 1206.603, it is determined and so ordered that publication of the indexes quarterly in the **Federal Register** would be unnecessary and impractical.

§ 1206.403 Duty hours.

The NASA Information Centers listed in § 1206.401 shall be open to the public during all regular workdays, from 9 a.m. to 4 p.m.

Subpart 5—Responsibilities

§ 1206.500 Associate Deputy Administrator.

Except as otherwise provided in § 1206.504, the Associate Deputy Administrator or designee is responsible for the following:

(a) Providing overall supervision and coordination of the implementation of the policies and procedures set forth in this Part 1206;

(b) After consultation with the General Counsel, making final determinations under § 1206.607, within the time limits specified in Subpart 6 of this part;

(c) Determining whether unusual circumstances exist under § 1206.608 as would justify the extension of the time limit for a final determination.

§ 1206.501 General Counsel.

The General Counsel is responsible for the interpretation of 5 U.S.C. 552 and of this part, and for the handling of litigation in connection with a request for an Agency record under this part.

§ 1206.502 Centers and Components.

(a) Except as otherwise provided in § 1206.504, the Director of each NASA Center or the Official-in-Charge of each Component, is responsible for the following:

(1) After consultation with the Chief Counsel or the Counsel charged with providing legal advice to a Center or a Component Facility, making initial determinations under § 1206.603 and § 1206.604;

(2) Determining whether unusual circumstances exist under § 1206.608 as would justify the extension of the time limit for an initial determination; and

(3) In coordination with the Associate Deputy Administrator, ensuring that requests for records under the cognizance of his/her respective Center are processed and initial determinations made within the time limits specified in Subpart 6 of this part.

(b) If so designated by the Director or Officials-in-Charge of the respective Center, the principal Public Affairs Officer at the Center may perform the functions set forth in paragraphs (a)(1) and (2) of this section.

§ 1206.503 NASA Headquarters.

(a) Except as otherwise provided in § 1206.504, the Associate Administrator for Public Affairs, is responsible for the following:

(1) Preparing the annual reports required by § 1206.900, including establishing reporting procedures throughout NASA to facilitate the preparation of such reports;

(2) After consultation with the Office of General Counsel, making initial determinations under § 1206.603 and § 1206.604;

(3) Determining whether unusual circumstances exist under § 1206.608 as would justify the extension of the time limit for an initial determination; and

(4) In coordination with the Associate Deputy Administrator, ensuring that requests for Agency records under the cognizance of Headquarters are processed and initial determinations made within the time limits specified in Subpart 6 of this part.

(b) The functions set forth in paragraphs (a)(1), (2) and (3) of this section may be delegated by the Associate Administrator for Public Affairs to a Public Affairs Officer or Specialist and to the Manager or his/her designee, NASA Management Office—JPL.

§ 1206.504 Inspector General.

(a) The Inspector General or designee is responsible for making final determinations under § 1206.607, within the time limits specified in Subpart 6 of this part, concerning audit inspection and investigative records originating in the Office of the Inspector General records from outside the Government related to an audit inspection or investigation, records prepared in response to a request from or addressed to the Office of the Inspector General, or other records originating within the Office of the Inspector General, after consultation with the General Counsel or designee on an appeal of an initial determination to the Inspector General.

(b) The Assistant Inspectors General or their designees are responsible for making initial determinations under § 1206.603 and § 1206.604 concerning audit inspection and investigative records originating in the Office of the Inspector General, records from outside the Government related to an audit inspection or investigation, records prepared in response to a request from or addressed to the Office of the Inspector General, or other records originating with the Office of the Inspector General, after consultation with the Attorney-Advisor to the Inspector General or designee.

(c) The Inspector General or designee is responsible for ensuring that requests for Agency records as specified in paragraphs (a) and (b) of this section are processed and initial determinations are made within the time limits specified in Subpart 6 of this part.

(d) The Inspector General or designee is responsible for determining whether unusual circumstances exist under § 1206.608 that would justify extending the time limit for an initial or final determination, for records as specified in paragraphs (a) and (b) of this section.

(e) Records as specified in paragraphs (a) and (b) of this section include any records located at Regional and field Inspector General Offices, as well as records located at the Headquarters Office of the Inspector General.

§ 1206.505 Delegation of authority.

Authority necessary to carry out the responsibilities specified in this subpart is delegated from the Administrator to the officials named in this subpart.

Subpart 6—Procedures

§ 1206.600 Requests for Records.

A member of the public may request an Agency record by mail, facsimile (FAX), electronic-mail (e-mail), or in person from the FOIA Office having cognizance over the record requested or from the NASA Headquarters FOIA Office.

§ 1206.601 Mail, fax and e-mail requests.

In view of the time limits under 5 U.S.C. 552(a)(6) for an initial determination on a request for an Agency record (see § 1206.603), a request must meet the following requirements:

(a) The request must be addressed to an appropriate NASA FOIA Office or otherwise be clearly identified in the letter as a request for an Agency record under the ''Freedom of Information Act.''

(b) The request must identify the record requested or reasonably describe it in a manner that enables a professional NASA employee who is familiar with the subject area of the request to identify and locate the record with a reasonable amount of effort. NASA need not comply with a blanket or categorical request (such as ''all matters relating to'' a general subject) where it is not reasonably feasible to determine what is sought. NASA will in good faith endeavor to identify and locate the record sought and will consult with the requester when necessary and appropriate for that purpose. However, as provided in § 1206.203, NASA will undertake no obligation to compile or create information or records not already in existence at the time of the request.

(c) If a fee is chargeable under Subpart 7 of this part for search or duplication costs incurred in connection with a request for an Agency record, and the requester knows the amount of the fee at the time of the request, the request should be accompanied by a check or

money order payable in that amount to the ''National Aeronautics and Space Administration.'' NASA cannot be responsible for cash sent by mail; stamps will not be accepted. If the amount of the fee chargeable is not known at the time of the request, the requester will be notified in the initial determination (or in a final determination in the case of an appeal) of the amount of the fee chargeable (see § 1206.608(c)). For circumstances in which advance payment of fees is required, see § 1206.704.

§ 1206.602 Requests in person.

(a) A member of the public may request an Agency record in person at a NASA FOIA Office (see § 1206.401) during the duty hours of NASA Headquarters or the Center.

(b) A request at a FOIA Office must identify the record requested or reasonably describe it as provided in § 1206.601(b).

(c) If the record requested is located at the FOIA Office or otherwise readily obtainable, it shall be made available to the requester upon the payment of any fees that are chargeable (see Subpart 7 of this part), which fees may be paid by a check or money order payable to the ''National Aeronautics and Space Administration.'' If the record requested is not located at the FOIA Office or otherwise readily obtainable, the request will be docketed at the FOIA Office and processed in accordance with the procedures in § 1206.603 and § 1206.604, with any fee chargeable being handled in accordance with § 1206.601(c).

§ 1206.603 Procedures and time limits for initial determinations.

(a) Except as provided in § 1206.608, an initial determination on a request for an Agency record, addressed in accordance with § 1206.601(a) or made in person at a NASA FOIA Office shall be made, and the requester shall be sent notification thereof, within 20-working days after receipt of the request, as required by 5 U.S.C. 552(a)(6).

(b) An initial determination on a request for an Agency record by mail not addressed in accordance with § 1206.601(a) shall be made, and the requester shall be sent notification thereof, within 20-working days after the correspondence is recognized as a request for an Agency record under the ''Freedom of Information Act'' and received by the appropriate NASA FOIA Office. With respect to such a request, unless an initial determination can reasonably be made within 20-working days of the original receipt, the request will be promptly acknowledged and the requester notified of the date the request was received at that FOIA Office and that an initial determination on the request will be made within 20-working days of that date.

(c) If it is determined that the requested record (or portion thereof) will be made available, and if the charges are under $250, NASA will either send a copy of the releasable record and a bill for the fee or send the initial determination and a bill for the fee to the requester. In the latter case, the documents will be released when the fee is received. If the fee chargeable is over $250, a request for payment of the fee will always be sent with the initial determination, and the records will be mailed only upon receipt of payment. When records are sent before payment is received, the fact that interest will be charged from the 31st day after the day of the response shall be stated in the response. The date of the mailing of an initial determination, with or without the records(s), shall be deemed to satisfy the time limit for initial determinations.

(d) Any notification of an initial determination that does not comply fully with the request for an Agency record, including those searches that produce no documents, shall include a statement of the reasons for the adverse determination, include the name and title of the person making the initial determination, and notify the requester of the right to appeal to the Administrator, or the Inspector General, as appropriate, under § 1206.605.

(e) If the requester demonstrates a ''compelling need'' as defined in § 1206.101(r) for records, NASA shall provide expedited processing of the request. NASA will inform the requester as to whether the request for expedited processing has been granted within 10 working days after the date of the request.

§ 1206.604 Request for records that exist elsewhere.

(a) If a request for an Agency record is received by a FOIA Office not having cognizance of the record (for example, when a request is submitted to one NASA Center or Headquarters and the requested record exists only at another NASA Center), the FOIA Office receiving the request shall promptly forward it to the NASA FOIA Office having cognizance of the record requested. That Center shall acknowledge the request and inform the requester that an initial determination on the request will be sent within 20 working days from the date of receipt by such Center.

(b) If a request is received for Agency records which exist at two or more Centers, the FOIA Office receiving the request shall undertake to comply with the request, if feasible, or to forward the request (or portions thereof) promptly to a more appropriate Center for processing. The requester shall be kept informed of the actions taken to respond to the request.

(c) If a request is received by a NASA FOIA Office for a record of another agency, the requester shall promptly be informed of that fact, and the request shall be returned to the requester, with advice as to where the request should be directed.

§ 1206.605 Appeals.

(a) A member of the public who has requested an Agency record in accordance with § 1206.601 or § 1206.602, and who has received an initial determination which does not comply fully with the request, may appeal such an adverse initial determination to the Administrator, or, for records as specified in § 1206.504, to the Inspector General under the procedures of this section.

(b) The Appeal must:

(1) Be in writing;

(2) Be addressed to the Administrator, NASA Headquarters, Washington, DC 20546, or, for records as specified in § 1206.504, to the Inspector General, NASA Headquarters, Washington, DC 20546;

(3) Be identified clearly on the envelope and in the letter as an ''Appeal under the Freedom of Information Act'';

(4) Include a copy of the request for the Agency record and a copy of the adverse initial determination;

(5) To the extent possible, state the reasons why the requester believes the adverse initial determination should be reversed; and

(6) Be sent to the Administrator or the Inspector General, as appropriate, within 30 calendar days of the date of receipt of the initial determination.

(c) An official authorized to make a final determination may waive any of the requirements of paragraph (b) of this section, in which case the time limit for the final determination (see § 1206.607(a)) shall run from the date of such waiver.

§ 1206.606 Request for additional records.

If, upon receipt of a record (or portions thereof) following an initial determination to comply with a request, the requester believes that the materials received do not comply with the request, the requester may elect either to request additional records under the procedures of § 1206.601 or § 1206.602,

or to file an appeal under the procedures of § 1206.605, in which case the appeal must be sent to the Administrator, or to the Inspector General, in the case of records as specified in § 1206.504, within 30 days of receipt of the record (or portions thereof), unless good cause is shown for any additional delay.

§ 1206.607 Actions on appeals.

(a) Except as provided in § 1206.608, the Administrator or designee, or in the case of records as specified in § 1206.504, the Inspector General or designee, shall make a final determination on an appeal and notify the requester thereof, within 20 working days after the receipt of the appeal.

(b) If the final determination reverses in whole or in part the initial determination, the record requested (or portions thereof) shall be made available promptly to the requester, as provided in the final determination.

(c) If the final determination sustains in whole or in part an adverse initial determination, the notification of the final determination shall:

(1) Explain the basis on which the record (or portions thereof) will not be made available;

(2) Include the name and title of the person making the final determination;

(3) Include a statement that the final determination is subject to judicial review under 5 U.S.C. 552(a)(4); and

(4) Enclose a copy of 5 U.S.C. 552(a)(4).

§ 1206.608 Time extensions in unusual circumstances.

(a) In ''unusual circumstances'' as that term is defined in § 1206.101(f), the time limits for an initial determination (see § 1206.603 and § 1206.604) and for a final determination (see § 1206.607) may be extended, but not to exceed a total of 10-working days in the aggregate in the processing of any specific request for an Agency record.

(b) If an extension of time under this section would be required, the requester shall be promptly notified of the reasons therefor and the date when a determination will be sent.

(c) If a record described in a request cannot be located within the 20-working-day time limit for an initial determination, after consultation with a professional NASA employee who is familiar with the subject area of the request, that fact normally will justify an initial determination that the record requested cannot be identified or located, rather than a decision that an extension of time under this section would be appropriate.

(d) In exceptional circumstances, if it would be impossible to complete a search for or review of Agency records within the 20-working-day period for an initial determination, an official authorized to make an initial determination or the designee may seek an extension of time from the requester. If such an extension of time can be agreed upon, that fact should be clearly documented and the initial determination made within the extended time period; if not, an initial determination that the record cannot be identified or located, or reviewed, within the 20-working-day time limit shall be made under § 1206.603. ''Exceptional circumstances'' do not include a delay that results from a predictable Agency workload of requests unless the Agency demonstrates reasonable progress in reducing its backlog of pending requests. Refusal by the requester to reasonably modify the scope of a request or arrange an alternative time frame for processing the request shall be considered as a factor in determining whether exceptional circumstances exist.

§ 1206.609 Litigation.

In any instance in which a requester brings suit concerning a request for an Agency record under this part, the matter shall promptly be referred to the General Counsel together with a report on the details and status of the request. In such a case, if a final determination with respect to the request has not been made, such a determination shall be made as soon as possible, under procedures prescribed by the General Counsel in each case.

§ 1206.610 Notice to submitters of commercial information.

(a) General policy. Upon receipt of a request for commercial information pursuant to the Freedom of Information Act, NASA shall provide the submitter with notice of the request in accordance with the requirements of this section.

(b) Notice to submitters. Except as provided in paragraph (g) or (h) of this section, the Agency shall make a good faith effort to provide a submitter with prompt notice of a request appearing to encompass its commercial information whenever required under paragraph (c) of this section. Such notice shall identify the commercial information requested and shall inform the submitter of the opportunity to object to its disclosure in accordance with paragraph (d) of this section. If the submitter would not otherwise have access to the document that contains the information, upon the request of the submitter, the Agency shall provide access to, or copies of, the records or portions thereof containing the commercial information. This notice shall be provided in writing upon the request of the submitter. Whenever the Agency provides notice pursuant to this section, the Agency shall advise the requester that notice and opportunity to comment are being provided to the submitter.

(c) When notice is required. Notice shall be given to a submitter whenever the information has been designated by the submitter as information deemed protected from disclosure under Exemption 4 of the Act, or the Agency otherwise has reason to believe that the information may be protected from disclosure under Exemption 4.

(d) Opportunity to object to disclosure. Through the notice described in paragraph (b) of this section, the Agency shall afford a submitter a reasonable period within which to provide the Agency with a detailed statement of any objection to disclosure. This period shall not exceed 10 working days from the date after which the Agency can reasonably assume receipt of notice by the submitter, unless the submitter provides a reasonable explanation justifying additional time to respond. If the Agency does not receive a response from the submitter within this period, the Agency shall proceed with its review of the information and initial determination. The submitter's response shall include all bases, factual or legal, for withholding any of the information pursuant to Exemption 4. Information provided by a submitter pursuant to this paragraph may itself be subject to disclosure under the FOIA. Submitters will not be provided additional opportunities to object to disclosure, and, therefore, should provide a complete explanation of any and all bases for withholding any information from disclosure.

(e) Notice of intent to disclose. The Agency shall carefully consider any objections of the submitter in the course of determining whether to disclose commercial information. Whenever the Agency decides to disclose commercial information over the objection of a submitter, the Agency shall forward to the submitter a written statement which shall include the following:

(1) A brief explanation as to why the Agency did not agree with any objections;

(2) A description of the commercial information to be disclosed, sufficient to identify the information to the submitter; and

(3) A date after which disclosure is expected. Such notice of intent to disclose shall be forwarded to the

submitter in a reasonable number of working days prior to the expected disclosure date.

(4) If no comments are received by the Agency by the date described in paragraph (e)(3) of this section, the information in question will be released.

(f) Notice of FOIA lawsuit. Whenever a requester brings suit seeking to compel disclosure of commercial information covered by paragraph (c) of this section, the Agency shall promptly notify the submitter. Whenever a submitter brings suit against the Agency in order to prevent disclosure of commercial information, the Agency shall promptly notify the requester.

(g) Exceptions to notice requirements. The notice requirements of this section do not apply if—

(1) The information has been published or otherwise made available to the public.

(2) Disclosure of the information is required by law (other than 5 U.S.C. 552);

(3) The submitter has received notice of a previous FOIA request which encompassed information requested in the later request, and the Agency intends to withhold and/or release information in the same manner as in the previous FOIA request;

(4) Upon submitting the information or within a reasonable period thereafter,

(i) The submitter reviewed its information in anticipation of future requests pursuant to the FOIA,

(ii) Provided the Agency a statement of its objections to disclosure consistent with that described in paragraph (e) of this section, and

(iii) The Agency intends to release information consistent with the submitter's objections;

(5) Notice to the submitter may disclose information exempt from disclosure pursuant to 5 U.S.C. 552(b)(7).

(h)(1) An additional limited exception to the notice requirements of this section, to be used only when all of the following exceptional circumstances are found to be present, authorizes the Agency to withhold information which is the subject of a FOIA request, based on Exemption 4 (5 U.S.C. 552(b)(4)), without providing the submitter individual notice:

(i) The Agency would be required to provide notice to over 10 submitters, in which case, notification may be accomplished by posting or publishing the notice in a place reasonably calculated to accomplish notification.

(ii) Absent any response to the published notice, the Agency determines that if it provided notice as is otherwise required by paragraph (c) of this section, it is reasonable to assume that the submitter would object to disclosure of the information based on Exemption 4; and,

(iii) If the submitter expressed the anticipated objections, the Agency would uphold those objections.

(2) This exemption shall be used only with the approval of the Chief Counsel of the Center, the Attorney-Advisor to the Inspector General, or the Associate General Counsel responsible for providing advice on the request. This exception shall not be used for a class of documents or requests, but only as warranted by an individual FOIA request.

Subpart 7—Search, Review, and Duplication Fees

§ 1206.700 Schedule of fees.

The fees specified in this section shall be charged for searching for, reviewing, and/or duplicating Agency records made available in response to a request under this part.

(a) Copies. For copies of documents such as letters, memoranda, statements, reports, contracts, etc., $0.10 per copy of each page. For copies of oversize documents, such as maps, charts, etc., $0.15 for each reproduced copy per square foot. These charges for copies include the time spent in duplicating the documents. For copies of computer disks, still photographs, blueprints, videotapes, engineering drawings, hard copies of aperture cards, etc., the fee charged will reflect the full direct cost to NASA of reproducing or copying the record.

(b) Clerical searches. For each one-quarter hour spent by clerical personnel in searching for an Agency record in response to a request under this part, $3.75.

(c) Nonroutine, nonclerical searches. When a search cannot be performed by clerical personnel; for example, when the task of determining which records fall within a request and collecting them requires the time of professional or managerial personnel, and when the amount of time that must be expended in the search and collection of the requested records by such higher level personnel is substantial, charges for the search may be made at a rate in excess of the clerical rate, namely for each one-quarter hour spent by such higher level personnel in searching for a requested record, $7.50.

(d) Review of records. For commercial use requests only, when time is spent reviewing to determine whether they are exempt from mandatory disclosure, a charge may be made at the rate for each one-quarter hour spent by an attorney, $11.25. No charge shall be made for the time spent in resolving general legal or policy issues regarding the application of exemptions. This charge will only be assessed the first time NASA reviews a record and not at the administrative appeal level.

(e) Computerized records. Because of the diversity in the types and configurations of computers which may be required in responding to requests for Agency records maintained in whole or in part in computerized form, it is not feasible to establish a uniform schedule of fees for search and printout of such records. In most instances, records maintained in computer data banks are available also in printed form and the standard fees specified in paragraph (a) of this section shall apply. If the request for an Agency record required to be made available under this part requires a computerized search or printout, the charge for the time of personnel involved shall be at the rates specified in paragraphs (b) and (c) of this section. The charge for the computer time involved and for any special supplies or materials used shall not exceed the direct cost to NASA. This charge may be as high as $125.00 per quarter hour. Before any computer search or printout is undertaken in response to a request for an Agency record, the requester shall be notified of the applicable unit costs involved and the total estimated cost of the search and/or printout.

(f) Other search and duplication costs. Reasonable standard fees, other than as specified in paragraphs (a) through (e) of this section, may be charged for additional direct costs incurred in searching for or duplicating an Agency record in response to a request under this part. Charges which may be made under this paragraph include, but are not limited to, the transportation of NASA personnel to places of record storage for search purposes or freight charges for transporting records to the personnel searching for or duplicating a requested record.

(g) Charges for special services. Complying with requests for special services such as those listed in (g)(1), (2), and (3) of this section is entirely at the discretion of NASA. Neither the FOIA nor its fee structure cover these kinds of services. To the extent that NASA elects to provide the following services, it will levy a charge equivalent to the full cost of the service provided:

(1) Certifying that records are true copies.

(2) Sending records by special methods such as express mail.

(3) Packaging and mailing bulky records that will not fit into the largest

envelope carried in the supply inventory.

(h) Unsuccessful or unproductive searches. Search charges, as set forth in paragraphs (b) and (c) of this section, may be made even when an Agency record which has been requested cannot be identified or located after a diligent search and consultation with a professional NASA employee familiar with the subject area of the request, or if located, cannot be made available under Subpart 3 of this part. Ordinarily, however, fees will not be charged in such instances unless they are substantial (over $50.00) and the requester has consented to the search after having been advised that it cannot be determined in advance whether any records exist which can be made available (see § 1201206.704) and that search fees will be charged even if no record can be located and made available.

(i) Fees not chargeable.

(1) NASA will not charge for the first 100 pages of duplication and the first 2 hours of search time either manual or electronic except to requesters seeking documents for commercial use.

(2) If the cost to be billed to the requester is equal to or less than $15.00, no charges will be billed.

(j) Records will be provided in a form or format specified by the requester if they are readily reproducible in such format with reasonable efforts. If the records are not readily reproducible in the requested form or format, the Agency will so inform the requester. The requester may specify an alternative form or format that is available. If the requester refuses to specify an alternative form or format, the Agency will not process the request further.

§ 1206.701 Categories of requesters.

There are four categories of FOIA requesters: Commercial use requesters; educational and noncommercial scientific institutions; representatives of the news media; and all other requesters. The Act prescribes specific levels of fees for each of these categories:

(a) Commercial use requesters. When NASA receives a request for documents appearing to be for commercial use, it will assess charges which recover the full direct costs of searching for, reviewing for release, and duplicating the records sought. Requesters must reasonably describe the records sought. Moreover, in the case of such a request, NASA will not consider a request for waiver or reduction of fees based upon an assertion that disclosure would be in the public interest. Commercial use requesters are not entitled to 2 hours of free search time or to 100 free pages of reproduction of documents.

(b) Education and noncommercial scientific institution requesters. NASA shall provide documents to requesters in this category for the cost of reproduction alone, excluding charges for the first 100 pages. To be eligible for inclusion in this category, requesters must show that the request being made is authorized by and under the auspices of a qualifying institution and that the records are not being sought for a commercial use, but are being sought in furtherance of scholarly (if the request is from an educational institution) or scientific (if the request is from a noncommercial scientific institution) research. Requesters must reasonably describe the records sought.

(c) Requesters who are representatives of the news media. NASA shall provide documents to requesters in this category for the cost of reproduction alone, excluding charges for the first 100 pages. To be eligible for inclusion in this category, a requester must demonstrate that he/she meets the criteria in § 1206.101(o) of this part, and his/her request must not be made for a commercial use. Requesters must reasonably describe the records sought.

(d) All other requesters. NASA shall charge requesters who do not fit into any of the categories mentioned in this section, fees which recover the full direct reasonable cost of searching for and reproducing records that are responsive to the request, except that the first 100 pages of reproduction and the first 2 hours of search time shall be furnished without charge. Moreover, requests from individuals for records about themselves located in NASA's systems of records will continue to be processed under the fee provisions of the Privacy Act of 1974, which permits fees only for reproduction. Requesters must reasonably describe the records sought.

§ 1206.702 Waiver or reduction of fees.

The burden is always on the requester to provide the evidence to qualify him/her for a fee waiver or reduction.

(a) NASA shall furnish documents without charge or at reduced charges in accordance with 5 U.S.C. 552(a)(4)(A)(iii), provided that:

(1) Disclosure of the information is in the public interest because it is likely to contribute significantly to public understanding of the operations or activities of the government and

(2) It is not primarily in the commercial interest of the requester.

(b) Where these two statutory requirements are satisfied, based upon information supplied by the requester or otherwise made known to NASA, the FOIA fee shall be waived or reduced. Where one or both of these requirements is not satisfied, a fee waiver or reduction is not warranted under the statute.

(c) In determining whether disclosure is in the public interest because it is likely to contribute significantly to public understanding of the operations or activities of the government, the following considerations shall be applied:

(1) Whether the subject of the requested records concerns ''the operations or activities of the government'';

(2) Whether the disclosure is ''likely to contribute'' to an understanding of government operations or activities;

(3) Whether disclosure of the requested information will contribute to ''public understanding''; and

(4) Whether the disclosure is likely to contribute ''significantly'' to public understanding of government operations or activities.

(d) In determining whether disclosure of the information ''is not primarily in the commercial interest of the requester,'' the following consideration shall be applied:

(1) Whether the requester has a commercial interest that would be furthered by the requested disclosure; and if so,

(2) Whether the magnitude of the identified commercial interest of the requester is sufficiently large, in comparison with the public interest in disclosure, that disclosure is ''primarily in the commercial interest of the requester.''

§ 1206.703 Aggregation of requests.

A requester may not file multiple requests at the same time, each seeking portions of a document or documents, solely in order to avoid payment of fees. When NASA has reason to believe that a requester or a group of requesters acting in concert, is attempting to break a request down into a series of requests for the purpose of evading the assessment of fees, NASA will aggregate any such requests and charge accordingly. NASA will consider that multiple requests made within a 30-day period were so intended, unless there is evidence to the contrary. Where the relevant time period exceeds 30 days, NASA will not assume such a motive unless there is evidence to the contrary. In no case will NASA aggregate multiple requests on unrelated subjects from one requester.

§ 1206.704 Advance payments.

(a) NASA will not require a requester to make an advance payment, i.e.,

payment before work is commenced or continued on a request, unless:

(1) NASA estimates or determines that the allowable charges are likely to exceed $250. NASA will notify the requester of the likely cost and obtain satisfactory assurance of full payment where the requester has a history of prompt payment of FOIA fees, or require an advance payment of an amount up to the full estimated charges in the case of requesters with no history of payment; or

(2) A requester has previously failed to pay a fee in a timely fashion (within 30 days of billing), then NASA may require the requester to pay the full amount owed plus any applicable interest as provided below (see § 1206.706(a)), or demonstrate that he/she has, in fact, paid the fee, and to make an advance payment of the full amount of the estimated fee before the Agency begins to process a new request or a pending request from that requester.

(b) When NASA acts under paragraphs (a)(1) and (2) of this section, the administrative time limits will begin only after NASA has received the fee payments described in paragraph (a) of this section.

§ 1206.705 Form of payment.

Payment shall be made by check or money order payable to the ''National Aeronautics and Space Administration'' and sent per instructions in the initial determination.

§ 1206.706 Nonpayment of fees.

(a) Interest to be charged. Requesters are advised that should they fail to pay the fees assessed, they may be charged interest on the amount billed starting on the 31st day following the day on which the billing was sent. Interest will be at the rate prescribed in section 3717 of Title 31 U.S.C.

(b) Applicability of Debt Collection Act of 1982 (Pub. L. 97–365). Requesters are advised that if full payment is not received within 60 days after the billing was sent, the procedures of the Debt Collection Act may be invoked (14 CFR 1261.407–1261.409). These procedures include three written demand letters at not more than 30-day intervals, disclosure to a consumer reporting agency, and the use of a collection agency, where appropriate.

Subpart 8—Failure to Release Records to the Public

§ 1206.800 Failure to release records to the public.

(a) Except to the extent that a person has actual and timely notice of the terms thereof, a person may not in any manner be required to resort to, or be adversely affected by, a matter required to be published in the **Federal Register** under § 1206.200(a) and not so published.

(b) A final order, opinion, statement of policy, interpretation, or staff manual or instruction that affects a member of the public may be relied upon, used, or cited as precedent by NASA against any member of the public only if it has been indexed and either made available or published as provided by § 1206.200(b) or if the member of the public has actual and timely notice of the terms thereof.

(c) Failure to make available an Agency record required to be made available under this part could provide the jurisdictional basis for a suit against NASA under 5 U.S.C. 552(a)(4) (B) through (G), which provides as follows:

(B) On complaint, the District Court of the United States in the district in which the complainant resides, or has his principal place of business, or in which the Agency records are situated, or in the District of Columbia, has jurisdiction to enjoin the Agency from withholding Agency records and to order the production of any Agency records improperly withheld from the complainant. In such a case the court shall determine the matter de novo, and may examine the contents of such Agency records in camera to determine whether such records or any part thereof shall be withheld under any of the exemptions set forth in subsection (b) of this section, and the burden is on the Agency to sustain its action.

(C) Notwithstanding any other provision of law, the defendant shall serve an answer or otherwise plead to any complaint made under this subsection within 30 days after service upon the defendant of the pleading in which such complaint is made, unless the court otherwise directs for good cause shown.

[(D) Repealed. Pub. L. 98–620, Title IV, 402(2), Nov. 8, 1984, 98 Stat. 3335, 3375.]

(E) The court may assess against the United States reasonable attorney fees and other litigation costs reasonably incurred in any case under this section in which the complainant has substantially prevailed.

(F) Whenever the court orders the production of any Agency records improperly withheld from the complainant and assesses against the United States reasonable attorney fees and other litigation costs, and the court additionally issues a written finding that the circumstances surrounding the withholding raise questions whether Agency personnel acted arbitrarily or capriciously with respect to the withholding, the Special Counsel shall promptly initiate a proceeding to determine whether disciplinary action is warranted against the officer or employee who was primarily responsible for the withholding. The Special Counsel, after investigation and consideration of the evidence submitted, shall submit his findings and recommendations to the administrative authority of the Agency concerned and shall send copies of the findings and recommendations to the officer or employee or his representative. The administrative authority shall take the corrective action that the Special Counsel recommends.

(G) In the event of noncompliance with the order of the court, the district court may punish for contempt the responsible employee, and in the case of a uniformed service, the responsible member.

Subpart 9—Annual Report

§ 1206.900 Requirements for annual report.

On or before February 1 of each year, NASA shall submit a report covering the preceding fiscal year to the Department of Justice.

Dated: July 2, 1999.

Daniel S. Goldin,

Administrator.

[FR Doc. 99–17966 Filed 7–21–99; 8:45 am]

BILLING CODE 7510–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Food and Drug Administration

21 CFR Part 74

[Docket No. 98C–0041]

Listing of Color Additives for Coloring Sutures; [Phthalocyaninato(2-)] Copper; Confirmation of Effective Date

AGENCY: Food and Drug Administration, HHS.

ACTION: Final rule; confirmation of effective date.

SUMMARY: The Food and Drug Administration (FDA) is confirming the effective date of June 2, 1999, for the final rule that appeared in the **Federal Register** of April 30, 1999 (64 FR 23185), and amended the color additive regulations to provide for the safe use of [phthalocyaninato(2-)] copper in coloring nonabsorbable sutures for general and opthalmic surgery made from a blend of poly(vinylidene fluoride) and poly(vinylidene fluoride-co-hexafluoropropylene).

DATES: Effective date confirmed: June 2, 1999.

FOR FURTHER INFORMATION CONTACT: Ellen M. Waldron, Center for Food Safety and Applied Nutrition (HFS–215), Food and Drug Administration, 200 C St. SW., Washington, DC 20204, 202–418–3089.

SUPPLEMENTARY INFORMATION: In the **Federal Register** of April 30, 1999 (64 FR 23185), FDA amended the color additive regulations in § 74.3045 *[Phthalocyaninato(2-)] copper* (21 CFR 74.3045) to provide for the safe use of [phthalocyaninato(2-)] copper in coloring nonabsorbable sutures for

general and opthalmic surgery made from a blend of poly(vinylidene fluoride) and poly(vinylidene fluoride-co-hexafluoropropylene).

FDA gave interested persons until June 1, 1999, to file objections or requests for a hearing. The agency received no objections or requests for a hearing on the final rule. Therefore, FDA finds that the effective date of the final rule that published in the **Federal Register** of April 30, 1999, should be confirmed.

List of Subjects in 21 CFR Part 74

Color additives, Cosmetics, Drugs.

Therefore, under the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 321, 341, 342, 343, 348, 351, 352, 355, 361, 362, 371, 379e) and under authority delegated to the Commissioner of Food and Drugs (21 CFR 5.10), notice is given that no objections or requests for a hearing were filed in response to the April 30, 1999, final rule. Accordingly, the amendments issued thereby became effective June 2, 1999.

Dated: July 15, 1999.

William K. Hubbard,

Senior Associate Commissioner for Policy, Planning and Legislation.

[FR Doc. 99–18693 Filed 7–21–99; 8:45 am]

BILLING CODE 4160–01–F

DEPARTMENT OF TRANSPORTATION

Coast Guard

33 CFR Part 100

[CGD 05–99–064]

RIN 2115–AE46

Special Local Regulations for Marine Events; Chesapeake Challenge, Patapsco River, Baltimore, MD

AGENCY: Coast Guard, DOT.

ACTION: Temporary final rule.

SUMMARY: Temporary special local regulations are being adopted for the Chesapeake Challenge powerboat race to be held on the waters of the Patapsco River near Baltimore, Maryland. These regulations are needed to protect boaters, spectators and participants from the dangers associated with the event. This action is intended to enhance the safety of life and property during the event.

DATES: This temporary final rule is effective from 1 p.m. EDT (Eastern Daylight Time) to 4 p.m. EDT on July 24 and 25, 1999.

ADDRESSES: Documents as indicated in this preamble are available for inspection or copying at Commander (Aoax), Fifth Coast Guard District, 431 Crawford Street, Portsmouth, Virginia 23704–5004, between 9:30 a.m. and 2 p.m., Monday trough Friday, except Federal holidays. The telephone number is (757) 398–6204.

FOR FURTHER INFORMATION CONTACT: Chief Warrant Officer R. Houck, Marine Events Coordinator Commander, Coast Guard Activities Baltimore, 2401 Hawkins Point Road, Baltimore Maryland, 21226–1791, telephone number (410) 576–2674.

SUPPLEMENTARY INFORMATION:

Regulatory History

A notice of proposed rulemaking (NRPM) was not published for this regulation. In keeping with 5 U.S.C. 553(B), the Coast Guard finds that good cause exists for not publishing a NPRM. In keeping with the requirements of 5 U.S.C. 553(d)(3), the Coast Guard also finds that good cause exists for making this regulation effective less than 30 days after publication in the **Federal Register**. The Coast Guard received confirmation of this request for special local regulations on June 8, 1999. There was not sufficient time to publish a proposed rule in advance of the event. Publishing a NPRM and delaying the effective date of the regulation would be contrary to the public interest, because immediate action is necessary to protect vessel traffic from the potential hazards associated with this event.

Background and Purpose

On July 24 and 25, 1999, the Chesapeake Bay Power Boat Association will sponsor the Chesapeake Challenge, a marine event to be held on the waters of the Patapsco River near Baltimore, Maryland. The event will consist of 65 to 80 offshore power boats racing in heats around an oval race course. A large fleet of spectator vessels is anticipated. Due to the need for vessel control during the races, vessel traffic will be temporarily restricted to provide for the safety of spectators, participants and transiting vessels.

Discussion of Regulations

The Coast Guard is establishing temporary special local regulations on specified waters of the Patapsco River. The temporary special local regulations will be in effect from 1 p.m. EDT (Eastern Daylight Time) to 4 p.m. EDT on July 24 and 25, 1999 and will restrict general navigation in the regulated areas during the event. Except for persons or vessels authorized by the Coast Guard Patrol Commander, no person or vessel may enter or remain in the regulated area. Special anchorage areas will also be established for spectator vessels to view the event. These regulations are needed to control vessel traffic during the marine event to enhance the safety of participants, spectators, and transiting vessels.

Regulatory Evaluation

This rule is not a significant regulatory action under section 3(f) of Executive Order 12866 and does not require an assessment of potential costs and benefits under section 6(a)(3) of that order. It has been exempted from review by the office of Management and Budget under that order. It is not significant under the regulatory policies and procedures of the Department of Transportation (DOT) (44 FR 11040; February 26, 1979).

The Coast Guard expects the economic impact of this rule to be so minimal that a full Regulatory Evaluation under paragraph 10e of the regulatory policies and procedures of DOT is unnecessary. This conclusion is based on the fact that the regulated areas will only be in effect for a limited amount of time, extensive advisories have been and will be made to the affected maritime community so that they may adjust their schedules accordingly, and the event schedule will allow commercial interests to coordinate their activities to allow for minimal disruption to their enterprise.

Small Entities

Under the Regulatory Flexibility Act (5 U.S.C. 601 *et seq.*), the Coast Guard considered whether this temporary final rule will have a significant economic impact on a substantial number of small entities. ''Small Entities'' include small businesses, not-for-profit organizations that are independently owned and operated and are not dominant in their fields, and governmental jurisdictions with populations of less than 50,000.

Because this temporary final rule will only be in effect for a short period of time and extensive advisories will be made to the affected maritime community so that they may adjust their schedules accordingly, the Coast Guard expects the impact of this temporary final rule to be minimal.

Therefore, the Coast Guard certifies under section 605(b) of the Regulatory Flexibility Act (5 U.S.C. 601 *et seq.*) that this temporary final rule will not have a significant economic impact on a substantial number of small entities.

Collection of Information

This temporary final rule does not provide for a collection of information under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501 *et seq.*).

Federalism

The Coast Guard has analyzed this temporary final rule under the principles and criteria contained in Executive Order 12612 and has determined that this rule does not have sufficient federalism implications to warrant the preparation of a Federalism Assessment.

Environment

The Coast Guard considered the environmental impact of this temporary final rule and concluded that, under figure 2–1, paragraph (34)(h) of Commandant Instruction M16475.1C, this rule is categorically excluded from further environmental documentation. Special local regulations issued in conjunction with a marine event are excluded under that authority.

List of Subjects in 33 CFR Part 100

Marine Safety, Navigation (water), Reporting and recordkeeping requirements, Waterways.

Regulation

In consideration of the foregoing, Part 100 of Title 33, Code of Federal Regulations is amended as follows:

PART 100—[AMENDED]

1. The authority citation for Part 100 continues to read as follows:

Authority: 33 U.S.C. 1233 through 1236; 49 CFR 1.46 and 33 CFR 100.35.

2. A temporary section, § 100.35–T05–064 is added to read as follows:

§ 100.35–T05–064 Chesapeake Challenge, Patapsco River, Baltimore, Maryland.

(a) *Definitions:*

(1) *Regulated Area.* The waters of the Patapsco River enclosed by:

Latitude	*Longitude*
39° 15′ 27.5″ N	076° 33′ 10.0″ W, to
39° 13′ 23.o″ N	076° 31′ 14.0″ W, to
39° 12′ 06.0″ N	076° 29′ 43.5″ W, to
39° 12′ 00.0″ N	076° 29′ 08.0″ W, to
39° 11′ 24.0″ N	076° 29′ 27.5″ W, to
39° 11′ 48.0″ N	076° 30′ 58.0″ W, to
39° 14′ 53.5″ N	076° 34′ 15.0″ W, to
39° 15′ 24.0″ N	076° 33′ 53.0″ W, to
39° 15′ 27.5″ N	076° 33′ 10.0″ W

(2) *Curtis Bay South Spectator Anchorage Area.* The waters south of Curtis Bay Channel bounded by a line connecting the following points:

Latitude	*Longitude*
39° 13′ 16.0″ N	076° 32′ 31.5″ W, to
39° 13′ 00.0″ N	076° 32′ 16.0″ W, to
39° 12′ 49.5″ N	076° 32′ 31.5″ W, to
39° 13′ 06.0″ N	076° 32′ 48.5″ W, to
39° 13′ 16.0″ N	076° 32′ 31.5″ W

(3) *Curtis Bay North Spectator Anchorage Area.* The waters north of Curtis Bay Channel bounded by a line connecting the following points:

Latitude	*Longitude*
39° 14′ 00.0″ N	076° 33′ 18.5″ W, to
39° 13′ 33.0″ N	076° 32′ 50.0″ W, to
39° 13′ 20.5″ N	076° 33′ 13.5″ W, to
39° 13′ 37.0″ N	076° 33′ 40.0″ W, to
39° 14′ 00.0″ N	076° 33′ 18.5″ W

(4) *Fort McHenry Spectator Anchorage Area.* The waters south of Hawkins Point bounded by a line connecting the following points:

Latitude	*Longitude*
39° 12′ 26.5″ N	076° 31′ 39.0″ W, to
39° 11′ 48.0″ N	076° 30′ 58.0″ W, to
39° 11′ 40.0″ N	076° 30′ 33.0″ W, to
39° 11′ 16.5″ N	076° 30′ 46.5″ W, to
39° 12′ 19.5″ N	076° 31′ 50.5″ W, to
39° 12′ 26.5″ N	076° 31′ 39.0″ W

All coordinates reference Datum NAD 1983.

(5) *Coast Guard Patrol Commander.* The Coast Guard Patrol Commander is a commissioned, warrant, or petty officer of the Coast Guard who has been designated by the Commander, Coast Guard Activities Baltimore.

(b) *Special Local Regulations:*

(1) All persons and/or vessels not authorized as participants or official patrol vessels are considered spectators. The ''official patrol'' consists of any Coast Guard, public, state, county or local law enforcement vessels assigned and/or approved by Commander, Coast Guard Activities Baltimore.

(2) Except for persons or vessels authorized by the Coast Guard Patrol Commander, no person or vessel may enter or remain in the regulated areas.

(3) The operator of any vessel in these areas shall:

(i) Stop the vessel immediately when directed to do so by any official patrol, including any commissioned, warrant, or petty officer on board a vessel displaying a Coast Guard ensign.

(ii) Proceed as directed by any official patrol, including any commissioned, warrant, or petty officer on board a vessel displaying a Coast Guard ensign.

(4) Spectator vessels may enter and anchor in the special spectator anchorage areas described in paragraph (a) of this section without the permission of the Patrol Commander. They shall use caution not to enter the regulated area. No vessel shall anchor within a tunnel, cable or pipeline area shown on a Government chart.

(c) *Effective Dates.* The regulated area described in paragraph (a)(1) of this section and the spectator anchorage areas described in paragraphs (a)(2) through (a)(4) of this section are effective from 1 p.m. EDT (Eastern Daylight Time) to 4 p.m., EDT on July 24 and 25, 1999.

Roger T. Rufe, Jr.,

Vice Admiral, U.S. Coast Guard Commander, Fifth Coast Guard District.

[FR Doc. 99–18702 Filed 7–21–99; 8:45 am]

BILLING CODE 4910–15–M

ENVIRONMENTAL PROTECTION AGENCY

40 CFR Part 81

[CA–010–0002, FRL–6401–6]

Classification of the San Francisco Bay Area Ozone Nonattainment Area for Congestion Mitigation and Air Quality (CMAQ) Improvement Program Purposes

AGENCY: Environmental Protection Agency (EPA).

ACTION: Final rule.

SUMMARY: On July 10, 1998 (63 FR 37258), EPA redesignated the San Francisco Bay Area from maintenance to nonattainment, without a classification, for the federal one-hour ozone standard. By not assigning a classification, EPA inadvertently affected the Bay Area's funding appropriation under the Transportation Equity Act for the 21st Century (TEA 21), Congestion Mitigation and Air Quality Improvement Program (CMAQ). On March 18, 1999, EPA proposed to assign the Bay Area a nonattainment classification for the federal one-hour ozone standard for CMAQ purposes only so that the Bay Area would be able to receive CMAQ funding commensurate with the severity of its air pollution problem (65 FR 13383). After providing a 30-day extension to the public comment period (64 FR 24123, May 5, 1999), EPA is today finalizing the classification.

EFFECTIVE DATE: This action is effective on August 23, 1999.

ADDRESSES: A copy of this document is available in the air programs section of EPA Region 9's website, http://www.epa.gov/region09/air. The docket for this rulemaking is available for inspection during normal business hours at EPA Region 9, Planning Office, Air Division, 17th Floor, 75 Hawthorne Street, San Francisco, California 94105. A reasonable fee may be charged for copying parts of the docket. Please call (415) 744–1249 for assistance.

FOR FURTHER INFORMATION CONTACT: Celia Bloomfield, (415) 744–1249, Planning Office (AIR–2), Air Division, EPA Region 9, 75 Hawthorne Street, San Francisco, CA 94105.

SUPPLEMENTARY INFORMATION:

I. Background

The San Francisco Bay Area is the only area in the country that was initially designated nonattainment for the federal one-hour ozone standard, redesignated to attainment, and then redesignated back to nonattainment (40 CFR 81.305, March 3, 1978; 60 FR 27028, May 22, 1995; 63 FR 3725, July 10, 1998). The final redesignation to nonattainment was made without assigning the Bay Area a nonattainment classification. By not assigning a classification, EPA inadvertently affected the Bay Area's funding appropriation under TEA 21's CMAQ program. According to the apportionment formula for CMAQ funding (section 104(b)(2) of Title 23, United States Code), areas with nonattainment classifications receive a weighting factor based on the severity of air pollution, while areas without a classification do not. The result was that, while the Bay Area has a design value equivalent to a moderate nonattainment area, it was not receiving the level of CMAQ funding appropriate to address its air quality problem. On March 18, 1999 (65 FR 13383), EPA proposed to remedy this situation by assigning the Bay Area a classification of ''moderate'' for CMAQ purposes only.

II. Summary of Public Comments and EPA Response

EPA received numerous letters supporting the classification and one adverse comment. The Santa Barbara County Association of Governments expressed concern that EPA's action would set a precedent enabling nonattainment areas to benefit financially from a nonattainment classification without having to comply with the planning requirements associated with that classification.

Today's action will not set such a precedent, as the Bay Area is in a unique situation. The Bay Area is the only area in the country to attain the ozone standard, be redesignated to attainment, fall out of attainment, and be redesignated back to nonattainment. The Bay Area is also the only area in the country to be redesignated nonattainment without a classification. Finally, the Bay Area is the only nonattainment area in the country that is receiving CMAQ funding at a level below what was intended for areas with similar air quality problems.

Further, while EPA acknowledges that the plan submittal elements associated with the Bay Area redesignation have been streamlined, EPA is not enabling the Bay Area to evade planning requirements. The Bay Area is required to adopt and implement control measures sufficient to attain the federal one-hour ozone standard; the Bay Area must adopt and implement contingency measures if the standard is not attained; and the Bay Area is required to use the moderate area offset thresholds for new source review. Furthermore, having been classified moderate nonattainment previously, the Bay Area is already complying with Inspection and Maintenance requirements for moderate areas.

III. Final EPA Action

EPA is today classifying the Bay Area pursuant to section 172(a) as moderate for the federal one-hour ozone standard for CMAQ purposes only, and the classification is intended only in relation to the area's treatment under CMAQ. This classification is authorized by section 172(a)(1)(A) of subpart 1 of the Act, which states that ''the Administrator may classify the area for the purpose of applying an attainment date pursuant to paragraph (2), and for other purposes.'' EPA is assigning a classification of moderate because it reflects the severity of the Bay Area's nonattainment problem.

IV. Administrative Requirements

A. Executive Orders 12866 and 13045

The Office of Management and Budget (OMB) has exempted this regulatory action from E.O. 12866 review.

The final rule is not subject to E.O. 13045, entitled ''Protection of Children from Environmental Health Risks and Safety Risks,'' because it is not an ''economically significant'' action under E.O. 12866.

B. Executive Order 12875

Under E.O. 12875, EPA may not issue a regulation that is not required by statute and that creates a mandate upon a state, local, or tribal government, unless the Federal government provides the funds necessary to pay the direct compliance costs incurred by those governments. If the mandate is unfunded, EPA must provide to the Office of Management and Budget a description of the extent of EPA's prior consultation with representatives of affected state, local, and tribal governments, the nature of their concerns, copies of written communications from the governments, and a statement supporting the need to issue the regulation. In addition, E.O. 12875 requires EPA to develop an effective process permitting elected officials and other representatives of state, local, and tribal governments ''to provide meaningful and timely input in the development of regulatory proposals containing significant unfunded mandates.'' Today's rule does not create a mandate on state, local or tribal governments. The rule does not impose any enforceable duties on these entities. Accordingly, the requirements of section 1(a) of E.O. 12875 do not apply to this rule.

C. Executive Order 13084

Under E.O. 13084, EPA may not issue a regulation that is not required by statute, that significantly affects or uniquely affects the communities of Indian tribal governments, and that imposes substantial direct compliance costs on those communities, unless the Federal government provides the funds necessary to pay the direct compliance costs incurred by the tribal governments. If the mandate is unfunded, EPA must provide to the Office of Management and Budget, in a separately identified section of the preamble to the rule, a description of the extent of EPA's prior consultation with representatives of affected tribal governments, a summary of the nature of their concerns, and a statement supporting the need to issue the regulation. In addition, representatives of Indian tribal governments are ''to provide meaningful and timely input in the development of regulatory policies on matters that significantly or uniquely affect their communities.'' Today's rule does not significantly or uniquely affect the communities of Indian tribal governments. Accordingly, the requirements of section 3(b) of E.O. 13084 do not apply to this rule.

D. Regulatory Flexibility Act

Under the Regulatory Flexibility Act, 5 U.S.C. 600 *et seq.*, EPA must prepare a regulatory flexibility analysis assessing the impact of any proposed or final rule on small entities. 5 U.S.C. 603 and 604. Alternatively, EPA may certify that the rule will not have a significant impact on a substantial number of small entities. Small entities include small businesses, small not-for-profit enterprises, and government entities with jurisdiction over populations of less than 50,000.

This classification action under subpart 1, section 172(a)(1)(A) of the Clean Air Act does not create any new requirements. Therefore, the Administrator certifies that it does not have a significant impact on any small entities affected.

E. Unfunded Mandates

Under section 202 of the Unfunded Mandates Reform Act of 1995

(''Unfunded Mandates Act''), signed into law on March 22, 1995, EPA must prepare a budgetary impact statement to accompany any proposed or final rule that includes a Federal mandate that may result in estimated costs to State, local, or tribal governments in the aggregate; or to private sector, of $100 million or more. Under section 205, EPA must select the most cost-effective and least burdensome alternative that achieves the objectives of the rule and is consistent with statutory requirements. Section 203 requires EPA to establish a plan for informing and advising any small governments that may be significantly or uniquely impacted by the rule.

EPA has determined that this final action does not include a Federal mandate that may result in estimated costs of $100 million or more to either State, local, or tribal governments in the aggregate, or to the private sector. This Federal action imposes no new Federal requirements. Accordingly, no additional costs to State, local, or tribal governments, or to the private sector, result from this action.

F. Submission to Congress and the Comptroller General

The Congressional Review Act, 5 U.S.C. 801 *et seq.*, as added by the Small Business Regulatory Enforcement Fairness Act of 1996, generally provides that before a rule may take effect, the agency promulgating the rule must submit a rule report, which includes a copy of the rule, to each House of the Congress and to the Comptroller General of the United States. EPA will submit a report containing this rule and other required information to the U.S. Senate, the U.S. House of Representatives, and the Comptroller General of the United States prior to publication of the rule in the **Federal Register**. This rule is not a ''major'' rule as defined by 5 U.S.C. 804(2).

G. Petitions for Judicial Review

Under section 307(b)(1) of the Clean Air Act, petitions for judicial review of this action must be filed in the United States Court of Appeals for the appropriate circuit by September 20, 1999. Filing a petition for reconsideration by the Administrator of this final rule does not affect the finality of this rule for the purposes of judicial review nor does it extend the time within which a petition for judicial review may be filed, and shall not postpone the effectiveness of such rule or action. This action may not be challenged later in proceedings to enforce its requirements. (See section 307(b)(2).)

List of Subjects in 40 CFR Part 81

Environmental protection, Air pollution control, Hydrocarbons, Intergovernmental relations, Nitrogen oxides, Ozone, Volatile organic compounds.

Authority: 42 U.S.C. 7401 *et seq.*

Dated: July 15, 1999.

Felicia Marcus,

Regional Administrator, Region IX.

Part 81, chapter I, title 40 of the Code of Federal Regulations is amended as follows:

PART 81—[AMENDED]

1. The authority citation for part 81 continues to read as follows:

Authority: 42 U.S.C. 7401 *et seq.*

2. In § 81.305, the table for California—Ozone, is amended by revising the entry for the San Francisco Bay Area to read as follows:

§ 81.305 California.

* * * * *

CALIFORNIA—OZONE

Designated area	Designation		Classification	
	Date[1]	Type	Date[1]	Type
San Francisco—Bay Area	August 10, 1998	Nonattainment	August 10, 1998/ August 23, 1999	Not classified/Moderate under 23 U.S.C. § 104(b)(2).
Alameda County	do	do	do	Do.
Contra Costa County	do	do	do	Do.
Marin County	do	do	do	Do.
Napa County	do	do	do	Do.
San Francisco County	do	do	do	Do.
Santa Clara County	do	do	do	Do.
San Mateo County	do	do	do	Do.
Solano County (part)	do	do	do	Do.
Sonoma County (part)	do	do	do	Do.

[1]This date is November 15, 1990, unless otherwise noted.

* * * * *

[FR Doc. 99–18721 Filed 7–21–99; 8:45 am]

BILLING CODE 6560–50–P

ENVIRONMENTAL PROTECTION AGENCY

40 CFR Part 745

[OPPTS–62130B; FRL–6053–9]

Lead; Requirements for Disclosure of Known Lead-Based Paint and/or Lead-Based Paint hazards in Housing; Correction to Reflect OMB Approval of the Information Collection Requirements

AGENCY: Environmental Protection Agency (EPA).

ACTION: Final rule; correction.

SUMMARY: EPA is confirming that the Office of Management and Budget approved information collection requirements contained in 40 CFR part 745, subpart F. An ''Effective Date Note,'' which indicates that the information collection requirements contained in each section will not become effective until approved by the Office of Management and Budget (OMB), was automatically added by the Office of the Federal Register (OFR). The OFR added this statement to the CFR

because the preamble to the final rule entitled ''Requirements for Disclosure of Known Lead-Based Paint and/or Lead-Based Paint Hazards in Housing'' (61 FR 9064, March 6, 1996)(FRL–5347–9), which was jointly issued by EPA and the Department of Housing and Urban Development (HUD), indicated that the information collection requirements contained in the final rule had not yet been approved by OMB pursuant to the Paperwork Reduction Act (PRA), and that the sections would not be effective until approved by OMB. OMB approved the information collection requirements contained in these regulations on April 22, 1996, but this statement remained in the CFR. Since OMB has approved the information collection requirements contained in these regulations, this statement is not appropriate and must be removed by OFR to avoid further confusion.

DATES: 40 CFR 745.107, 745.110, 745.113, 745.115 became effective on April 22, 1996, when OMB approved the information collection requirements.

FOR FURTHER INFORMATION CONTACT: For general information contact: Christine Augustyniak, Associate Director, Environmental Assistance Division (7408), Office of Pollution Prevention and Toxics, Environmental Protection Agency, 401 M St., SW., Washington, DC 20460; telephone numbers: (202) 554–1404 and TDD: (202) 554–0551; e-mail address: TSCA-Hotline@epa.gov. For technical information contact: Dayton Eckerson, National Program Chemicals Division (7404), Office of Pollution Prevention and Toxics, Environmental Protection Agency, 401 M St., SW., Washington, DC 20460; telephone number: (202) 260–1591; Fax number: (202) 260–0770; e-mail address: eckerson.dayton@epa.gov.

SUPPLEMENTARY INFORMATION:

I. General Information

A. Does this Action Apply to Me?

You may be affected by this action if you are a seller, purchaser, lessor, or lessee of a non-exempt residential dwelling built before 1978, or a real estate agent representing such parties. Potentially affected categories and entities may include, but are not limited to:

Categories	NAICS	SIC	Examples of potentially affected entities
Real Estate Operators/Lessors	53111	651	Lessors of residential buildings Lessors of residential dwellings
Offices of Real Estate Agents	53121	653	Real estate agents Real estate brokers
Property Managers	531311		Property managers
Private Parties--Sales Transactions	None	None	Sellers and buyers of houses, townhouses, and cooperatives/condominiums
Private Parties--Rental Transactions	None	None	Lessors and lessees of residential dwellings

This listing is not intended to be exhaustive, but rather provides a guide for readers regarding entities likely to be affected by this action. Other types of entities not listed above could also be affected. The four-digit Standard Industrial Classification (SIC) codes and the North American Industrial Classification System (NAICS) codes have been provided to assist you and others in determining whether or not this action applies to certain entities. To determine whether you or your business is affected by this action, you should carefully examine the applicability provisions in 40 CFR 745.100. If you have any questions regarding the applicability of this action to a particular entity, you may also consult the technical person listed in the ''FOR FURTHER INFORMATION CONTACT'' at the beginning of this document.

B. How Can I Get Additional Information, Including Copies of this Document and Other Related Documents?

1. *Electronically.* You may obtain copies of this document and certain other available documents from the EPA Internet Home Page at http://www.epa.gov/. On the Home Page select ''Laws and Regulations'' and then look up the entry for this document under the ''**Federal Register** - Environmental Documents.'' You can also go directly to the ''**Federal Register**'' listings at http://www.epa.gov/fedrgstr/.

2. *In person.* This information will be added to the official record that was established for the March 6, 1996 final rule, identified by docket control number OPPTS–62130B. The official record consists of the documents specifically referenced in this action, any public comments received during an applicable comment period, and other information related to this action, including any information claimed as confidential business information (CBI). This official record includes the documents that are physically located in the docket, as well as the documents that are referenced in those documents. The public version of the official record does not include any information claimed as CBI. The public version of the official record, which includes printed, paper versions of any electronic comments submitted during an applicable comment period, is available for inspection in the TSCA Nonconfidential Information Center, North East Rm. B–607, Waterside Mall, 401 M St., SW., Washington, DC. The Center is open from 12 noon to 4 p.m., Monday through Friday, excluding legal holidays. The telephone number of the Center is (202) 260–7099.

II. What Does this Correction Do?

Under the Paperwork Reduction Act (PRA), 44 U.S.C. 3501 *et seq.*, an Agency may not conduct or sponsor, and a person is not required to respond to a collection of information that is subject to approval under the PRA, unless it displays a currently valid OMB control number. The OMB control numbers for EPA's regulations are listed in 40 CFR part 9, and any related collection instrument.

As required by section 1018 of the Residential Lead-Based Paint Hazard Reduction Act of 1992, EPA and the Department of Housing and Urban Development (HUD) jointly issued regulations requiring the disclosure of known lead-based paint and/or lead-based paint hazards by persons selling or leasing housing constructed before the phaseout of residential lead-based paint use in 1978. In the preamble to the final rule, EPA and HUD indicated that the information collection requirements contained in the final rule had not yet been approved by OMB pursuant to the PRA, and that the requirements would not be effective until approved by OMB (61 FR 9064, March 6, 1996).

On May 31, 1996, EPA issued a notice in the **Federal Register** (61 FR 27348) (FRL–5512–5) to announce that OMB had approved the information collection requirements contained in these final rules on April 22, 1996, and that OMB

control number 2070–0151 had been assigned to these collection activities. In the July 1, 1996 issue of the **Federal Register** (61 FR 33851) (FRL–5379–8), EPA amended the table in 40 CFR part 9 to add this OMB control number to the listing of OMB control numbers for EPA's regulations that appears in § 9.1.

Since there wasn't a formal connection between these subsequent notices and 40 CFR part 745, subpart F, [or 24 CFR part 35, subpart H], the OFR did not make the connection to the information collection requirements contained in these sections. As a result, OFR added the following clause to the Effective Date Note that appears at the end of §§ 745.107, 745.110, 745.113, and 745.115: ''This section contains information collection requirements and will not become effective until approval has been given by the Office of Management and Budget.''

III. Why Is this Correction Issued as a Final Rule?

EPA is publishing this action as a final rule without prior notice and opportunity to comment because the Agency believes that providing notice and an opportunity to comment is unnecessary and would be contrary to the public interest. As explained above, this action will simply allow OFR to correct the CFR to properly reflect OMB's approval of the information collection requirements contained in 40 CFR part 745, subpart F. EPA therefore finds that there is ''good cause'' under section 553(b)(3)(B) of the Administrative Procedure Act (5 U.S.C. 553(b)(3)(B)) to make this amendment without prior notice and comment.

IV. Do Any of the Regulatory Assessment Requirements Apply to this Action?

No. This final rule does not impose any new requirements. It only implements a correction to the Code of Federal Regulations (CFR). As such, this action does not require review by the Office of Management and Budget (OMB) under Executive Order 12866, entitled *Regulatory Planning and Review* (58 FR 51735, October 4, 1993), the Paperwork Reduction Act (PRA), 44 U.S.C. 3501 *et seq.*, or Executive Order 13045, entitled *Protection of Children from Environmental Health Risks and Safety Risks* (62 FR 19885, April 23, 1997). This action does not impose any enforceable duty, contain any unfunded mandate, or impose any significant or unique impact on small governments as described in the Unfunded Mandates Reform Act of 1995 (UMRA) (Public Law 104–4). Nor does it require prior consultation with State, local, and tribal government officials as specified by Executive Order 12875, entitled *Enhancing the Intergovernmental Partnership* (58 FR 58093, October 28, 1993) and Executive Order 13084, entitled *Consultation and Coordination with Indian Tribal Governments* (63 FR 27655, May 19,1998), or special consideration of environmental justice related issues under Executive Order 12898, entitled *Federal Actions to Address Environmental Justice in Minority Populations and Low-Income Populations* (59 FR 7629, February 16, 1994). This action does not involve any technical standards that would require Agency consideration of voluntary consensus standards pursuant to section 12(d) of the National Technology Transfer and Advancement Act of 1995 (NTTAA), Public Law 104–113, section 12(d) (15 U.S.C. 272 note). In addition, since this action is not subject to notice-and-comment requirements under the Administrative Procedure Act (APA) or any other statute, it is not subject to the regulatory flexibility provisions of the Regulatory Flexibility Act (RFA) (5 U.S.C. 601 *et seq.*).

V. Will EPA Submit this Final Rule to Congress and the Comptroller General?

Yes. The Congressional Review Act, 5 U.S.C. 801 *et seq.*, as added by the Small Business Regulatory Enforcement Fairness Act of 1996, generally provides that before a rule may take effect, the agency promulgating the rule must submit a rule report, which includes a copy of the rule, to each House of the Congress and to the Comptroller General of the United States. Section 808 allows the issuing agency to make a good cause finding that notice and public procedure is impracticable, unnecessary or contrary to the public interest. This determination must be supported by a brief statement. 5 U.S.C. 808(2). EPA has made such a good cause finding for this final rule, therefore, the removal of the Effective Date Notes can be made to the CFR by OFR after July 22, 1999. Pursuant to 5 U.S.C 808(2), this determination is supported by the brief statement in Unit IV. of this preamble. EPA will submit a report containing this rule and other required information to the U.S. Senate, the U.S. House of Representatives, and the Comptroller General of the United States prior to publication of the rule in the **Federal Register**. This is not a ''major rule'' as defined by 5 U.S.C. 804(2).

List of Subjects in 40 CFR Part 745

Environmental protection, Hazardous substances, Lead, Lead-based Paint, Reporting and recordkeeping requirements.

Dated: June 29, 1999.

Susan H. Wayland,

Acting Assistant Administrator for Prevention, Pesticides and Toxic Substances.

[FR Doc. 99–17212 Filed 7–21–99; 8:45 am]

BILLING CODE 6560–50–F

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Office of Inspector General

42 CFR Parts 1001, 1002 and 1003

RIN 0991–AA95

Health Care Programs: Fraud and Abuse; Revised OIG Sanction Authorities Resulting From Public Law 105–33

AGENCY: Office of Inspector General (OIG), HHS.

ACTION: Final rule.

SUMMARY: This rulemaking revises the OIG's exclusion and civil money penalty authorities set forth in 42 CFR parts 1001, 1002 and 1003, as a result of the Balanced Budget Act of 1997, Public Law 105–33. These revisions are intended to protect Medicare and other Federal health care programs by enhancing the OIG's administrative sanction authority through new or revised exclusion and civil money penalty provisions.

EFFECTIVE DATE: This rule is effective on July 22, 1999.

FOR FURTHER INFORMATION CONTACT: Joel Schaer, (202) 619–0089, OIG Regulations Officer.

SUPPLEMENTARY INFORMATION:

I. Background

A. The Health Insurance Portability and Accountability Act

The Health Insurance Portability and Accountability Act (HIPAA) of 1996, Public Law 104–191, was enacted on August 21, 1996, and set forth a number of significant amendments to the OIG's exclusion and civil money penalty (CMP) authorities. Among the various provisions related to the program exclusion authority, HIPAA: (1) Expanded the OIG's minimum 5-year mandatory exclusion authority to cover any felony conviction under Federal, State or local law relating to health care fraud, even if governmental programs were not involved; (2) established minimum periods of exclusion from 1 to 3 years for certain permissive exclusions; and (3) established a new permissive exclusion authority applicable to individuals who have a

majority ownership in, or have significant control over the operations of an entity that has been convicted of a program-related offense. Proposed regulations addressing these revised or expanded OIG exclusion authorities were published in the **Federal Register** on September 8, 1997 (62 FR 47182) and final regulations were issued on September 2, 1998 (63 FR 46676).

In addition, HIPAA revised and strengthened the OIG's existing CMP authorities, and extended the application of the CMP provisions beyond those programs funded by the Department to include all Federal health care programs. Separate OIG proposed rulemaking addressing the revised or expanded CMP provisions resulting from HIPAA were published in the **Federal Register** on March 25, 1998 (63 FR 14393).

B. The Balanced Budget Act of 1997

In conjunction with many of the HIPAA fraud and abuse authorities, the Balanced Budget Act (BBA) of 1997, enacted on August 5, 1997, contained a number of provisions designed to further protect the integrity of Medicare, Medicaid and all other Federal health care programs for current and future beneficiaries, and combat fraudulent and abusive program activities. Specifically, the fraud and abuse provisions of BBA serve to strengthen the OIG's exclusion and CMP authorities with respect to Federal health care programs.

While the new exclusion and CMP authorities under BBA were effective for violations occurring on or after August 5, 1997, since the statutory provisions allowed the Department some policy discretion in their implementation, the OIG developed and issued a proposed rulemaking on September 2, 1998, that solicited public comments on proposed exclusion and CMP regulatory revisions resulting from BBA (63 FR 46736).

II. Summary of the Proposed Rule

In accordance with the Department's expanded and revised exclusion and CMP authorities resulting from BBA, the proposed regulations were designed to codify in 42 CFR parts 1001, 1002 and 1003 as follows:

A. Revised Exclusion Authorities Resulting From BBA

1. *OIG authority to direct exclusions from State health care programs, and to extend application of OIG exclusions to all Federal health care programs*—Prior to BBA, the OIG was authorized under section 1128 of the Act to impose exclusions from participation in Medicare under its own authority, but could not impose other health care program exclusions directly. Instead, the OIG directed *State* health care programs (such as Medicaid) to impose parallel exclusions, but had *no* authority with respect to the exclusion from State health care programs, as listed in section 1128(i) of the Act. Section 4331(c) of BBA specifically amended sections 1128(a) and (b) of the Act to extend the scope of an OIG exclusion beyond the Medicare and State health care programs to all Federal health care programs (as defined in section 1128B(f) of the Act), and to enable the OIG to impose exclusions from all Federal health care programs *directly.* We proposed amending various sections of 42 CFR part 1001 to reflect this expanded authority.

The proposed regulations also addressed the effect of this expanded exclusion authority on the employment of excluded individuals, and program reimbursement for items and services they may provide to other Federal health care programs. Prior to BBA, with limited exceptions, no payment could be made under Medicare and the State health care programs for any health care item or service furnished, ordered or prescribed by an excluded individual. However, an individual excluded from Medicare and the State health care programs could still be employed or receive payment from other Federal health care programs, such as Tricare or the Department of Veterans Affairs. With the expanded scope of the exclusion authority, the proposed rule stated that Federal health care agencies may neither reimburse for items and services which excluded individuals provide, order or prescribe, nor pay the salaries or expenses of such persons using Federal funds. As indicated in the proposed rule, in accordance with the BBA provision, with limited exceptions, an exclusion would effectively preclude the employment of an excluded individual in any capacity by a Federal or State agency, or other entity, where payment is made by any Federal health care program.

2. *Permanent exclusions for individuals convicted of 3 or more health care-related crimes, and 10 year exclusions for individuals convicted of 2 health care-related crimes*—Most excluded health care providers become eligible for reinstatement in the Federal and State health care programs after a specified exclusion period. Section 4301 of BBA established a mandatory exclusion period of not less than 10 years for individuals who have been twice convicted of mandatory exclusion offenses under section 1128(a) of the Act. In addition, a permanent program exclusion must be imposed against those individuals who have been convicted on 3 or more occasions of such mandatory exclusion offenses. Accordingly, we proposed to amend § 1001.102 to reflect these new mandatory exclusion periods.

3. *Exclusion of entities controlled by family or household members of sanctioned individuals*—The OIG is authorized to exclude entities owned or controlled by an individual who has been convicted of a health care related offense, or who has been sanctioned by the OIG. However, some excluded individuals have been able to circumvent the impact of an exclusion and retain silent control of operating health care entities by engaging in paper transfers of their ownership and control interests to family or household members. To address the problem of excluded individuals retaining ''silent'' control of participating entities, section 4303 of BBA allowed for the exclusion of entities owned or controlled by the family or household members of excluded individuals when the transfer of ownership or control interest in the entity was made in anticipation of, or following, a conviction, CMP or exclusion. We proposed to amend § 1001.1001(a) to reflect this new authority.

B. Revised CMP Authorities Resulting From BBA

1. *CMPs against institutional health care providers that employ or enter into contracts for medical services with excluded individuals*—In some instances, individuals who have been excluded from Medicare or the State health care programs have been able to obtain (or retain) employment, staff privileges or other affiliations with various health care entities that then bill the programs for their services. CMP authority has existed for health maintenance organizations that submit claims for items or services furnished by excluded employees or other excluded individuals with whom they contract, but no parallel sanction authority existed with respect to a group medical practice, hospital, nursing home, home health agency, hospice or other provider that failed to check the credentials of individuals whose services they utilize and bill to Medicare or State health care programs. In accordance with new authority set forth in section 4304(a) of BBA, we proposed amending §§ 1003.102(a) and 1003.103(a) to allow the OIG to impose a CMP of up to $10,000 against any entity that submits, or causes to be submitted, claims for items or services rendered by employees or other individuals with whom they

contract, and whom they know, or should know, have been excluded from participation in the Federal health care programs.

2. *CMP for failure to report information to the Healthcare Integrity and Protection Data Bank*—Section 221 of HIPAA established a national health care fraud and abuse data collection program, the Healthcare Integrity and Protection Data Bank (HIPDB), for the reporting of final adverse actions (such as convictions, exclusions and licensing restrictions) against health care providers, suppliers and practitioners.[1] While this authority mandated that private health plans, as well as certain State and Federal entities, report adverse actions to the HIPDB, no penalty provision was included to address failure by a health care plan to comply with the reporting requirements. In accordance with section 4331(d) of BBA, § 1003.102(b) of the proposed regulations set forth a new CMP of not more than $25,000 against any health plan that fails to report a final adverse action to HIPDB as required by the statute and regulations.

3. *CMPs for health care providers who violate the anti-kickback statute*—Prior to BBA, criminal penalties or program exclusions were the only remedies available against those who offered or received remuneration in return for the referral of business paid for by Federal health care programs, in violation of the anti-kickback statute. Since both remedies are potentially quite severe, section 4304 of BBA set forth an alternative remedy, *i.e.*, a new CMP for violations of the anti-kickback statute. In accordance with this new statutory provision, we proposed to amend §§ 1003.102(b), 1003.103(h) and 1003.104 to implement a CMP of not more than $50,000 for each kickback violation, and an assessment of up to 3 times the total amount of remuneration offered, paid, solicited or received without regard to whether a portion of such remuneration was offered, paid, solicited or received for a lawful purpose.

C. Additional Technical and Other Revisions to 42 CFR Parts 1001 and 1003

1. *Technical revisions*—A number of proposed technical revisions consistent with the policy provisions resulting from BBA and the proposed regulatory amendments were also indicated in the notice of proposed rulemaking. Specifically, we proposed to amend the authority citation cites for parts 1001 and 1003, §§ 1001.302 (Basis for reinstatement), 1003.100 (Basis and purpose), and 1003.114 (Collateral estoppel) to reflect the revisions being proposed in accordance with the revised BBA exclusion and CMP authorities. In addition, we proposed a revision to § 1003.109(a)(3), to delete the phrase ''the amount of the proposed penalty, assessment and the period of proposed exclusion (where applicable).'' This language appears in paragraph (a)(4) of this section, and appears inadvertently in paragraph (a)(3).

2. *Proposed revision to OIG reinstatement considerations*—We also proposed to add two new elements to § 1001.3002(b), pertaining to the OIG's review of an individual's or entity's request for reinstatement in the Federal health care programs after the individual's or entity's exclusion period. The first new proposed element was designed to address the OIG's expectation that excluded parties adequately and promptly inform all their clients or patients of the exclusion so that the clients or patients will have a clear understanding that items and services provided, directed or ordered by that individual or entity will not be paid for under any Federal health care program. Under § 1001.1901(b) of the proposed regulations, Medicare reimbursement is authorized to a beneficiary for the first claim submitted for an item or service provided by the excluded party, at which time the beneficiary is notified that future claims will be denied due to the provider's excluded status. (We did not believe that notification only *after* the submission of a claim provides adequate protection for program beneficiaries.) By stating in the proposed regulations that the OIG, in making its reinstatement decisions, would consider whether a provider has adequately and promptly informed clients or patients of an exclusion, we hoped to offer an incentive for providers to give the earliest possible notification to beneficiaries of their exclusion.

A second proposed reinstatement element was designed to codify existing OIG policy which, in making reinstatement decisions, considers whether the individual or entity has, during the period of exclusion, submitted claims or caused claims to be submitted, or payments to be made by any Federal health care program for items or services the excluded party furnished, ordered or prescribed, including health care administrative services during the period of exclusion. By setting forth this regulatory clarification, we hoped to make clear that the submission of claims for payment to any Federal health care program during a provider's period of exclusion will jeopardize the provider's reinstatement into the programs.

III. Responses to Comments and Summary of Revisions

In response to the notice of proposed rulemaking, the OIG received a total of five timely-filed public comments from various health care associations and other interested parties. Set forth below is a synopsis of the various comments and recommendations received, our response to those concerns, and a summary of the specific revisions and clarifications being made to the regulations.

Section 1001.102 Factors in Length of Exclusion

Comment: Two commenters raised concern over the language in proposed § 1001.102(b)(6), one of the possible aggravating factors which would provide a basis for lengthening the period of exclusion. The provision would consider whether the ''individual or entity has at any time been overpaid a total of $1,500 or more by Medicare, Medicaid or any Federal health care program as a result of improper billings.'' The commenters indicated that this language was too general and gives no clear indication of what constitutes ''improper billings.'' The commenters stated that any overpayments of $1,500 or more, whether part of the same circumstance that led to the exclusion in the first place, or ones that are billing error mistakes or simple negligence, could be deemed an aggravating circumstance. The commenters indicated that aggravating factors should serve as valid predictors of future violations of Medicare and other Federal program statutes and regulations and, therefore, urged that the OIG delete the $1,500 threshold.

Response: It is not our intention to consider overpayment of $1,500 or more based on inadvertent billing errors as an aggravating circumstance. We agree with the commenters that the $1,500 threshold for overpayments needs to be related to improper conduct, such as the submission of false, fraudulent or otherwise improper claims for payment. This criterion with respect to determining aggravating circumstances has been included in the OIG's regulations since 1992 and has not been identified as a problem by either providers or the OIG. Therefore, this provision, which was not proposed for

[1] Proposed regulations setting forth the policies and procedures for implementing the new HIPDB were published in the **Federal Register** on October 29, 1998 (63 FR 58341).

any revision in our proposed rule, will not be revised at this time.

Section 1001.3002(b)(5) Basis for Reinstatement

Comment: Two commenters raised concern over the proposed language in § 1001.3002(b)(5) that would add a new factor in determining whether an individual or entity can be reinstated to participate in Federally-funded health care programs. Specifically, we indicated that the OIG would consider ''whether the individual or entity, during the period of exclusion, has adequately and promptly informed its clients or patients that any items or services provided will not be reimbursable under any Federal health care program.'' One commenter requested that the OIG clarify both the terms ''adequate'' and ''prompt'' so that an excluded individual can be aware of whether they have met the criteria for reinstatement. The commenter also asked for additional clarification what is meant by a physician's or entity's ''clients and patients.''

A second commenter recommended that the language in this paragraph be deleted entirely, stating that an excluded party's unwillingness to notify those affected should not have a bearing on his or her fitness to be readmitted to the health care programs.

Response: We have considered the comments regarding this proposed factor for reviewing reinstatement requests, and agree that this factor may impose an additional burden on excluded individuals and entities with respect to notification of patients and clients and that this notification obligation is not mandated by law. In addition, we are persuaded by the fact that beneficiaries are adequately protected, since the current procedures provide for payment of the first claim submitted by or on behalf of a beneficiary for services furnished, ordered or prescribed by an excluded provider or practitioner, and simultaneous notification regarding the exclusion. Moreover, we believe that it would be very difficult to monitor such notifications by excluded individuals and entities in order to assess their trustworthiness for purposes of future participation in Federal health care programs. Based on these reasons, we are deleting this proposed factor from those to be evaluated in assessing a reinstatement request.

Section 1003.102(a) CMP for Relationships With Excluded Individuals

Comment: A commenter was concerned that the OIG misinterpreted the statute (42 U.S.C. 1320a–7a(a)(6)) and congressional intent with regard to the basis for CMPs arising from relationships with excluded individuals. They indicated that the proposed regulations imply the existence of an affirmative duty on providers to monitor, on an ongoing basis, the eligibility of employees and others with whom they enter into contracts to participate in the Federal health care programs. The commenter believed that the conditional phrase ''or should have known'' in proposed § 1003.102(a)(2) would effectively impose a duty upon contracting providers to monitor the list of excluded individuals and entities on a regular basis or risk imposition of a CMP. The commenter raised questions regarding (1) how often should they check on employees and contracting parties, e.g., when employees are hired and when contracting parties enter into a contract, or rechecked at regular intervals), and (2) which persons should be checked, e.g., ongoing contracts, subcontractors or employees of a corporation with whom they are contracting. The commenter believed the appropriate burden should be on the OIG or the excluded individual or entity to notify contracting providers with whom they have employment or other contractual relationships of their exclusion from the Federal health care programs.

Response: Providers and contracting parties have a duty to check the sanction report on the OIG web site prior to entering into employment or contractual arrangements with new hires or run the risk of CMP liability if they fail to do so. All exclusion information is maintained on the OIG web site (www.dhhs.gov/progorg/oig) and updated on a regular basis. While it is not possible for the OIG to be aware of every employment arrangement being entered into by providers and excluded individuals or entities, the OIG does notify and inform employers of excluded individuals and entities when such pending employment arrangements are specifically known to the OIG. In addition, hospitals are under an affirmative obligation to query the National Practitioner Data Bank (NPDB) when they grant privileges, and subsequently at 2-year intervals, to determine whether any actions have been taken against physicians that they employ. Information on exclusions is contained in the NPDB.

Comment: Another commenter contended that use of the OIG's Sanction Report posted on the Internet is confusing and inadequate. The commenter stated that the current information contained on the OIG web site is not easily accessible, requiring providers to create their own ''cumulative list'' and to manually input data which could leave providers open to fraud and abuse claims because of simple mistakes or errors. In light of the new CMP authority under BBA for providers contracting with or employing an individual or entity that is excluded from the Federal health care programs, the commenter requested that the OIG reevaluate the current Sanction Report to create a ''cumulative list'' of excluded individuals and entities that providers can easily access and use.

Response: We believe that the current OIG web site containing the Cumulative Sanction Report is accessible, with large numbers of users of this web site having no problems in obtaining the information needed. However, we have also been aware that some users want to be able to do an on-line search for a single individual or entity, and agree that the sanction report on the web site needs to be modified to be more user-friendly in order to permit parties to look for one name at a time. Early in 1999, the OIG web site was modified so that parties can search by either name or location in order to ascertain an individual's or entity's exclusion status, as well as being able to download the entire file.

It should also be pointed out that the OIG's web site is not the sole source of information regarding sanctioned individuals and entities. The NPDB, which hospitals are required to query, contains information on our sanctioned providers. In addition, the exclusion information is also available on the GSA list of ''Parties Excluded from Federal Procurement and Nonprocurement Programs'' and is on-line searchable.[2] Furthermore, the new HIPDB will contain the OIG exclusion information. With the various avenues of information on excluded individuals and entities available, we believe parties will be able to readily obtain the necessary information on current Federal health care program exclusions.

Comment: The preamble discussion of the proposed rule stated the OIG's concern that ''individuals who have been excluded from Medicare or State health care program participation have, nonetheless, been able to obtain (or retain) employment, staff privileges or other affiliation with various health care entities * * *.'' A commenter emphasized that it is both possible and common for a physician to have medical staff privileges at a hospital without having either an employment or a contractual relationship with the

[2] See http://anet.gov/epls/.

hospital, particularly in States that prohibit the corporate practice of medicine. The commenter further stated that a physician's medical staff privileges at a hospital and his or her provision of items and services covered by Medicare mean that the hospital and the physician are ''arranging'' for the provision of such services.

Response: We agree with the commenter's point regarding the reference to staff privileges. A medical staff relationship, in the absence of any employment or contractual relationship or arrangement, in and of itself, remains outside the scope of these regulations. However, when claims are generated by physicians having privileges in the hospital for services they furnish, order or prescribe, the hospital must be held accountable if the items or services are provided by excluded physicians. Clearly, an excluded physician cannot have any Federal or State health care program payments made for items and services that they furnish, order or prescribe; not to hold a hospital or other organization accountable for allowing such a person to generate bills to the programs would be inappropriate.

Section 1003.102(b) CMP for Failure To Report Information to the HIPDB

Comment: One commenter believed that the OIG should not proceed with regulations relating to the new CMP for failure to report information to the HIPDB until the implementing regulations for the new data bank have been finalized.

Response: The OIG published proposed regulations in the **Federal Register** on October 30, 1998 (63 FR 58341) addressing policies and procedures for implementing the new HIPDB. Those proposed regulations are designed to address, among other things, how and when specific information is to be reported to the data bank; the requirements for the disclosure and confidentiality of information received by the HIPDB; applicable fees when requesting data bank information; and the process for disputing the accuracy of HIPDB information. The HIPDB is not expected to be operational until final regulations are in place some time later this year. The OIG will take no CMP action for failure to report information to the HIPDB until the issuance of final implementing regulations regarding reporting to he HIPDB.

Section 1003.103 Amount of Penalty

Comment: One commenter indicated that the proposed regulatory language in § 1003.103(h)(1), that indicates that the OIG may impose ''a penalty of $50,000'' against persons who commit an act in violation of the anti-kickback statute, is not consistent with the statutory language set forth in BBA. The statutory language (42 U.S.C. 1320a–7a(a)) indicates that a person may be subject to a civil money penalty of not more than * * * $50,000 for each such act.'' The commenter recommended that the rule be modified to comport with the statutory language.

Response: We agree that the proposed language was inconsistent, and are amending paragraph (h)(1) of this section to indicate that the OIG may not impose ''a penalty of *not more than* $50,000'' (emphasis added).

Section 1003.106 Factors in Calculating CMPs

Comment: One commenter cited an ambiguity in the preamble and proposed regulations text at § 1003.106(a)(1)(vii) with regard to determinations on the amount of a penalty. The commenter states that the preamble discussion indicates one of the criteria for determining the appropriate amount of penalty would be ''whether the contracting provider knew or should have known of the exclusion.'' Also, the commenter indicates that the proposed language in § 1003.106(a)(1)(vii) describes this factor as ''whether the contracting provider knew of the exclusion when employing or otherwise contracting with an excluded individual or entity.'' The commenter recommended adding the word ''actually'' before the word ''knew'' in this paragraph.

The commenter also believed a number of additional factors relating to the overall culpability of a contracting party should be considered. They included (i) the volume or value of items or services provided by an excluded individual or entity with which the contracting provider has an employment or contractual relationship; (ii) whether the contracting provider has in place an effective compliance program; and (iii) the length of time between when the provider knew or should have known of the exclusion, and when the provider terminated the employment or other contractual relationship with the excluded individual or entity.

Response: In making any determinations regarding the amount of penalty, the OIG intends to draw clear distinctions between cases where there was actual versus constructive knowledge. As a result, we are amending the language in § 1003.106(a)(1)(vii) to indicate that in determining the amount of any penalty in accordance with this provision, we will take into account whether ''the contracting provider *actually* knew of the exclusion when employing or otherwise contracting with an excluded individual or entity * * *'' (emphasis added).

Comment: Two commenters raised objection to the existing factor, being redesignated as paragraph (a)(1)(ix) in this section, which allows the OIG to assess penalties in accordance with ''[S]uch other matters as justice may require.'' The commenters believe that this language is unacceptably vague wide-ranging.

Response: The language in § 1003.106(a)(1)(ix), among other places in part 1003, is not new, and is intended to encompass other mitigating and aggravating factors that may arise on a case-by-case basis. It was included in the CMP statutory authority when initially enacted in 1981. This phrase allows for the consideration of individual factors, both aggravating and mitigating, that may be meaningful to one distinct case. For example, the additional factors cited by a commenter and referenced above, relating to the overall culpability of a contracting party, may be considered under this factor.

IV. Provisions of the Final Rule

For the most part, this final rule incorporates the provisions of the September 2, 1998 proposed rule. A brief description of the provisions of this final rule follow.

- In § 1001.2, we are adding a definition for the term ''Federal health care program,'' and are making conforming changes to include the term ''and other Federal health care programs'' in §§ 1001.1(a), 1001.201(b)(3)(iii)(A), 1001.301(b)(2)(ii), 1001.401(c)((2)(ii), 1001.1301(b)(2)(iii), 1001.1401.(b)(1) and (b)(4), 1001.1501(a)(3), 1001.1901(b)(1), 1001.3003, 1001.303 and 1002.2(a). Similar proposed revisions to §§ 1001.301(b)(3)(ii)(A) and 1001.401(c)(3)(i)(A) have already been addressed in the OIG final regulations published on September 2, 1998 (63 FR 46676) addressing revised OIG exclusion authorities resulting from Public Law 104–191.
- In the proposed rule, we set forth in § 1001.2, Definitions, a revised definition for the term ''exclusion.'' A revised definition of the term was promulgated in the OIG final regulations published on September 2, 1998 (63 FR 46676) addressing revised OIG exclusion authorities resulting from Public Law 104–191. We are retaining that definition of the term ''exclusion,'' set forth in the September 2, 1998 final

rule, in these final regulations as well. We are also adding a definition in § 1001.2 for the term ''Federal health care program.''

- The proposed rule indicated our intention to amend § 1001.102(b) by revising paragraphs (b)(5) and (b)(6), and by adding a new paragraph (b)(7). However, in the proposed rule, we inadvertently deleted existing paragraph (b)(5). In addition, final OIG regulations published on September 2, 1998 (63 FR 46676) added a new paragraph (b)(8). As a result, in these final regulations we are revising current paragraphs (b)(6) and (b)(7) (and not (b)(5) and (b)(6) as the proposed rule indicated); redesignating the recently-added paragraph (b)(8) as new paragraph (b)(9); and adding a new paragraph (b)(8) (designated as new (b)(7) in the proposed rule). We are also adding a new § 1001.102(d) to reflect the new mandatory lengths of exclusion.
- We are amending § 1001.1001(a) to reflect the statutory authority that allows for the exclusion of entities controlled by family or household members of sanctioned individuals. In § 1001.1001(a)(2), we are also adding definitions for the terms ''immediate family member'' and ''member of household,'' consistent with the statute.
- To reflect the revised scope of exclusions under title XI of the Act, that allows the Secretary, through the OIG, to direct the imposition of exclusions from all Federal health care programs and to directly impose exclusions from all Federal health care programs, we are revising § 1001.1901(a), (b)(1), introductory paragraph (c)(3) and (c)(5)(i). While the proposed rule indicated our intention of revising paragraph (c)(4)(i) (and not (c)(5)(i)) of this section, the OIG final regulations published on September 2, 1998 (63 FR 46676) amended paragraph (b)(1), and redesignated paragraph (c)(4) as (c)(5) and added a new paragraph (c)(4) in its place. The changes being made in § 1001.1901 in this rule reflect the revisions and redesignation made in the September 2, 1998 final rule.
- With respect to considerations in the OIG's review of an individual's or entity's request for reinstatement in the Federal health care programs after the individual's or entity's exclusion period, we are not including the language proposed for a new § 1001.3002(b)(5) as indicated in the proposed rule. However, we are adopting the language proposed for new paragraph (b)(6) of this section, and are now designating this as new paragraph (b)(5). Technical revisions to § 1001.3002(b)(3) and (b)(4) are also being made.
- Sections 1003.102(a)(2) and 1003.103(a) are being revised to reflect the new CMP authority against entities that submit, or cause to be submitted, claims for health care services rendered by employees or other individuals under contract whom they know, or should know, have been excluded from participation in the Federal health care programs. We are also revising § 1003.106(a)(1) to set forth five criteria to be considered in determining the penalty amount.
- We are amending § 1003.102(b)(5) to address CMPs imposed against any health plan that fails to report information on an adverse action required to be reported to the new HIPDB. Section 1003.103(g) is being added to set forth the penalty amount for such violations.
- A new § 1003.102(b)(11)—to codify the CMP authority for health care providers who violate the anti-kickback statute, and a new § 1003.103(h), as revised in accordance with the discussion above, to address the maximum penalty amount—are being added. Section 1003.104 is also being revised to address assessments of not more than three times the amount of remuneration offered, paid, solicited or received with regard to this violation.
- Technical amendments are also being made in §§ 1001.302, 1003.100 and 1003.114 to reflect the regulatory changes set forth in the OIG's revised exclusion and CMP authorities revisions in accordance with BBA.

V. Regulatory Impact Statement

Executive Order 12866 and Regulatory Flexibility Act

The Office of Management and Budget (OMB) has reviewed this final rule in accordance with the provisions of Executive Order 12866 and the Regulatory Flexibility Act (5 U.S.C. 601–612), and has determined that it does not meet the criteria for a significant regulatory action. Executive Order 12866 directs agencies to assess all costs and benefits of available regulatory alternatives and, when rulemaking is necessary, to select regulatory approaches that maximize net benefits (including potential economic, environmental, public health, safety distributive and equity effects). In addition, under the Regulatory Flexibility Act, if a rule has a significant economic effect on a substantial number of small entities the Secretary must specifically consider the economic effect of a rule on small entities and analyze regulatory options that could lessen the impact of the rule.

The provisions set forth in this final rulemaking implement new or revised OIG statutory requirements set forth in Public Law 105–33. These provisions are designed both to broaden the scope of the OIG's authority to exclude individuals and entities from Medicare, Medicaid and all other Federal health care programs, and strengthen current legal authorities pertaining to the imposition of CMPs against individuals and entities engaged in prohibited actions and activities. These regulations implement the new statutory requirements by (1) expanding the application of the OIG's exclusions to all Federal health care programs; (2) implementing permanent exclusions for individuals convicted of three or more offenses for which an exclusion can be imposed under section 1128(a) of the Act, and 10 year exclusions for individuals convicted of two or more such offenses; (3) allowing for the exclusion of entities controlled by family or household members of sanctioned individuals; and (4) establishing new CMPs in three specific areas.

With regard to the OIG's new exclusion authorities, the process for excluding individuals and entities who are convicted in accordance with these new provisions remains essentially the same, even though the types of convictions requiring mandatory exclusions have been broadened. While there may be a resulting increase in the number of mandatory and permissive exclusions imposed as a result of the expanded scope of the OIG's exclusion authority, we do not believe these increases will be significant. The clarification of exclusion authority in § 1001.1001 regarding a sanctioned individual's transfer of ownership or control interest to a family or household member, for example, should not result in a significant increase in exclusion actions in accordance with section 1128(b)(8) of the Act since the provision is likely to act as an effective deterrent against the occurrence of such transfer arrangements. In addition, we do not foresee significant increases resulting from the implementation of section 4301 of BBA and § 1001.102, regarding the permanent exclusion of individuals convicted of three or more health care related crimes. The authority for promulgating this exclusion is clear cut, and should limit the total number of repeat exclusions effectuated by the OIG against such fraudulent providers.

The final regulations addressing the new OIG CMPs also remain consistent with the congressional intent of BBA and with the OIG's existing CMP authority which allows for imposition of

civil money penalties against individuals and entities who commit fraud. These CMPs are targeted to a limited group of individuals and entities; that is, those institutional health care providers that employ or enter into medical service contracts with excluded individuals, health care plans that fail to report information to the HIPDB, and health care providers who violate the anti-kickback statute.

As indicated, these final regulations are narrow in scope and effect, comport with congressional and statutory intent, and strengthen the Department's legal authorities against those who defraud or otherwise act improperly against the Federal and State health care programs. Since the vast majority of individuals, organizations and entities involved in delivering health care do not engage in the prohibited activities and practices described in this rulemaking, we believe that the aggregate economic impact of these regulations will not be economically significant. Since there is minimal economic effect on the industry as a whole, there would be little likelihood of effect on Federal or State expenditures to implement these regulations.

With regard to the effect of these regulations on a substantial number of small entities, the provisions are targeted specifically to those individuals and entities who would defraud or abuse the health care programs, rather than to the health care industry as a whole. While some of the perpetrators of fraud effected by this rule may be small entities, it is the nature of the violation and not the size of the entity that will induce action on the part of the OIG.

In summary, we have concluded, and the Secretary certifies, that since this final rule will not have a significant economic impact on Federal, State or local economies and expenditures, nor have a significant economic impact on a substantial number of small entities, a regulatory flexibility analysis is not required.

Paperwork Reduction Act

The provisions of these final regulations impose no new reporting or recordkeeping requirements necessitating clearance by OMB.

List of Subjects

42 CFR Part 1001

Administrative practice and procedure, Fraud, Health facilities, Health professions, Medicaid, Medicare.

42 CFR Part 1002

Fraud, Grant programs—health, Health facilities, Health professions, Medicaid, Reporting and recordkeeping.

42 CFR Part 1003

Administrative practice and procedure, Fraud, Grant programs—health, Health facilities, Health professions, Maternal and child health, Medicaid, Medicare, Penalties.

Accordingly, 42 Parts 1001, 1002 and 1003 is amended as set forth below:

PART 1001—[AMENDED]

1. The authority citation for part 1001 continues to read as follows:

Authority: 42 U.S.C. 1302, 1320a–7, 1320a–7b, 1395u(h), 1395u(j), 1395u(k), 1395y(d), 1395y(e), 1395cc(b)(2)(D), (E) and (F), and 1395hh; and sec. 2455, Pub.L. 103–355, 108 Stat. 3327 (31 U.S.C. 6101 note).

2. Section 1001.1 is amended by revising paragraph (a) to read as follows:

§ 1001.1 Scope and purpose.

(a) The regulations in this part specify certain bases upon which individuals and entities may, or in some cases must, be excluded from participation in Medicare, Medicaid and all other Federal health care programs. They also state the effect of exclusion, the factors that will be considered in determining the length of any exclusion, the provisions governing notices of exclusions, and the process by which an excluded individual or entity may seek reinstatement into the programs.

* * * * *

3. Section 1001.2 is amended by adding a definition for the term *Federal health care program* to read as follows:

§ 1001.2 Definitions.

* * * * *

Federal health care program means any plan or program providing health care benefits, whether directly through insurance or otherwise, that is funded directly, in whole or part, by the United States Government (other than the Federal Employees Health Benefits Program), or any State health care program as defined in this section.

* * * * *

4. Section 1001.102 is amended by revising paragraphs (b)(6) and (b)(7); redesignating existing paragraph (b)(8) as (b)(9); and by adding new paragraphs (b)(8) and (9) to read as follows:

§ 1001.102 Length of exclusion.

* * * * *

(b) * * *

(6) The convicted individual or entity has a prior criminal, civil or administrative sanction record;

(7) The individual or entity has at any time been overpaid a total of $1,500 or more by Medicare, Medicaid or any other Federal health care programs as a result of *intentional* improper billings;

(8) The individual or entity has previously been convicted of a criminal offense involving the same or similar circumstances; or

(9) * * *

* * * * *

(d) In the case of an exclusion under this subpart, based on a conviction occurring on or after August 5, 1997, an exclusion will be—

(1) For not less than 10 years if the individual has been convicted on one other occasion of one or more offenses for which an exclusion may be effected under section 1128(a) of the Act (The aggravating and mitigating factors in paragraphs (b) and (c) of this section can be used to impose a period of time in excess of the 10-year mandatory exclusion); or

(2) Permanent if the individual has been convicted on two or more other occasions of one or more offenses for which an exclusion may be effected under section 1128(a) of the Act.

5. Section 1001.201 is amended by revising the heading and paragraph (b)(3)(iii)(A) to read as follows:

§ 1001.201 Conviction relating to program or health care fraud.

* * * * *

(b) *Length of exclusion.* * * *

(3) * * *

(iii) * * *

(A) Others being convicted or excluded from Medicare, Medicaid or any of the other Federal health care programs, or

* * * * *

6. Section 1001.301 is amended by revising paragraphs (b)(2)(ii) to read as follows:

§ 1001.301 Conviction relating to obstruction of an investigation.

* * * * *

(b) * * *

(2) * * *

(ii) The interference or obstruction had a significant adverse mental, physical or financial impact on program beneficiaries or other individuals or on the Medicare, Medicaid or other Federal health care programs;

* * * * *

7. Section 1001.401 is amended by revising the heading and paragraph (c)(2)(ii) to read as follows:

§ 1001.401 Conviction relating to controlled substances.

* * * * *

(c) * * *

(2) * * *

(ii) The acts that resulted in the conviction or similar acts had a significant adverse mental, physical or financial impact on program beneficiaries or other individuals or the Medicare, Medicaid or other Federal health care programs;

* * * * *

8. Section 1001.1001 is amended by revising paragraph (a)(1)(ii); and by amending paragraph (a)(2) by adding definitions for the terms *Immediate family member and Member of household* to read as follows:

§ 1001.1001 Exclusion of entities owned or controlled by a sanctioned person.

(a) * * *

(1) * * *

(ii) Such a person—

(A)(*1*) Has a direct or indirect ownership interest (or any combination thereof) of 5 percent or more in the entity;

(*2*) Is the owner of a whole or part interest in any mortgage, deed of trust, note or other obligation secured (in whole or in part) by the entity or any of the property assets thereof, in which whole or part interest is equal to or exceeds 5 percent of the total property and assets of the entity;

(*3*) Is an officer or director of the entity, if the entity is organized as a corporation;

(*4*) Is partner in the entity, if the entity is organized as a partnership;

(*5*) Is an agent of the entity; or

(*6*) Is a managing employee, that is, an individual (including a general manager, business manager, administrator or director) who exercises operational or managerial control over the entity or part thereof, or directly or indirectly conducts the day-to-day operations of the entity or part thereof, or

(B) Was formerly described in paragraph (a)(1)(ii)(A) of this section, but is no longer so described because of a transfer of ownership or control interest to an immediate family member or a member of the person's household as defined in paragraph (a)(2) of this section, in anticipation of or following a conviction, assessment of a CMP, or imposition of an exclusion.

(2) * * *

Immediate family member means, a person's husband or wife; natural or adoptive parent; child or sibling; stepparent, stepchild, stepbrother or stepsister; father-, mother-, daughter-, son-, brother- or sister-in-law; grandparent or grandchild; or spouse of a grandparent or grandchild. * * *

Member of household means, with respect to a person, any individual with whom they are sharing a common abode as part of a single family unit, including domestic employees and others who live together as a family unit. A roomer or boarder is not considered a member of household.

* * * * *

9. Section 1001.1301 is amended by revising paragraph (b)(2)(iii) to read as follows:

§ 1001.1301 Failure to grant immediate access.

* * * * *

(b) * * *

(2) * * *

(iii) The impact of the exclusion on Medicare, Medicaid or any of the other Federal health care programs, beneficiaries or the public; and

* * * * *

10. Section 1001.1401 is amended by revising paragraphs (b)(1) and (b)(4) to read as follows:

§ 1001.1401 Violations of PPS corrective action.

* * * * *

(b) * * *

(1) The impact of the hospital's failure to comply on Medicare, Medicaid or any of the other Federal health care programs, program beneficiaries or other individuals;

* * * * *

(4) The impact of the exclusion on Medicare, Medicaid or any of the other Federal health care programs, beneficiaries or the public; and

* * * * *

11. Section 1001.1501 is amended by revising paragraph (a)(3) to read as follows:

§ 1001.1501 Default of health education loan or scholarship obligations.

(a) * * *

(3) The OIG will take into account access of beneficiaries to physicians' services for which payment may be made under Medicare, Medicaid or other Federal health care programs in determining whether to impose an exclusion.

* * * * *

12. Section 1001.1901 is amended by revising paragraphs (a), (b)(1), (c)(3) introductory text and (c)(5)(i) to read as follows:

§ 1001.1901 Scope and effect of exclusion.

(a) *Scope of exclusion.* Exclusions of individuals and entities under this title will be from Medicare, Medicaid and any of the other Federal health care programs, as defined in § 1001.2.

(b) *Effect of exclusion on excluded individuals and entities.* (1) Unless and until an individual or entity is reinstated into the Medicare, Medicaid and other Federal health care programs in accordance with subpart F of this part, no payment will be made by Medicare, Medicaid or any of the other Federal health care programs for any item or service furnished, on or after the effective date specified in the notice period, by an excluded individual or entity, or at the medical direction or on the prescription of a physician or other authorized individual who is excluded when the person furnishing such item or service knew or had reason to know of the exclusion. This section applies regardless of whether an individual or entity has obtained a program provider number or equivalent, either as an individual or as a member of a group, prior to being reinstated.

* * * * *

(c) * * *

(3) Unless the Secretary determines that the health and safety of beneficiaries receiving services under Medicare, Medicaid or any of the other Federal health care programs warrants the exclusion taking effect earlier, payment may be made under such program for up to 30 days after the effective date of the exclusion for—

* * * * *

(5)(i) Notwithstanding the other provisions of this section, payment may be made under Medicare, Medicaid or other Federal health care programs for certain emergency items or services furnished by an excluded individual or entity, or at the medical direction or on the prescription of an excluded physician or other authorized individual during the period of exclusion. To be payable, a claim for such emergency items or services must be accompanied by a sworn statement of the person furnishing the items or services specifying the nature of the emergency and why the items or services could not have been furnished by an individual or entity eligible to furnish or order such items or services.

* * * * *

13. Section 1001.3002 is amended by republishing introductory paragraph (b) introductory text, revising paragraphs (b)3) and (b)(4); adding new paragraph (b)(6); and by revising paragraph (c)(1) to read as follows:

§ 1001.3002 Basis for reinstatement.

* * * * *

(b) In making the reinstatement determination, the OIG will consider—

* * * * *

(3) Whether all fines, and all debts due and owing (including overpayments) to any Federal, State or local government that relate to

Medicare, Medicaid and all other Federal health care programs, have been paid or satisfactory arrangements have been made to fulfill obligations;

(4) Whether HCFA has determined that the individual or entity complies with, or has made satisfactory arrangements to fulfill, all of the applicable conditions of participation or supplier conditions for coverage under the statutes and regulations; and

* * * * *

(6) Whether the individual or entity has, during the period of exclusion, submitted claims, or caused claims to be submitted or payment to be made by any Federal health care program, for items or services the excluded party furnished, ordered or prescribed, including health care administrative services.

(c) * * *

(1) Has properly reduced his or her ownership or control interest in the entity below 5 percent;

* * * * *

14. Section 1001.3003 is revised to read as follows:

§ 1001.3003 Approval of request for reinstatement.

(a) If the OIG grants a request for reinstatement, the OIG will—

(1) Give written notice to the excluded individual or entity specifying the date of reinstatement;

(2) Notify HCFA of the date of the individual's or entity's reinstatement;

(3) Notify appropriate Federal and State agencies that administer health care programs that the individual or entity has been reinstated into all Federal health care programs; and

(4) To the extent applicable, give notice to others that were originally notified of the exclusion.

(b) A determination by the OIG to reinstate an individual or entity has no effect if a Federal health care program has imposed a longer period of exclusion under its own authorities.

15. Section 1001.3005 is amended by revising paragraphs (a) introductory text, (b) and (d) to read as follows:

§ 1001.3005 Reversed or vacated decisions.

(a) An individual or entity will be reinstated into Medicare, Medicaid and other Federal health care programs retroactive to the effective date of the exclusion when such exclusion is based on—

* * * * *

(b) If an individual or entity is reinstated in accordance with paragraph (a) of this section, HCFA and other Federal health care programs will make payment for services covered under such program that were furnished or performed during the period of exclusion.

* * * * *

(d) An action taken by the OIG under this section will not require any other Federal health care program to reinstate the individual or entity if such program has imposed an exclusion under its own authority.

PART 1002—[AMENDED]

1. The authority citation for part 1002 continues to read as follows:

Authority: 42 U.S.C. 1302, 1320a–3, 1320a–5, 1320a–7, 1396(a)(4)(A), 1396(p)(1), 1396a(30), 1396a(39), 1396b(a)(6), 1396b(b)(3), 1396b(i)(2) and 1396b(q).

2. Section 1002.2 is amended by revising paragraph (a) to read as follows:

§ 1002.2 General authority.

(a) In addition to any other authority it may have, a State may exclude an individual or entity from participation in the Medicaid program for any reason for which the Secretary could exclude that individual or entity from participation in the Medicare, Medicaid and other Federal health care programs under sections 1128, 1128A or 1866(b)(2) of the Social Security Act.

* * * * *

PART 1003—[AMENDED]

1. The authority citation for part 1003 is revised to read as follows:

Authority: 42 U.S.C. 1302, 1320–7, 1320a–7a, 1320a–7e, 1320b–10, 1395dd(d)(1), 1395mm, 1395nn(g), 1395ss(d), 1396b(m), 11131(c) and 11137(b)(2).

2. Section 1003.100 is amended by revising paragraphs (a) and (b)(1)(iv), (viii), (x) and (xi) and adding paragraph (b)(1)(xii) to read as follows:

§ 1003.100 Basis and purpose.

(a) *Basis.* This part implements sections 1128(c), 1128A, 1128E, 1140, 1876(i)(6), 1877(g), 1882(d) and 1903(m)(5) of the Social Security Act, and sections 421(c) and 427(b)(2) of Public Law 99–660 (42 U.S.C. 1320a–7, 1320a–7a, 1320a–7e, 1320a–7(c), 1320b(10), 1395mm, 1395ss(d), 1396(m), 11131(c) and 11137(b)(2)).

(b) * * *

(1) * * *

(iv)(A) Fail to report information concerning medical malpractice payments or who improperly disclose, use or permit access to information reported under part B of title IV of Public Law 99–660, and regulations specified in 45 CFR part 60, or

(B) Are health plans and fail to report information concerning sanctions or other adverse actions imposed on providers as required to be reported to the Healthcare Integrity and Protection Data Bank (HIPDB) in accordance with section 1128E of the Act;

* * * * *

(viii) Have submitted, or caused to be submitted, certain prohibited claims, including claims for services rendered by excluded individuals employed by or otherwise under contract with such person, under one or more Federal health care programs;

* * * * *

(x) Have collected amounts that they know or should know were billed in violation of § 411.353 of this title and have not refunded the amounts collected on a timely basis;

(xi) Are physicians or entities that enter into an arrangement or scheme that they know or should know has as a principal purpose the assuring of referrals by the physician to a particular entity which, if made directly, would violate the provisions of § 411.353 of this title; or

(xii) Violate the Federal health care programs' anti-kickback statute as set forth in section 1128B of the Act.

* * * * *

3. Section 1003.102 is amended by revising paragraphs (a)(2) and (b)(5); and by adding a new paragraph (b)(11) to read as follows:

§ 1003.102 Basis for civil money penalties and assessments.

(a) * * *

(2) An item or service for which the person knew, or should have known, that the claim was false or fraudulent, including a claim for any item or service furnished by an excluded individual employed by or otherwise under contract with that person;

* * * * *

(b) * * *

(5) Fails to report information concerning—

(i) A payment made under an insurance policy, self-insurance or otherwise, for the benefit of a physician, dentist or other health care practitioner in settlement of, or in satisfaction in whole or in part of, a medical malpractice claim or action or a judgment against such a physician, dentist or other practitioner in accordance with section 421 of Public Law 99–660 (42 U.S.C. 11131) and as required by regulations at 45 CFR part 60; or

(ii) An adverse action required to be reported to the Healthcare Integrity and Protection Data Bank as established by section 221 of Public Law 104–191 and set forth in section 1128E of the Act.

* * * * *

(11) Has violated section 1128B of the Act by unlawfully offering, paying, soliciting or receiving remuneration in return for the referral of business paid for by Medicare, Medicaid or other Federal health care programs.

* * * * *

4. Section 1003.103 is amended by revising paragraph (a); and by adding new paragraphs (g) and (h) to read as follows:

§ 1003.103 Amount of penalty.

(a) Except as provided in paragraphs (b) and (d) through (h) of this section, the OIG may impose a penalty of not more than $10,000 for each item or service that is subject to a determination under § 1003.102.

* * * * *

(g) The OIG may impose a penalty of not more than $25,000 against a health plan for failing to report information on an adverse action required to be reported to the Healthcare Integrity and Protection Data Bank in accordance with section 1128E of the Act and § 1003.102(b)(5)(ii).

(h) For each violation of § 1003.102(b)(11), the OIG may impose—

(1) A penalty of not more than $50,000, and

(2) An assessment of up to three times the total amount of remuneration offered, paid, solicited or received, as specified in § 1003.104(b).

5. Section 1003.104 is revised to read as follows:

§ 1003.104 Amount of assessment.

(a) The OIG may impose an assessment, where authorized, in accordance with § 1003.102 (except for § 1003.102(b)(11)), of not more than three times the amount claimed for each item or service which was a basis for the penalty. The assessment is in lieu of damages sustained by the Department or a State because of that claim.

(b) In accordance with § 1003.102(b)(11), the OIG may impose an assessment of not more than three times the total amount of remuneration offered, paid, solicited or received, without regard to whether a portion of such remuneration was offered, paid, solicited or received for a lawful purpose.

6. Section 1003.105 is amended by revising the section heading, paragraph (a)(1) introductory text and paragraph (b)(1) to read as follows:

§ 1003.105 Exclusion from participation in Medicare, Medicaid and other Federal health care programs.

(a)(1) Except as set forth in paragraph (b) of this section, in lieu of or in addition to any penalty or assessment, the OIG may exclude from participation in Medicare, Medicaid and other Federal health care programs the following persons for a period of time determined under § 1003.107—

* * * * *

(b)(1)(i) With respect to determinations under § 1003.102(b)(2) or (b)(3), a physician may not be excluded if the OIG determines that he or she is the sole community physician or the sole source of essential specialized services in a community.

(ii) With respect to determinations under § 1003.102(b)(5)(ii), no exclusion shall be imposed.

* * * * *

7. Section 1003.106 is amended by redesignating paragraph (a)(1)(vii) as paragraph (a)(1)(ix); by adding new paragraphs (a)(1)(vii) and (a)(1)(viii); and by revising paragraphs (a)(1)(ii), (a)(1)(iii), (a)(1)(vi), (a)(2)(i), (a)(2)(ii) and (a)(2)(iii) to read as follows:

§ 1003.106 Determinations regarding the amount of the penalty and assessment.

(a) * * *

(1) * * *

(ii) The degree of culpability of the contracting provider, or the person submitting the claim or request for payment, or giving the information;

(iii) The history of prior offenses of the contracting provider (or principals of the contracting provider), or the person submitting the claim or request for payment, or giving the information;

* * * * *

(vi) The amount of financial interest involved with respect to § 1003.102(b)(10);

(vii) Whether the contracting provider actually knew of the exclusion when employing or otherwise contracting with an excluded individual or entity in accordance with § 1003.102(a)(2);

(viii) The harm to patients or any Federal or State health care program which resulted or could have resulted from the provision of care by a person or entity with which the contracting provider is expressly prohibited from contracting under section 1128A(a)(6) of the Act; and

(ix) * * *

(2) * * *

(i) The nature and circumstances of the failure to properly report information, or the improper disclosure of information, as required;

(ii) The degree of culpability of the person in failing to provide timely and complete data or in improperly disclosing, using or permitting access to information, as appropriate;

(iii) The materiality, or significance of omission, of the information to be reported, or the materiality of the improper disclosure of, or use of, or access to information, as appropriate;

* * * * *

8. Section 1003.109 is amended by revising paragraph (a) introductory text and paragraph (a)(3) to read as follows:

§ 1003.109 Notice of proposed determination.

(a) If the Inspector General proposes a penalty and, when applicable, an assessment, or proposes to exclude a respondent from participation in Medicare, Medicaid and any other Federal health care program, as applicable, in accordance with this part, he or she must deliver or send by certified mail, return receipt requested, to the respondent, written notice of his or her intent to impose a penalty, assessment and exclusion, as applicable. The notice includes—

* * * * *

(3) The reason why such claims, requests for payments or incidents subject the respondent to a penalty, assessment and exclusion;

* * * * *

9. Section 1003.114 is amended by revising paragraph (a) to read as follows:

§ 1003.114 Collateral estoppel.

(a) Where a final determination pertaining to the respondent's liability under § 1003.102 has been rendered in any proceeding in which the respondent was a party and had an opportunity to be heard, the respondent shall be bound by such determination in any proceeding under this part.

* * * * *

Dated: February 4, 1999.

June Gibbs Brown,

Inspector General.

Approved: April 8, 1999.

Donna E. Shalala,

Secretary.

[FR Doc. 99–18515 Filed 7–21–99; 8:45 am]

BILLING CODE 4150–04–P

DEPARTMENT OF DEFENSE

48 CFR Part 201

[DFARS Case 98–D024]

Defense Federal Acquisition Regulation Supplement; Electronic Publication of DFARS

AGENCY: Department of Defense (DoD).

ACTION: Final rule.

SUMMARY: The Director of Defense Procurement has issued a final rule amending the Defense Federal

Acquisition Regulation Supplement (DFARS) to update guidance addressing the issuance and maintenance of the DFARS. The Director of Defense Procurement now publishes the DFARS, and changes thereto, in electronic format.

EFFECTIVE DATE: July 22, 1999.

FOR FURTHER INFORMATION CONTACT:

Mr. Michael Pelkey or Ms. Melissa Rider, Defense Acquisition Regulations Council, PDUSD (A&T) DP (DAR), IMD 3D139, 3062 Defense Pentagon, Washington, DC 20301–3062. Telephone (703) 602–0131; telefax (703) 602–0350. Please cite DFARS Case 98–D024.

SUPPLEMENTARY INFORMATION:

A. Background

This final rule amends DFARS Part 201 to reflect the current procedures for publication of the DFARS. The DFARS is now available electronically via the World Wide Web at

http://wwwacq.osd.mil/dp/dars/dfars.html/

This rule was not subject to Office of Management and Budget review under Executive Order 12866, dated September 30, 1993.

B. Regulatory Flexibility Act

This final rule does not constitute a significant revision within the meaning of FAR 1.501 and Pub. L. 98–577 and publication for public comment is not required. However, comments from small entities concerning the affected DFARS subparts will be considered in accordance with 5 U.S.C. 610. Such comments should cite DFARS Case 98–D024.

C. Paperwork Reduction Act

The Paperwork Reduction Act does not apply because the rule does not impose any information collection requirements that require the approval of the Office of Management and Budget under 44 U.S.C. 3501, *et seq.*

List of Subjects in 48 CFR Part 201

Government procurement.

Michele P. Peterson,

Executive Editor, Defense Acquisition Regulations Council.

Therefore, 48 CFR Part 201 is amended as follows:

1. The authority citation for 48 CFR Part 201 continues to read as follows:

Authority: 41 U.S.C. 421 and 48 CFR Chapter 1.

PART 201—FEDERAL ACQUISITION REGULATIONS SYSTEM

201.103 and 201.104 [Redesignated as sections 201.104 and 201.105]

2. Sections 201.103 and 201.104 are redesignated as sections 201.104 and 201.105, respectively.

201.104–3 [Removed]

3. Section 201.104–3 is removed.

4. Section 201.105–3 is added to read as follows:

201.105–3 Copies

The DFARS is available electronically via the World Wide Web at http://www.acq.osd.mil/dp/dars/dfars.html.

5. Section 201.304 is amended by revising paragraph (6) to read as follows:

201.304 Agency control and compliance procedures.

* * * * *

(6) The Director of Defense Procurement publishes changes to the DFARS in the **Federal Register** and electronically via the World Wide Web. Each change includes an effective date. Unless guidance accompanying a change states otherwise, contracting officers must include any new or revised clauses, provisions, or forms in solicitations issued on or after the effective date of the change.

[FR Doc. 99–18587 Filed 7–21–99; 8:45 am]

BILLING CODE 5000–04–M

DEPARTMENT OF DEFENSE

48 CFR Part 237

[DFARS Case 98–D312]

Defense Federal Acquisition Regulation Supplement; Improved Accounting for Defense Contract Services

AGENCY: Department of Defense (DoD).

ACTION: Final rule.

SUMMARY: The Director of Defense Procurement has issued a final rule amending the Defense Federal Acquisition Regulation Supplement (DFARS) to revise the definition of ''advisory and assistance services.'' The new definition conforms to the definition in Section 911 of the Strom Thurmond National Defense Authorization Act for Fiscal Year 1999.

EFFECTIVE DATE: July 22, 1999.

FOR FURTHER INFORMATION CONTACT: Ms. Sandra G. Haberlin, Defense Acquisition Regulations Council, PDUSD (A&T) DP (DAR), IMD 3D139, 3062 Defense Pentagon, Washington, DC 20301–3062. Telephone (703) 602–0131; telefax (703) 602–0350. Please cite DFARS Case 98–D312.

SUPPLEMENTARY INFORMATION:

A. Background

Section 911 of the Strom Thurmond National Defense Authorization Act for Fiscal Year 1999 (Pub. L. 105–261) added provisions at 10 U.S.C. 2212 pertaining to DoD reporting of financial obligations for contract services. This final rule amends DFARS Subpart 237.2 to reflect the definition of the reporting categories for advisory and assistance services included in 10 U.S.C. 2212.

This rule was not subject to Office of Management and Budget review under Executive Order 12866, dated September 30, 1993.

B. Regulatory Flexibility Act

This final rule does not constitute a significant revision within the meaning of FAR 1.501 and Public Law 98–577 and publication for public comment is not required. However, comments from small entities concerning the affected DFARS subpart will be considered in accordance with 5 U.S.C. 610. Such comments should cite DFARS Case 98–D312.

C. Paperwork Reduction Act

The Paperwork Reduction Act does not apply because the rule does not impose any information collection requirements that require the approval of the Office of Management and Budget under 44 U.S.C. 3501, *et seq.*

List of Subjects in 48 CFR Part 237

Government procurement.

Michele P. Peterson,

Executive Editor, Defense Acquisition Regulations Council.

Therefore, 48 CFR Part 237 is amended as follows:

1. The authority citation for 48 CFR Part 237 continues to read as follows:

Authority: 41 U.S.C. 421 and 48 CFR Chapter 1.

PART 237—SERVICE CONTRACTING

§ 237.201 Definitions.

''Advisory and assistance services'' means, instead of the definition at FAR 37.201, services in the following three major categories when provided by nongovernmental sources (10 U.S.C. 2212):

(1) *Management and professional support services.* This category consists of services that—

(i) Provide engineering or technical support, assistance, advice, or training for the efficient and effective management and operation of organizations, activities, or systems;

(ii) Are closely related to the basic responsibilities and mission of the using organization; and

(iii) Include efforts that support or contribute to improved organization or program management, logistics management, project monitoring and reporting, data collection, budgeting, accounting, auditing, and administrative or technical support for conferences and training programs.

(2) *Studies, analyses, and evaluations.* This category consists of services that—

(i) Provide organized, analytic assessments to understand or evaluate complex issues to improve policy development, decision-making, management, or administration;

(ii) Result in documents containing data or leading to conclusions or recommendations; and

(iii) May include databases, models, methodologies, and related software created in support of a study, analysis, or evaluation.

(3) *Engineering and technical services.* This category consists of services that take the form of advice, assistance, training, or hands-on training necessary to maintain and operate fielded weapon systems, equipment, and components (including software when applicable) at design or required levels of effectiveness.

3. Section 237.203 is amended by revising paragraph (2) to read as follows:

§ 237.203 Policy.

* * * * *

(2) Agency heads may authorize personal service contracts for engineering and technical services provided on site at Defense locations to meet an unusual essential mission need. The authorization will be for an interim period only.

4. Section 237.271 is revised to read as follows:

§ 237.271 Management controls.

DoD procedures are in DoDD 4205.2, Acquiring and Managing Contracted Advisory and Assistance Services (CAAS).

[FR Doc. 99–18588 Filed 7–21–99; 8:45 am]

BILLING CODE 5000–04–M

DEPARTMENT OF DEFENSE

48 CFR Part 252

[DFARS Case 99–D014]

Defense Federal Acquisition Regulation Supplement; Short Form Research Contract Clauses

AGENCY: Department of Defense (DoD).

ACTION: Final rule.

SUMMARY: The Director of Defense Procurement has issued a final rule amending the Defense Federal Acquisition Regulation Supplement (DFARS) to remove obsolete clauses pertaining to short form research contracts. The guidance prescribing use of these clauses previously was removed from the DFARS.

EFFECTIVE DATE: July 22, 1999.

FOR FURTHER INFORMATION CONTACT: Ms. Kathleen Fenk, Defense Acquisition Regulations Council, PDUSD (A&T) DP (DAR), IMD 3D139, 3062 Defense Pentagon, Washington, DC 20301–3062. Telephone (703) 602–0131; telefax (703) 602–0350. Please cite DFARS Case 99–D014.

SUPPLEMENTARY INFORMATION:

A. Background

This final rule removes obsolete clauses that DoD previously used in short form research contracts. The prescriptive guidance pertaining to short form research contracts was removed from the DFARS on December 15, 1998 (63 FR 69007).

This rule was not subject to Office of Management and Budget review under Executive Order 12866, dated September 30, 1993.

B. Regulatory Flexibility Act

This final rule does not constitute a significant revision within the meaning of FAR 1.501 and Pub. L. 98–577 and publication for public comment is not required. However, comments from small entities concerning the affected DFARS subpart will be considered in accordance with 5 U.S.C. 610. Such comments should cite DFARS Case 99–D014.

C. Paperwork Reduction Act

The Paperwork Reduction Act does not apply because the rule does not impose any information collection requirements that require the approval of the Office of Management and Budget under 44 U.S.C. 3501 *et seq.*

List of Subjects in 48 CFR Part 252

Government procurement.

Michele P. Peterson,

Executive Editor, Acquisition Regulations Council.

Therefore, 48 CFR Part 252 is amended as follows:

1. The authority citation for 48 CFR Part 252 continues to read as follows:

Authority: 41 U.S.C. 421 and 48 CFR Chapter 1.

PART 252—SOLICITATION PROVISIONS AND CONTRACT CLAUSES

252.235–7004 through 252.235–7009 [Removed and Reserved]

2. Sections 252.235–7004 through 252.235–7009 are removed and reserved.

[FR Doc. 99–18586 Filed 7–21–99; 8:45 am]

BILLING CODE 5000–04–M

Proposed Rules

Federal Register
Vol. 64, No. 140
Thursday, July 22, 1999

This section of the FEDERAL REGISTER contains notices to the public of the proposed issuance of rules and regulations. The purpose of these notices is to give interested persons an opportunity to participate in the rule making prior to the adoption of the final rules.

DEPARTMENT OF AGRICULTURE

Agricultural Marketing Service

7 CFR Part 29

[Docket No. TB–99–02]

Tobacco Inspection

AGENCY: Agricultural Marketing Service, USDA.

ACTION: Notice of withdrawal of proposed rule.

SUMMARY: The Agricultural Marketing Service (AMS) is withdrawing its proposed rule published in the **Federal Register** on May 12, 1999. The rule proposed to revise the regulations for flue-cured tobacco to: add a special factor to the grademark to identify any lots of baled flue-cured tobacco not opened for inspection; add bale dimensions and spacing requirements for uniform marketing display in auction warehouses; and adjust the poundage tolerance for a warehouse selling baled tobacco in excess of the sales schedule.

FOR FURTHER INFORMATION CONTACT: John P. Duncan III, Deputy Administrator, Tobacco Programs, AMS, USDA, Room 502 Annex Building, P.O. Box 96456, Washington, DC 20090–6456. Telephone (202) 205–0567.

SUPPLEMENTARY INFORMATION: This notice announces that AMS is withdrawing the proposal to amend regulations under Subpart B, Regulations; Subpart C, Standards, and Subpart G, Policy Statement and Regulations Governing Availability of Tobacco Inspection and Price Support Services to Flue-Cured Tobacco on Designated Markets, pursuant to the authority contained in the Tobacco Inspection Act of 1935, as amended (7 U.S.C. 511 *et seq.*). The proposal was published in the **Federal Register** on May 12, 1999 (64 FR 25462). The proposal would add a special factor ''B'' to the grademark to identify lots of baled flue-cured tobacco not opened for inspection. Proposed provisions also would add bale dimensions and spacing requirements for uniform marketing display in auction warehouses and adjust the poundage tolerance for a warehouse selling baled tobacco in excess of the sales schedule.

In response to the request for comments on the proposed rule, seven comments were received. These comments were from a national and state growers association, a leaf tobacco exporters association, a state farm bureau, a flue-cured tobacco cooperative stabilization corporation, a tobacco product manufacturer, and a member of congress. All of the comments opposed the addition of the special factor ''B'' to the grademark to identify lots of baled flue-cured tobacco not opened for inspection. The commenters' concerns included that special factors have traditionally been used to identify quality rather than packaging, the proposed special factor would add confusion to the marketplace, and that the special factor could be detrimental to sales. With regard to the other proposals concerning bale dimensions and spacing requirements and adjusting the poundage tolerance for a warehouse selling baled tobacco in excess of the sales schedule, one comment noted that farmers who had contacted the commenter were not opposed to those proposed provisions.

After considering the comments, we have concluded that we should not proceed with a proposed rule based on the proposal because the revisions that would be necessary to reconcile the proposed regulations with the views expressed in the comments would be so significant that the final rule would be substantially different from the proposed rule on which the public had the opportunity to comment and which had been endorsed by the Flue-Cured Tobacco Advisory Committee. Therefore, we are withdrawing the May 12, 1999, proposed rule. We will continue the research project for the marketing of flue-cured tobacco in bales for the upcoming season beginning in July and we plan to develop new proposed regulations to address this alternative package method. The concerns and recommendations of all those who commented on the proposed rule that we are withdrawing will be considered during the development of any new proposed regulations. Further, we intend to publish an advance notice of proposed rulemaking in the **Federal Register** after the close of the next marketing season to solicit additional input from interested persons and to present opportunities for additional public participation in discussions of the scope, rationale, and basis of any new proposed regulation.

Dated: July 15, 1999.

Enrique E. Figueroa,

Administrator, Agricultural Marketing Service.

[FR Doc. 99–18666 Filed 7–21–99; 8:45 am]

BILLING CODE 3410–02–P

DEPARTMENT OF AGRICULTURE

Food and Nutrition Service

7 CFR Parts 253 and 254

RIN 0584–AC65

Food Distribution Program on Indian Reservations: Disqualification Penalties for Intentional Program Violations

AGENCY: Food and Nutrition Service, USDA.

ACTION: Proposed rule.

SUMMARY: The Food and Nutrition Service is proposing amendments to the Food Distribution Program on Indian Reservations (FDPIR) regulations at 7 CFR Parts 253 and 254 in response to an audit recommendation by the Department of Agriculture's Office of Inspector General (OIG). The proposed changes are intended to improve program integrity and promote consistency with the Food Stamp Program. The rule would define intentional program violations, establish penalties for them, and require Indian Tribal Organizations and State agencies that administer FDPIR to take appropriate action on suspected cases of intentional program violations. It would also address the establishment and collection of claims against households for overissuances under FDPIR, and make technical changes to Part 253 to correct erroneous regulatory references.

DATES: Send your comments to reach us on or before September 20, 1999. Comments received after the above date will not be considered in making our decision on the proposed rule.

ADDRESSES: You can mail or hand-deliver comments to Lillie F. Ragan,

Assistant Branch Chief, Household Programs Branch, Food Distribution Division, Food and Nutrition Service, U.S. Department of Agriculture, Room 510, 3101 Park Center Drive, Alexandria, Virginia 22302–1594.

FOR FURTHER INFORMATION CONTACT: Lillie F. Ragan at the above address or telephone (703) 305–2662.

SUPPLEMENTARY INFORMATION:

I. Public Comment Procedures

Your written comments on the proposed rule should be specific, should be confined to issues pertinent to the proposed rule, and should explain the reason for any change you recommend. Where possible, you should reference the specific section or paragraph of the proposal you are addressing. Comments receive after the close of the comment period (see DATES) will not be considered or included in the Administrative Record for the final rule.

Comments, including names, street addressees, and other contact information of respondents, will be available for public review at the address above during regular business hours (8:30 a.m. to 5 p.m.), Mondays through Fridays, except Federal holidays.

II. Procedural Matters

Clarity of the Regulations

Executive Order 12866 requires each agency to write regulations that are simple and easy to understand. President Clinton's Presidential memorandum of June 1, 1998, requires us to write new regulations in plain language. We invite your comments on how to make these proposed regulations easier to understand, including answers to questions such as the following:

(1) Are the requirements in the proposed regulations clearly stated?

(2) Do the proposed regulations contain technical language or jargon that interferes with their clarity?

(3) Does the format of the proposed regulations (grouping and order of sections, use of heading, paragraphing, etc.) aid or reduce their clarity?

(4) Would the regulations be easier to understand if they were divided into more (but shorter) sections?

(5) Is the description of the proposed regulation in the preamble section entitled ''Background and Discussion of the Proposed Rule'' helpful in understanding the proposed regulations? How could this description be more helpful in making the proposed regulations easier to understand?

Executive Order 12866

This rule has been determined to be not significant for purposes of Executive Order 12866. Therefore, it has not been reviewed by the Office of Management and Budget.

Public Law 104–4

Title II of the Unfunded Mandates Reform Act of 1995 (UMRA), Pub. L. 104–4, establishes requirements for Federal agencies to assess the effects of their regulatory actions on State, local, and tribal governments and the private sector. Under Section 202 of the UMRA, the Food and Nutrition Service generally must prepare a written statement, including a cost-benefit analysis, for proposed and final rules with ''Federal mandates'' that may result in expenditures by State, local, or tribal governments, in the aggregate, or by the private sector, of $100 million or more in any one year. When such a statement is needed for a rule, Section 205 of the UMRA generally requires the Food and Nutrition Service to identify and consider a reasonable number of regulatory alternatives and adopt the least costly, most cost-effective, or least burdensome alternative that achieves the objectives of the rule.

This rule contains no Federal mandates (under the regulatory provisions of Title II of the UMRA) for State, local, and tribal governments or the private sector of $100 million or more in any one year. Therefore, this rule is not subject to the requirements of Sections 202 and 205 of the UMRA.

Executive Order 12372

The programs addressed in this action are listed in the Catalog of Federal Domestic Assistance under Nos. 10.550 and 10.570, and for the reasons set forth in the final rule in 7 CFR 3015, Subpart V, and related Notice (48 FR 29115), are included in the scope of Executive Order 12372, which requires intergovernmental consultation with State and local officials.

Regulatory Flexibility Act

This rule has been reviewed with regard to the requirements of the Regulatory Flexibility Act of 1980 (5 U.S.C. 601–612). The Administrator of the Food and Nutrition Service has certified that this action will not have a significant impact on a substantial number of small entities. Indian Tribal Organizations and State agencies that administer FDPIR, and program participants will be affected by this rulemaking, but the economic effect will not be significant.

Executive Order 12988

This proposed rule has been reviewed under Executive Order 12988, Civil Justice Reform. The rule is intended to have preemptive effect with respect to any State or local laws, regulations or policies which conflict with its provisions, or which would otherwise impede its full implementation. This rule is not intended to have retroactive effect. Prior to any judicial challenge to the provisions of this rule or the application of its provisions, all applicable administrative procedures must be exhausted.

Paperwork Reduction Act

This rule does not contain information collection requirements subject to approval by the Office of Management and Budget under the Paperwork Reduction Act of 1995 (44 U.S.C. 3507).

II. Background and Discussion of the Proposed Rule

The Food and Nutrition Service (FNS) is proposing amendments to the regulations for the Food Distribution Program on Indian Reservations (FDPIR). These changes would define intentional program violations (IPV), establish penalties for them, and require Indian Tribal Organizations (ITOs) and State agencies that administer FDPIR to take appropriate action on suspected cases of IPV. This proposed rule was prompted, in part, by an audit recommendation by the Department of Agriculture's Office of Inspector General (OIG). In its audit of FDPIR, OIG randomly sampled participating households on 30 reservations and found that a number of the sample households had income that exceeded the eligibility guidelines. In many cases, the households failed to report earned income at certification, or changes in income during the certification period. OIG also found that a number of households were participating in FDPIR and the Food Stamp Program (FSP) at the same time, which is prohibited by FDPIR and FSP regulations. OIG's findings and recommendations are found in Audit Report No. 27601–6–KC, which was released on June 18, 1997.

OIG recommended to FNS that it change FDPIR regulations to require ITOs and State agencies to take appropriate action on suspected cases of IPV. OIG further recommended that FNS pattern this requirement on FSP regulations at 7 CFR 273.16.

FNS agrees with OIG's recommendation. The FDPIR operations

manual currently used by ITOs and State agencies, FNS Handbook 501, requires the disqualification of individuals or households for specific violations. Section 5662 of the handbook requires the disqualification of households that have willfully misrepresented their circumstances to obtain more benefits than they were eligible to receive, while Section 5663 requires the disqualification of individuals or households that have been convicted of fraud by a court. However, these disqualification provisions are not found in the FDPIR regulations. Therefore, FNS is proposing changes to the FDPIR regulations that would incorporate these provisions, with some modification to promote conformance with FSP. As proposed, the definition of ''intentional program violation'' would incorporate the basic concept of ''willful misrepresentation of household circumstances'' contained in Section 5662. The definition, which is discussed in more detail below, also borrows a FSP provision that would include as an IPV any violation of a Federal statute or regulation relating to the acquisition or use of commodities.

In regard to Section 5663 of the handbook, the proposed rule instructs State agencies to apply the disqualification penalties imposed by a court of appropriate jurisdiction instead of the penalties specified in the proposed rule. This requirement is discussed below in the section of the preamble entitled ''Disqualification Penalties.'' Upon finalization of this rulemaking, FNS Handbook 501 will be revised to be consistent with regulatory provisions.

In addition to defining IPV, the proposed rule would require ITOs/State agencies to take action on suspected cases of IPV, impose standardized disqualification penalties, conduct appeal hearings, and issue claims against households, as appropriate. The specific provisions are discussed in detail below. To make these changes, we are proposing the redesignation of 7 CFR 253.8 and 253.9 as Sections 253.10 and 253.11, respectively, and the addition of two new sections—Section 253.8, Administrative disqualification procedures for intentional program violation, and Section 253.9, Claims against households.

In response to OIG's recommendation, we developed the provisions of this proposed rule to be generally consistent with FSP IPV provisions at 7 CFR 273.16. However, FDPIR and FSP differ significantly in regard to program size, administrative complexity, and both administrative and benefit cost. This rulemaking reflects these differences. The proposed amendments would create an administrative disqualification system under FDPIR that is less complex and labor-intensive than the system used under FSP. For additional information on FSP provisions, please refer to the preambles of the following rulemakings: proposed rule of June 22, 1982 (47 FR 27038), final rule of February 15, 1983 (48 FR 6836), proposed rule of August 29, 1994 (59 FR 44343), and final rule of August 22, 1995 (60 FR 43513).

In the discussion and regulatory text below, we have used the term ''State agency,'' as defined at 7 CFR 253.2, to include ITOs authorized to administer FDPIR.

1. Treatment of Disqualified Household Members

Current FDPIR regulations at 7 CFR 253.7(e)(3) specify that individuals who are disqualified from participation in FSP for fraud are ineligible to participate in FDPIR until the period of disqualification expires. This section also addresses the treatment of their resources and income and how benefits are determined for the remaining members of their household. To be consistent with FSP regulations, FNS is proposing a revision to Section 253.7(e)(3)(i) to change ''fraud'' to ''IPV.''

FNS is also proposing to redesignate Section 253.7(e)(3) as Section 253.7(f) and add a provision specifying that individuals who are determined by the State agency to have committed an IPV under FDPIR are also ineligible to participate in FDPIR until the period of disqualification expires. This section will also incorporate a provision from FNS Handbook 501 that allows ITOs to disqualify households, under certain circumstances, for failure to pay an overissuance claim. Section 5660 of the handbook specifies the circumstances under which a disqualification may be imposed for this reason.

The proposed rule would also redesignate Section 253.7(e)(3)(ii) as Section 253.7(f)(2). This provision, which concerns the treatment of income and resources of the disqualified household member, would also apply to individuals disqualified for an IPV under FDPIR.

2. Definition of Intentional Program Violation

FNS is proposing to establish a definition of ''intentional program violation'' at newly added Section 253.8(a). This definition is consistent with the definition used under FSP. As proposed, an intentional program violation occurs whenever an individual intentionally makes a false or misleading statement, or misrepresents, conceals, or withholds facts in order to obtain commodities under FDPIR which the households is not entitled to receive. An intentional program violation is also any act that violates any Federal statute or regulation relating to the acquisition or use of commodities. A program violation is considered ''intentional'' if the individual committed the act knowingly, willfully, and with deceitful intent.

3. Initiating Administrative Disqualification Procedures

We are proposing at newly added Section 253.8(e)(3) that the State agency must attempt to substantiate all suspected cases of IPV. An IPV is considered to be substantiated when the State agency has clear and convincing evidence that demonstrates that an individual has intentionally committed one or more acts of IPV, as defined above. The State agency would be required to initiate the administrative disqualification procedures (i.e., issue a notice of disqualification) within 10 days of substantiating that an IPV had occurred, even if the individual is not currently participating in, or eligible for, FDPIR (newly added Section 253.8(e)(4)). The disqualification must begin with the next scheduled distribution of commodities that allows an advance notice period of at least 10 days, unless the individual requests a fair hearing (newly added Section 253.8(f)(1)).

The proposed rule, at newly added Section 253.8(e)(6), would also require State agencies to refer substantiated cases of IPV to Federal, State, or local authorities for prosecution under applicable statutes. We recognize that prosecutors may reject certain cases for prosecution, e.g., cases in which the dollar value of the overissuance resulting from the IPV is below a specific amount. Therefore, we propose to allow State agencies to refer only those IPV cases that meet the prosecutors' criteria, when the State agencies have conferred with their legal counsel and prosecutors and determined the criteria for acceptance for possible prosecution.

4. Disqualification Penalties

FNS is proposing the following disqualification penalties at newly added Section 253.8(b):

- 12 months for the first violation;
- 24 months for the second violation; and
- Permanent disqualification for the third violation.

These penalties are consistent with those imposed by Section 6(b) of the Food Stamp Act of 1977, 7 U.S.C. 2015(b), as amended by Section 813 of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA) (Pub. L. 104–193). In addition, we are proposing the adoption of FSP policy whereby only the individual found to have committed the IPV, and not the entire household, is disqualified (newly added Section 253.8(c)).

In instances where an IPV case is prosecuted and a court of appropriate jurisdiction imposes a disqualification period, we are proposing that the State agency must apply the court-ordered penalty instead of the proposed penalties above (newly added Section 253.8(h)(5)).

5. Notification Requirements

The State agency must take several actions simultaneously when it discovers that a household willfully misrepresented its circumstances or intentionally failed to report a change, as required by 7 CFR 253.7(c), and, as is often the case, an overissuance occurred. It must begin the adverse action process to decrease or terminate benefits so that the benefit level accurately reflects the household's current circumstances. It must also issue a demand letter for repayment of the overissuance. Finally, the State agency must initiate the administrative disqualification process. To assist the reader in understanding the required time frames for these actions, we have included the following chart.

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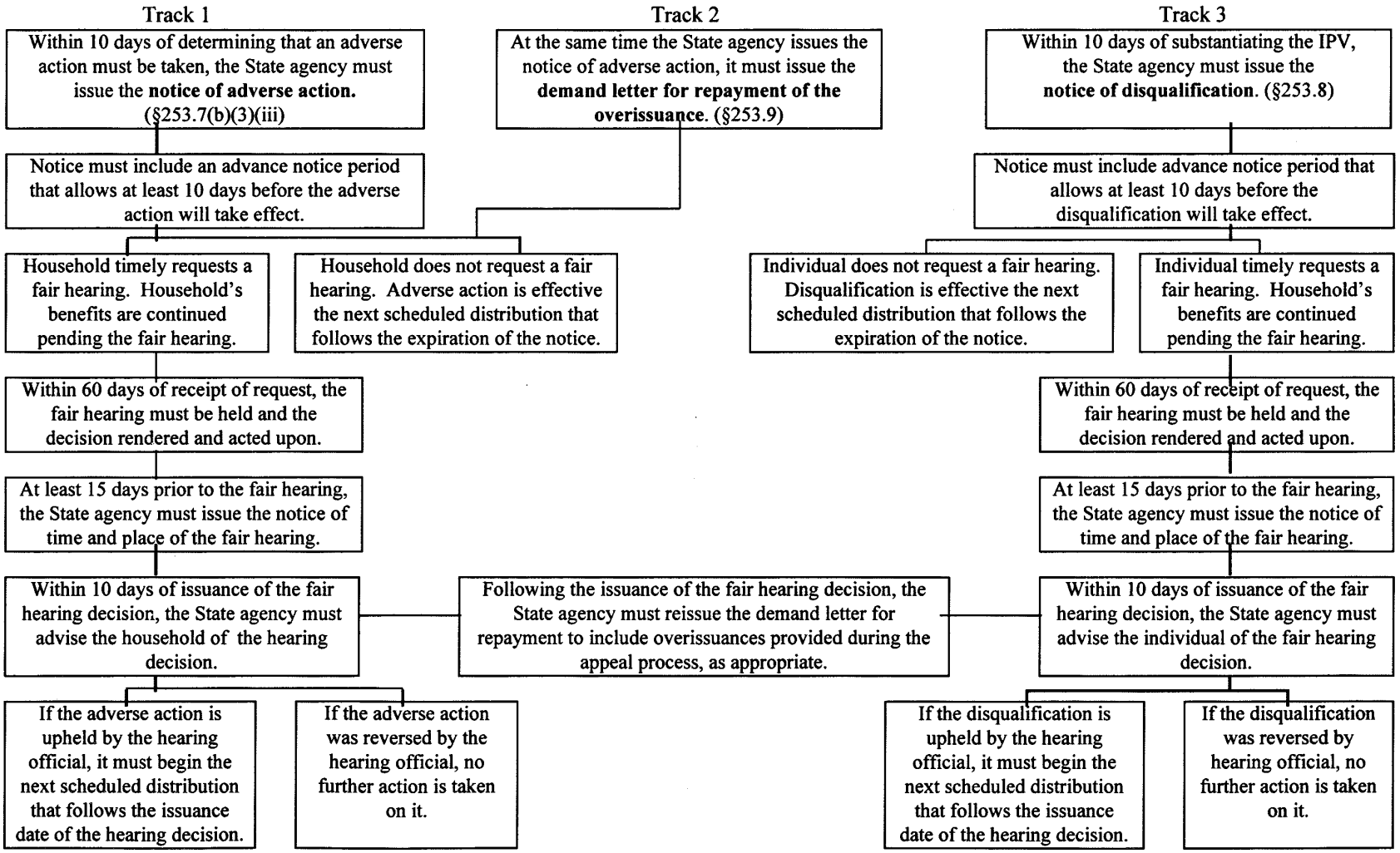
Below are the proposed actions and time frames to be taken when the State agency discovers that a household willfully misrepresented its circumstances or intentionally failed to report a change, as required by 7 CFR 253.7(c), and an overissuance occurred. The State agency would simultaneously follow Track 1 to begin the adverse action process; Track 2 to issue a household overissuance claim; and Track 3 to initiate the administrative disqualification process for an intentional program violation (IPV).



Where possible, the State agency may combine the various notices addressed above. Theses notices often may be addressed to different household members since the notice of disqualification is addressed to an individual, while the notice of adverse action and the demand letter for repayment of the overissuance is addressed to the household. However, in some cases the addressee may be the same. This is the case when the individual to be disqualified is the head of household—the same addressee for the notice of adverse action and the demand letter for the repayment of the overissuance.

FNS is proposing, at newly added Section 253.8(e)(2), that the State agency must inform the household in writing of the disqualification penalties for IPV each time it applies for benefits, including recertifications.

Newly added Section 253.8(e)(4) would also require the State agency to provide a notice of disqualification to an individual determined to have committed an IPV. The State agency must provide this notice within 10 days of substantiating the IPV, as indicated above in Section 3 of this preamble. The requirements for the notice are specified at newly added Section 253.8(f). The notification must be mailed, or otherwise provided to the individual, so as to allow an advance notice period of at least 10 days before the date the disqualification is to take effect. The notice must conform to the requirements at Section 253.7(b)(3)(iii)(C) for notices of adverse action, including a statement advising the individual of his right to appeal the disqualification through a fair hearing and to continue to receive commodities during the appeal process.

The notice of disqualification only addresses the action to disqualify the individual for the substantiated IPV. It is still necessary for the State agency to issue a notice of adverse action, in accordance with Section 253.7(b)(3)(iii), prior to any action to reduce or terminate a household's benefits so that the benefit level accurately reflects the household's current circumstances.

FNS is proposing several changes to the provisions for notices of adverse action at Section 253.7(b)(3)(iii). These changes would conform the adverse action requirements to those proposed for the notice of disqualification. The first change, at Section 253.7(b)(3)(iii)(A), would require that the State agency issue a notice of adverse action within 10 days of determining that the adverse action is warranted. We believe that State agencies should act timely in instances where it is determined that a household is ineligible or receiving an incorrect level of commodities. The requirement to issue an adverse action notice within 10 days will ensure that adverse action determinations are acted upon in a timely manner. The proposed rule would also require that the adverse action take effect with the next scheduled distribution of commodities that follows the expiration of the advance notice period, unless the household requests a fair hearing. This provision is consistent with the handling of disqualifications and would ensure that adverse actions are implemented in a timely manner.

Section 253.7(b)(3)(iii)(B) addresses the required time frames for the advance notice period for the notice of adverse action. It specifies the requirements for cases that involve joint applications, as well as regular application processing cases. Section 253.7(f) discusses the State agency option to jointly process applications for FDPIR and public assistance or general assistance. The provisions under Section 253.7(b)(3)(iii)(B) for the advance notice period for joint application processing cases would not change. However, we are proposing a revision to the advance notice period for regular application processing cases. Currently, the notice for these cases must include an advance notice period that allows at least 10 and no more than 20 days to elapse before the adverse action takes effect. The proposed rule would require a minimum advance notice period of 10 days, but no maximum time frames would be imposed. An advance notice period of at least 10 days affords the individual sufficient time to respond to the adverse action notice and conforms to the advance notice period time frames used under the Food Stamp Program. Upon the expiration of the 10-day advance notice period, the adverse action will take effect unless an appeal is requested. The proposed rule would also substitute the word ''issued'' for the word ''mailed,'' since State agencies are not limited to using the mail system for the issuance of notices.

We are also proposing several changes at Section 253.7(b)(3)(iii)(C) relating to the requirements of the notice of adverse action. First, this rule would require that the notices include a statement advising the household that it will be liable for any overissuances received while awaiting a fair hearing, if the hearing official's decision is adverse to the household. We believe households should be aware that, although they have a right to continue to receive benefits pending the fair hearing, they will be held responsible for repaying those benefits if the fair hearing decision is not in their favor. Another requirement is a statement specifying the expiration date of the advance notice period. This date must allow at least 10 days from the issuance date of the notice of adverse action notice to the date upon which the action becomes effective. Households need to clearly understand the specific date by which they must act in order to appeal an adverse action. We have also revised Section 253.7(b)(3)(iii)(C) to conform to the concepts of plain language by creating a codified list of the notice requirements.

FNS is also proposing that State agencies must provide households with a demand letter for repayment of overissuances, including those that resulted from an IPV. The demand letter must be issued at the same time the notice of adverse action is issued to the household (newly added Section 253.7(b)(3)(iii)(E)). It may be combined with the notice of adverse action.

6. Appeal of the Disqualification

The proposed rule would require, at newly added Section 253.8(g)(1), that an individual subject to a disqualification must be given the opportunity to appeal the disqualification through a fair hearing. The fair hearing provisions at 7 CFR 253.7(g) (to be redesignated as Section 253.7(h)) would be revised to include appeals of disqualifications, but the basic provisions of this section would not change. FNS believes that these fair hearing provisions provide adequate protection to the individual in regard to time frames for action by the State agency, the household's request for a delay of the hearing, requirements for requesting and denying a hearing, requirements for hearing officials, and the household's rights prior to and during the hearing.

To ensure that the individual fully understands the implications of the fair hearing, FNS is proposing that specific information be added to the notification of time and place of the hearing required under 7 CFR 253.7(g)(7) (to be redesignated as Section 253.7(h)(7)). The additional notice requirements, which can be found at newly added Section 253.8(g)(2), are: 1) a warning that if the individual fails to appear at the hearing, the hearing decision will be based solely on the information provided by the State agency; and 2) a statement that the hearing does not prevent the Tribal, State, or Federal Government from prosecuting the individual in a civil or criminal court action, or from collecting any overissuance(s).

FNS is also proposing a change to the provisions at 7 CFR 253.7(g)(11) (to be redesignated as Section 253.7(h)(11)) to improve the notice requirements for fair hearing decisions. First, the rule would establish a time frame for issuing the decision notice. State agencies would be required to inform the individual in writing of the decision within 10 days of the date the fair hearing decision is issued. The rule would also specify the requirements for hearing decision notices that relate to disqualifications. The notice must include the reason for the decision, the date the disqualification will take effect, and the length of the disqualification (i.e., 12 months; 24 months; or permanent). Finally, if the individual is no longer participating, the notice must inform the individual that the period of disqualification will be delayed until the individual reapplies for and is determined eligible for FDPIR benefits.

The State agency would also be required to notify (in writing) the remaining household members if the household was no longer eligible or the household's benefits changed as a result of the disqualification. Procedures for the treatment of income and resources of the disqualified member are discussed at 7 CFR 253.7(e)(3)(ii) (to be redesignated as Section 253.7(f)(2)).

As proposed at newly added Section 253.8(h)(2), the State agency would be required to follow the decision of the fair hearing official. No additional appeal procedure exists within FDPIR if a disqualification is upheld by the fair hearing official. The individual, however, has the right to appeal to a court having appropriate jurisdiction. The court of appropriate jurisdiction could stay the period of disqualification or provide other injunctive remedy.

As discussed earlier, the household is liable for the value of any overissued commodities received while awaiting the outcome of the fair hearing. Therefore, following the issuance of the fair hearing decision, the State agency must revise the demand letter to include the amount of overissued commodities provided to the household during the appeal process, unless the fair hearing decision specifically requires the cancellation of the claim (new paragraph (11)(iv) at redesignated Section 253.7(h)). The State agency must also advise the household that collection action on the claim will continue, in accordance with FNS Handbook 501, unless suspension is warranted.

7. Applying the Disqualification Penalty

FNS is proposing at newly added Section 253.8(h)(1) that, if the individual does not request a fair hearing, the disqualification period must begin with the next scheduled distribution of commodities which follows the expiration of the advance notice period of the notice of adverse action. If the commodities are normally made available to the household within a specific period of time, e.g., from the first day of the month through the tenth day of the month, the effective date of the disqualification will be the first day of that period. The effective date for the disqualification must be specified in the notice of disqualification (newly added Section 253.8(f)(2)).

In instances where the individual requested a fair hearing and the hearing official upheld the disqualification, newly added Section 253.8(h)(2) of the proposed rule would require that the disqualification period begin the next scheduled distribution which follows the date the hearing decision is issued. If the commodities are normally made available to the household within a specific period of time, e.g., from the first day of the month through the tenth day of the month, the effective date of the disqualification will be the first day of that period.

The individual's current eligibility status for FDPIR is not a factor in imposing the disqualification penalty. The State agency must proceed with imposition of the disqualification penalty even if the individual is not certified to participate in FDPIR at the time the disqualification penalty is to begin. Once a disqualification penalty has begun, it continues without interruption for the duration of the penalty period, i.e., 12 months, 24 months, or permanent (newly added Section 253.8(h)(3)). The disqualification period cannot be interrupted or shortened by a change in the eligibility of the disqualified member's household.

As proposed at newly added Section 253.8(h)(4), the same act of intentional program violation continued over a period of time cannot be separated so that more than one penalty can be imposed. For example, a household intentionally fails to report that a household member left the household, resulting in an overissuance of benefits for 5 months. Although the violation occurred over a period of 5 months, only one penalty will apply to this single act of intentional program violation.

8. Claims Against Households

The regulations at Parts 253 and 254 do not address the establishment of claims against households for overissuances. However, claims procedures are addressed in FNS Handbook 501 in Chapter V, Certification Procedures, Section 6, State Agency Claims Procedure Against Households. FNS is proposing the addition of new Section 253.9, Claims against households, which would require State agencies to establish and collect claims against households as specified in FNS Handbook 501. FNS Handbook 501 includes the criteria for establishing claims, the method for calculating claims, procedures for collecting claims, and provisions for the disqualification of households for failure to pay a claim.

Newly added Section 253.9 would also stipulate that all adult household members are jointly and separately liable for any overissuance of program benefits to the household, even if they are not currently eligible for, or participating in, FDPIR. Therefore, in the case of an IPV disqualification, the disqualified member's household would remain responsible for repayment of the amount of the overissuance resulting from the IPV.

The proposed rulemaking would also add the definition of ''overissuance'' to Sections 253.2 and 254.2, respectively. ''Overissuance'' would mean the dollar value of commodities issued to a household that exceeds the dollar value it was eligible to receive.

9. Technical Changes

FNS is also proposing technical changes to Part 253 to correct erroneous regulatory references. On April 2, 1982, the Department published a final rule (47 FR 14135) that redesignated the contents of Part 283, Subchapter C (Food Stamp Program), in its entirety, as Subchapter B (Food Distribution Program) and renumbered it as Part 253. Some of the regulatory references to Part 283 that were contained in the newly designated Part 253 were never changed. This rulemaking would amend Part 253 to revise these and other incorrect regulatory references wherever they appear.

List of Subjects

7 CFR Part 253

Administrative practice and procedure, Food assistance programs, Grant programs, Social programs, Indians, Reporting and recordkeeping requirements, Surplus agricultural commodities.

7 CFR Part 254

Administrative practice and procedure, Food assistance programs, Grant programs, Social programs, Indians, Reporting and recordkeeping

requirements, Surplus agricultural commodities.

Accordingly, 7 CFR Parts 253 and 254 are proposed to be amended as follows:

PART 253—ADMINISTRATION OF THE FOOD DISTRIBUTION PROGRAM FOR HOUSEHOLDS ON INDIAN RESERVATIONS

1. The authority citation for Part 253 is revised to read as follows:

Authority: 91 Stat. 958 (7 U.S.C. 2011–2032).

2. In § 253.2, redesignate paragraphs (f) through (i) as paragraphs (g) through (j), respectively, and add new paragraph (f) as follows:

§ 253.2 Definitions.

* * * * *

(f) *Overissuance* means the dollar value of commodities issued to a household that exceeds the dollar value of commodities it was eligible to receive.

* * * * *

§ 253.5 [Amended]

3. In § 253.5:

a. Amend paragraph (a)(1) by removing the reference ''§ 253.9'' and adding, in its place, the reference ''part 250 of this chapter'';

b. Amend paragraph (a)(2)(vii) by removing the reference ''part 283 of this subchapter'' and adding, in its place, the words ''this part'';

c. Amend paragraph (d)(1) by removing the references ''§ 283.7(a)(2) and (b)(3)'' and adding, in its place, the references ''§ 253.7(a)(2) and (b)(3)'', and by removing the reference ''§ 283.7(c)'' and adding, in its place, the reference ''§ 253.7(c)'';

d. Amend paragraph (k)(1) by removing the reference ''§ 283.9(g) of this part'' and adding, in its place, the reference ''§ 253.11(g)'';

e. Amend paragraph (k)(2) by removing the reference ''§ 283.4'' and adding, in its place, the reference ''§ 253.4'';

f. Amend paragraph (l)(1)(iii) by removing the reference ''§ 283.5(k) or § 283.9(g)'' and adding, in its place, the reference ''paragraph (k) of this section or § 253.11(g)''; and

g. Amend paragraph (l)(3)(i) by removing the reference ''§ 283.4(d)(2)'' and adding, in its place, the reference ''paragraph (m) of this section'', and removing the reference ''§ 283.5'' and adding, in its place, the reference ''§ 253.4(e)(2)''.

§ 253.6 [Amended]

4. In § 253.6:

a. Amend paragraph (a)(3) by removing the reference ''§ 283.7(a)(10)(i) and § 283.7(a)(10)(ii)'' and adding, in its place, the reference ''§ 253.7(a)(10)(i) and § 253.7(a)(10)(ii)'';

b. Amend paragraph (b)(2) by removing the reference ''§ 283.6(a)(3)(iv)'' and adding, in its place, the reference ''paragraph (a)(2)(iv) of this section'';

c. Amend paragraph (c)(1) by removing the reference ''§ 283.6(a)(2)(ii)'' and adding, in its place, the reference ''paragraph (a)(2)(ii) of this section'';

d. Amend paragraph (d)(2)(iii) by removing the reference ''§ 283.7(b)(1)(iii)'' and adding, in its place, the reference ''§ 253.7(b)(1)(iii)'';

e. Amend paragraph (e)(1)(i) by removing the reference ''§ 283.6(a)(2)(ii)'' and adding, in its place, the reference ''paragraph (a)(2)(ii) of this section'', and removing the reference ''§ 283.6(c)'' and adding, in its place, the reference ''paragraph (c) of this section'';

f. Amend paragraph (e)(2)(ii)(F) by removing the reference ''§ 283.7'' and adding, in its place, the reference ''§ 253.7''; and

g. Amend paragraph (e)(3)(ix) by removing the reference ''§ 283.7(b)(1)(iii)'' and adding, in its place, the reference ''§ 253.7(b)(1)(iii)''.

5. In § 253.7:

a. Amend paragraph (a)(2) by removing the reference ''§ 283.7(f)'' and adding, in its place, the words ''paragraph (g) of this section'';

b. Amend paragraph (a)(5) by removing the reference ''§ 283.7(a)(7) or § 283.7(a)(9)'' and adding, in its place, the reference ''paragraphs (a)(7) and (a)(9) of this section'';

c. Add two new sentences to the end of paragraph (b)(3)(iii)(A);

d. Amend the second sentence of paragraph (b)(3)(iii)(B) by removing the words ''and no more than 20'', and by removing the word ''mailed'' and adding, in its place, the word ''issued'';

e. Revise paragraph (b)(3)(iii)(C);

f. Add new paragraph (b)(3)(iii)(E);

g. Amend paragraph (c)(1) by removing the reference ''§ 283.6(e)(1)'' and adding, in its place, the reference ''§ 253.6(e)(1)'';

h. Remove paragraph (e)(3);

i. Redesignate paragraphs (f) and (g) as paragraphs (g) and (h), respectively, and add a new paragraph (f);

j. Amend newly redesignated paragraph (g)(1) by removing the reference ''§ 283.6(c)(2)'' and adding, in its place, the reference ''§ 253.6(c)(2)'';

k. Amend newly redesignated paragraph (g)(2) by removing the reference ''§ 283.7(a)(7) and § 283.7(a)(9)'' and adding, in its place, the reference ''paragraphs (a)(7) and (a)(9) of this section'';

l. Revise newly redesignated paragraph (h)(2)(i);

m. Revise newly redesignated paragraph (h)(11)(iii); and

n. Add new paragraph (h)(11)(iv).

The revisions and additions read as follows:

§ 253.7 Certification of households.

* * * * *

(b) *Eligibility determinations.* * * *

(3) *Certification notices.* * * *

(iii) *Notice of adverse action.*

(A) * * * The notice must be issued within 10 days of determining that an adverse action is warranted. The adverse action must take effect with the next scheduled distribution of commodities that follows the expiration of the advance notice period, unless the household requests a fair hearing.

* * * * *

(C) The notice of adverse action must include the following in easily understandable language:

(*1*) The reason for the adverse action;

(*2*) The date the adverse action will take effect;

(*3*) The household's right to request a fair hearing and continue to receive benefits pending the outcome of the fair hearing;

(*4*) The date by which the household must request the fair hearing;

(*5*) The liability of the household for any overissuances received while awaiting the outcome of the fair hearing, if the fair hearing official's decision is adverse to the household;

(*6*) The telephone number and address of someone to contact for additional information; and

(*7*) The telephone number and address of an individual or organization that provides free legal representation, if available.

* * * * *

(E) If the State agency determines that a household received more USDA commodities than it was entitled to receive, it must establish a claim against the household in accordance with § 253.9. The initial demand letter for repayment must be provided to the household at the same time the notice of adverse action is issued. It may be combined with the notice of adverse action.

* * * * *

(f) *Treatment of disqualified household members.*

(1) The following are not eligible to participate in the Food Distribution Program:

(i) Individuals disqualified from the Food Distribution Program for an intentional program violation under § 253.8. These individuals may

participate, if otherwise eligible, in the Food Distribution Program once the period of disqualification has ended.

(ii) Individuals disqualified from the Food Stamp Program for an intentional program violation under § 273.16 of this chapter. These individuals may participate, if otherwise eligible, in the Food Distribution Program once the period of disqualification under the Food Stamp Program has ended. The State agency must, in cooperation with the appropriate food stamp agency, develop a procedure which ensures that these individuals are identified.

(iii) Households disqualified from the Food Distribution Program for failure to pay an overissuance claim. The circumstances under which a disqualification is allowed for such failure are specified in FNS Handbook 501.

(2) During the time a household member is disqualified, the eligibility and food distribution benefits of any remaining household members will be determined as follows:

(i) *Resources.* The resources of the disqualified member will continue to count in their entirety to the remaining household members.

(ii) *Income.* A pro rata share of the income of the disqualified member will be counted as income to the remaining members. This pro rata share is calculated by dividing the disqualified member's earned (less the 20 percent earned income deduction) and unearned income evenly among all household members, including the disqualified member. All but the disqualified member's share is counted as income to the remaining household members.

(iii) *Eligibility and benefits.* The disqualified member will not be included when determining the household's size for purposes of assigning food distribution benefits to the household or for purposes of comparing the household's net monthly income with the income eligibility standards.

* * * * *

(h) *Fair hearing.* * * *

(2) *Timely action on hearings.*

(i) *Time frames for the State agency.* The State agency must conduct the hearing, arrive at a decision, and notify the household of the decision within 60 days of receipt of a request for a fair hearing. If a fair hearing decision changes a household's eligibility or the amount of commodities to be provided, as determined by household size, the State agency must implement that change so that it is effective for the next scheduled distribution of commodities following the date of the fair hearing decision. If the commodities are normally made available to the household within a specific period of time, e.g., from the first day of the month through the tenth day of the month, the effective date of the disqualification will be the first day of that period.

* * * * *

(11) *Hearing decisions.* * * *

(iii) Within 10 days of the date the fair hearing decision is issued, the State agency must issue a notice to the household advising it of the decision.

(A) If the decision upheld the adverse action by the State agency, the notice must advise the household of the right to pursue judicial review.

(B) If the decision upheld a disqualification, the notice must also include the reason for the decision, the date the disqualification will take effect, and the duration of the disqualification (i.e., 12 months; 24 months; or permanent). The State agency must also advise any remaining household members, if the household's benefits will change or if the household is no longer eligible as a result of the disqualification.

(iv) The State agency must revise the demand letter for repayment issued previously to the household to include the value of all overissued commodities provided to the household during the appeal process, unless the fair hearing decision specifically requires the cancellation of the claim. The State agency must also advise the household that collection action on the claim will continue, in accordance with FNS Handbook 501, unless suspension is warranted.

* * * * *

§ 253.8 [Redesignated as § 253.10 and Amended]

6. § 253.8 is redesignated as § 253.10 and amended as follows:

a. Amend paragraph (c)(12) by removing the reference ''§ 283.7(b)(9)'' and adding, in its place, the reference ''§ 253.7(a)(9)'';

b. Amend paragraph (e) by removing the words ''the State agency's agreement with the Department under § 250.6(b) of part 250 of this chapter and the requirements of § 250.6(l) of this same chapter'' and adding, in its place, the reference ''§ 250.13 and § 250.15 of this chapter''; and

c. Amend paragraph (f) by removing the reference ''§ 250.7 of part 250'' and adding, in its place, the reference ''§ 250.13(f)''.

7. Add new § 253.8 to read as follows:

§ 253.8 Administrative disqualification procedures for intentional program violation.

(a) *What is an intentional program violation?* An intentional program violation is considered to have occurred when an individual knowingly, willingly, and with deceitful intent:

(1) Makes a false or misleading statement, or misrepresents, conceals, or withholds facts in order to obtain Food Distribution Program benefits which the household is not entitled to receive; or

(2) Commits any act that violates a Federal statute or regulation relating to the acquisition or use of Food Distribution Program commodities.

(b) *What are the disqualification penalties for an intentional program violation?* Individuals determined by the State agency to have committed an intentional program violation will be ineligible to participate in the program:

(1) For a period of 12 months for the first violation;

(2) For a period of 24 months for the second violation; and

(3) Permanently for the third violation.

(c) *Who can be disqualified?* Only the individual determined to have committed the intentional program violation can be disqualified. However, the disqualification of a household member may affect the eligibility of the household as a whole, as addressed under paragraphs (e)(5) and (h) of this section.

(d) *Can the disqualification be appealed?* Individuals determined by the State agency to have committed an intentional program violation may appeal the disqualification, as provided under § 253.7(h)(1).

(e) *What are the State agency's responsibilities?*

(1) Each State agency must implement administrative disqualification procedures for intentional program violations that conform to this section.

(2) The State agency must inform households in writing of the disqualification penalties for intentional program violation each time they apply for benefits, including recertifications.

(3) The State agency must attempt to substantiate all suspected cases of intentional program violation. An intentional program violation is considered to be substantiated when the State agency has clear and convincing evidence that demonstrates that an individual has committed one or more acts of intentional program violation, as defined in paragraph (a) of this section.

(4) Within 10 days of substantiating that an individual has committed an intentional program violation, the State agency must provide the individual

with a notice of disqualification, as described in paragraph (f) of this section. A notice is required even when the individual is currently neither eligible nor participating in the program.

(5) The State agency must advise any remaining household members if the household's benefits will change or if the household will no longer be eligible as a result of the disqualification.

(6) The State agency must provide the individual to be disqualified with an opportunity to appeal the disqualification through a fair hearing, as required by § 253.7(h).

(7) The State agency must refer all substantiated cases of intentional program violations to Federal, State, or local authorities for prosecution under applicable statutes. However, a State agency that has conferred with its legal counsel and prosecutors to determine the criteria for acceptance for possible prosecution is not required to refer cases that do not meet the prosecutors' criteria.

(8) The State agency must establish claims, and pursue collection as appropriate, on all substantiated cases of intentional program violation in accordance with § 253.9.

(f) *What are the requirements for the notice of disqualification?*

(1) Within 10 days of substantiating the intentional program violation, the State agency must mail, or otherwise provide, to the individual a notice of disqualification. The notice must allow an advance notice period of at least 10 days. The disqualification must begin with the next scheduled distribution of commodities that follows the expiration of the advance notice period, unless the individual requests a fair hearing. A notice is required even when the individual is currently neither eligible nor participating in the program.

(2) The notice must conform to the requirements of § 253.7(b)(3)(iii)(C) for notices of adverse action.

(g) *What are the appeal procedures for administrative disqualifications?*

(1) *Appeal rights.* The individual has the right to request a fair hearing to appeal the disqualification in accordance with the procedures at § 253.7(h).

(2) *Notification of hearing.* The State agency must provide the individual with a notification of the time and place of the fair hearing as described in § 253.7(h)(7). The notice must also include:

(i) A warning that if the individual fails to appear at the hearing, the hearing decision will be based solely on the information provided by the State agency; and

(ii) A statement that the hearing does not prevent the Tribal, State, or Federal Government from prosecuting the individual in a civil or criminal court action, or from collecting any overissuance(s).

(h) *What are the procedures for applying disqualification penalties?*

(1) If the individual did not request a fair hearing, the disqualification must begin with the next scheduled distribution of commodities which follows the expiration of the advance notice period of the notice of adverse action. If the commodities are normally made available to the household within a specific period of time (e.g., from the first day of the month through the tenth day of the month), the effective date of the disqualification will be the first day of that period. The State agency must apply the disqualification period (i.e., 12 months, 24 months, or permanent) specified in the notice of disqualification. The State agency must advise any remaining household members if the household's benefits will change or if the household is no longer eligible as a result of the disqualification.

(2) If the individual requested a fair hearing and the disqualification was upheld by the fair hearing official, the disqualification must begin with the next scheduled distribution of commodities which follows the date the hearing decision is issued. If the commodities are normally made available to the household within a specific period of time (e.g., from the first day of the month through the tenth day of the month), the effective date of the disqualification will be the first day of that period. The State agency must apply the disqualification period (i.e., 12 months, 24 months, or permanent) specified in the notice of disqualification. No further administrative appeal procedure exists after an adverse fair hearing decision. The decision by a fair hearing official is binding on the State agency. The household member, however, may seek relief in a court having appropriate jurisdiction. As provided under § 253.7(h)(11)(iii)(B), the State agency must advise any remaining household members, if the household's benefits will change or if the household is no longer eligible as a result of the disqualification.

(3) Once a disqualification has begun, it must continue uninterrupted for the duration of the penalty period (i.e., 12 months; 24 months; or permanent). Changes in the eligibility of the disqualified individual's household will not interrupt or shorten the disqualification period.

(4) The same act of intentional program violation continued over a period of time will not be separated so that more than one penalty can be imposed. For example, a household intentionally fails to report that a household member left the household, resulting in an overissuance of benefits for 5 months. Although the violation occurred over a period of 5 months, only one penalty will apply to this single act of intentional program violation.

(5) If the case was referred for Federal, State, or local prosecution and the court of appropriate jurisdiction imposed a disqualification penalty, the State agency must follow the court order.

§ 253.9 [Redesignated as § 253.11]

8. Redesignate § 253.9 as § 253.11.

9. Add new § 253.9 to read as follows:

§ 253.9 Claims against households.

(a) *What are the procedures for establishing a claim against a household for an overissuance?*

(1) The State agency must establish a claim against any household that has received more Food Distribution Program commodities than it was entitled to receive.

(2) The procedures for establishing and collecting claims against households are specified in FNS Handbook 501, The Food Distribution Program on Indian Reservations.

(b) *Who is responsible for repaying a household overissuance claim?*

(1) All adult household members are jointly and separately liable for the repayment of the value of any overissuance of Food Distribution Program benefits to the household.

(2) Responsibility for repayment continues even in instances where the household becomes ineligible or is not participating in the program.

PART 254—ADMINISTRATION OF THE FOOD DISTRIBUTION PROGRAM FOR INDIAN HOUSEHOLDS IN OKLAHOMA

1. The authority citation for Part 254 continues to read as follows:

Authority: Pub. L. 97–98, sec. 1338; Pub. L. 95–113.

2. In § 254.2, redesignate paragraphs (f) and (g) as paragraphs (g) and (h), respectively, and add new paragraph (f) to read as follows:

§ 254.2 Definitions.

* * * * *

(f) *Overissuance* means the dollar value of commodities issued to a household that exceeds the dollar value of commodities it was eligible to receive.

* * * * *

Dated: June 29, 1999.

Samuel Chambers, Jr.,

Administrator, Food and Nutrition Service.

[FR Doc. 99–18621 Filed 7–21–99; 8:45 am]

BILLING CODE 3410–30–P

DEPARTMENT OF AGRICULTURE

Commodity Credit Corporation

7 CFR Part 1430

RIN 0560–AF41

Dairy Recourse Loan Program for Commercial Dairy Processors

AGENCY: Commodity Credit Corporation, USDA.

ACTION: Proposed rule with request for comments.

SUMMARY: Beginning on January 1, 2000, the Commodity Credit Corporation (CCC) will make recourse loans to commercial processors of dairy products. The regulations currently in effect for this program are being revised and the public is invited to comment on the regulations as revised. The proposed rule includes changes that would make recourse loans available to dairy processors through a central location, as opposed to in-person applications taken at Farm Service Agency (FSA) State or county offices, allow the loan collateral to be based on a rolling, commingled inventory, versus an identity preserved inventory, and miscellaneous other changes which would provide for a more customer-friendly program. These changes are based on suggestions from the dairy processing industry through informal discussions held since the publication of the interim rule on July 18, 1996 at 61 FR 37616.

DATES: Comments on this rule must be received on or before September 7, 1999 to be assured of consideration. Comments regarding the information collection requirements of the Paperwork Reduction Act must be received on or before September 20, 1999 to be assured of consideration.

ADDRESSES: Comments should be sent to Steve P. Gill, Warehouse and Inventory Division, United States Department of Agriculture (USDA), FSA, STOP 0553, 1400 Independence Avenue, SW, Washington, DC 20250–0553 or E-mail: DAIRY@wdc.fsa.usda.gov. Persons with disabilities who require alternative means for communication (braille, large print, audiotape, etc.) should contact USDA's TARGET Center at (202) 720–2600 (voice and TDD).

FOR FURTHER INFORMATION CONTACT: Barry Klein at (202) 720–4647.

SUPPLEMENTARY INFORMATION:

Executive Order 12612

It has been determined that this rule does not have sufficient Federalism implications to warrant the preparation of a Federalism Assessment. The provisions contained in this rule will not have a substantial direct effect on States or their political subdivisions, or on the distribution of power and responsibilities among various levels of Government.

Executive Order 12866

The Office of Management and Budget (OMB) has reviewed the proposed rule and determined the rule to be significant for the purposes of Executive Order 12866.

Cost-Benefit Assessment

The Commodity Credit Corporation (CCC) of the United States Department of Agriculture (USDA) proposes to revise the regulations governing the dairy recourse loan program (7 CFR 1430). This proposed rule would provide recourse loans to commercial processors of cheddar cheese, butter, and nonfat dry milk. The borrower would be fully liable to repay the amount of the loan, not withstanding the value of the collateral in the event of default. The loan would mature no later than September 30 of the fiscal year in which the loan is made, but the collateral may be repledged for a new loan that matures before the end of the next fiscal year. The program would be primarily conducted electronically through a central location based on rolling, commingled collateral and be operated using CCC funds, facilities, and authorities.

There are currently about 180 plants in 32 States approved for USDA grading and producing at least one of the products eligible for loans. Consultations with current lenders suggest that the interest rates under the program would be attractive to all but the very best customers that they service. About 170 participants would be expected to participate with an average loan value of $1.3 million.

The incremental costs have been calculated as initial costs and annual costs. Initial costs are those one-time costs that would occur in the first year only. Annual costs are those costs that occur periodically. The initial incremental cost savings associated with this rulemaking would be $1.37 million realized by USDA in training and nonrecurring start-up costs. No incremental capital/start-up costs would be incurred by participants. The incremental annual costs to dairy processors would be $3,060, because of increased paperwork that would be required to become an Approved Dairy Processor (ADP). However, this would be more than offset by a $1.17-million incremental annual cost savings because the proposal would allow for the collateralization of commingled inventory. USDA would realize incremental annual cost savings of approximately $473,000 due primarily to administrative savings of centralized processing.

In summary, under the proposed rule, total initial cost savings in the first year would be $1.37 million. Total recurring annual cost savings would be $1.65 million.

The benefits of this proposed rule, in addition to the quantifiable cost savings discussed above, are associated with efficiency and effectiveness. Streamlining the participatory process, would likely increase program participation. That is, loan program participants would benefit from a less burdensome loan application and administration process. In addition, the commingling of inventory would allow processors to only have to show in inventory an amount and type of product equal to that pledged as loan collateral without uniquely having to identify specific product. USDA would benefit by administering the loan in a more efficient and effective manner.

USDA, however, is concerned that this program could have a significant impact on current lenders. More specifically, some banks that lend to dairy processors may be significantly affected. USDA requests documented quantifiable cost data on the extent to which their businesses would be affected.

Copies of the cost benefit assessment may be obtained from Barry Klein, Inventory Management Branch, Warehouse and Inventory Division, FSA, USDA, STOP 0553, 1400 Independence Avenue, SW, Washington DC 20250–0553, telephone (202)720–2121.

Executive Order 12988

The rule has been reviewed in accordance with Executive Order 12988. The provisions of this rule preempt State laws to the extent such laws are inconsistent with the provisions of this rule. The provisions of this rule are not retroactive. Before any judicial action may be brought concerning the provisions of this rule, the administrative remedies must be exhausted.

Regulatory Flexibility Act

It has been determined that the Regulatory Flexibility Act is not applicable because CCC is not required by 5 U.S.C. 533 or any other provision of law to publish a notice of proposed rule making with respect to the matter of this rule.

Unfunded Mandates Reform Act of 1995

This rule contains no Federal mandates under the regulatory provisions of Title II of the Unfunded Mandates Reform Act of 1995 (UMRA) for State, local, and tribal governments or the private sector. Thus, this rule is not subject to the requirements of sections 202 and 205 of UMRA.

Federal Assistance Program

The title and number of the Federal assistance program, as found in the Catalogue of Federal Domestic Assistance, to which this rule applies are: Commodity Loans and Purchases—10.051.

Executive Order 12372

This program is not subject to the provisions of Executive Order 12372, which requires intergovernmental consultation with State and local officials. See the Notice related to 7 CFR part 3015, subpart v, published at 48 FR 29115 (June 24, 1983).

Environmental Evaluation

An Environmental Evaluation has been completed. It has been determined that this action will not have significant adverse effects on environmental factors such as wildlife habitat, water quality, air quality, land use, and appearance. Therefore, neither an Environmental Assessment nor an Environmental Impact Statement is needed.

Paperwork Reduction Act

Title: 7 CFR 1430, Dairy Products
OMB Number: 0560—NEW
Type of Request: Request for approval of a new information collection.
Abstract: USDA will collect information from loan applicants as the Secretary may require to ensure the borrower's ability to repay the loan and to secure the quantity and quality of loan collateral. The Recourse Loan Program for Commercial Dairy Processors will make recourse loans available to eligible dairy processors of eligible dairy products. Once approved, the dairy processor will pledge the commodity as collateral, and repay the loan principal, plus interest, by the maturity date. Dairy processors seeking participation in the program will have to meet minimum requirements by providing information concerning the organizational, operational, and financial aspects of the operation, including information that the commodities being pledged are free and clear of liens, security interests, and other encumbrances. Applicants must provide a statement indicating that they will abide by the nondiscrimination and other provisions of the recourse loan program. Burden calculations have been rounded up to nearest quarter hour.

Estimate of Respondent Burden: Public reporting burden for the collection of information is estimated to average .75 hours per response.

Respondents: Domestic processors of cheese, butter and nonfat dry milk, who apply for a loan under this program.

Estimated Number of Respondents: 170.

Estimated Number of Responses per Respondent: 2 responses per year.

Estimated Total Annual Burden Hours on Respondents: 255 hours.

In addition to commenting on the substance of the regulation, the public is invited to comment on the information collection. Proposed topics include the following: (a) whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information will have practical utility; (b) the accuracy of the agency's estimate of the burden of the proposed collection of information, including the validity of the methodology and assumptions used; or (c) ways to enhance the quality, utility, and clarity of the information technology. Comments may be sent to the Desk Officer for Agriculture; Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, DC 20503, and to Barry Klein, Inventory Management Branch, Warehouse and Inventory Division, FSA, USDA, STOP 0553, 1400 Independence Avenue, SW, Washington DC 20250–0553, (202)720–2121.

OMB is required to make a decision concerning the collection of information contained in this proposed rule between 30 and 60 days after publication of this document in the **Federal Register**. Therefore, a comment to OMB regarding the information collection is most likely to be considered if OMB receives it within 30 days of the publication. This does not affect the deadline for the public to comment to the USDA on the substance of the proposed rule.

All comments to this notice will be summarized and included in the request for OMB approval. All comments will also become a matter of public record.

Background

The Federal Agriculture Improvement and Reform Act of 1996, terminates the Milk Price Support Program as of December 31, 1999, and institutes a Dairy Recourse Loan Program to begin on January 1, 2000, to assist processors to manage inventories of eligible dairy products and ensure a greater degree of price stability for the dairy industry. The current regulations, found at 7 CFR Part 1430, are being revised prior to implementation of the program on January 1, 2000, to facilitate suggestions from several potential users of this program. The suggestions received centered around the dairy industry's desire for a program most closely reflecting their traditional way of receiving financial services. Processors with multi-plant locations were most concerned with having a centralized location to do business. All parties were concerned with our requirement to identity-preserve (IP) the loan collateral, and the problems with re-qualifying for multiple loans throughout the year. This proposed rule therefore includes changes that will make recourse loans available to dairy processors through a central location, as opposed to in-person applications taken at FSA State or county offices, allow the loan collateral to be based on a rolling, commingled inventory, versus an identity preserved inventory, establish a system for pre-approval as an ADP, and make miscellaneous other changes which would provide for a more customer-friendly program that reflects common lending practices.

The provisions of 7 U.S.C. 1308c limit the ability of certain foreign persons to obtain loans on commodities they produce. That provision applies to this program, but as a practical matter its scope would appear to be limited to cases where the processor obtaining the loan is also the party that produced the milk. Rules for the application of 1308-c appear in 7 CFR part 1400. Further, as provided for in 31 U.S.C. 3720B the proposed rules provide that persons who are delinquent on other federal debts will be ineligible for loans under this program. Also, dairy products, to be eligible for this program, will have to meet certain quality standards set out in the regulations and the regulations provide that the loan applicants will have to provide security for the loans in the form of encumbrances on the eligible product, future inventories, and proceeds.

The objectives of the Dairy Recourse Loan program are to assist processors with the management of eligible dairy product inventories and to assure a

greater degree of price stability for the dairy industry during the year. Because of the interest rate at 1 percent above CCC's cost of borrowing, the number of dairy recourse loan program participants is estimated to range around 170, a relatively high proportion of those potentially eligible. There are 180 plants in 32 States approved for USDA grading and producing at least one of the products eligible for loans. Only 45 days have been set for comment as that period should provide sufficient time for comments and will help assure that the program is implemented in a timely manner. Accordingly, it has been determined that a longer comment period is unnecessary and contrary to the public interest.

List of Subjects in 7 CFR Part 1430

Dairy products, Loan programs, Reporting and recordkeeping requirements.

For the reasons stated in the preamble, the Department of Agriculture proposes to amend 7 CFR part 1430 as follows:

PART 1430—DAIRY PRODUCTS

1. The authority citation for part 1430 continues to read as follows:

Authority: 7 U.S.C. 7252; and 15 U.S.C. 714b and 714c.

2. Subpart C is revised to read as follows:

Subpart C—Dairy Recourse Loan Program for Commercial Processors of Dairy Products

Sec.

§ 1430.400 Applicability.

As provided in § 142 of the Federal Agriculture Improvement and Reform Act of 1996, (7 U.S.C. 7252), this part sets forth the terms and conditions an Approved Dairy Processor (ADP) must meet to obtain dairy recourse loans from the Commodity Credit Corporation (CCC) for eligible dairy products produced after September 30, 1998. An ADP meeting these terms and conditions may obtain recourse loans for any eligible dairy product. Additional terms and conditions are set forth in the loan application and the note and security agreement which an ADP must execute to receive a loan.

§ 1430.401 Administration.

(a) On behalf of CCC, the Farm Service Agency, (FSA) will administer the provisions of this part under the general direction and supervision of the FSA Deputy Administrator for Commodity Operations (DACO).

(b) The DACO or a designee may authorize a waiver or modification of deadlines and other program requirements in cases where lateness or failure to meet such other requirements does not adversely affect the operation of the loan program.

§ 1430.402 Definitions.

The definitions set forth in this section shall be applicable for all purposes of program administration under this subpart.

Appeal means a written request by an ADP asking the next level reviewing authority to review a decision.

Approved Dairy Processor (ADP) means a dairy processor of eligible dairy products that is approved by CCC to participate in the dairy recourse loan program.

Approved storage means storage structure of sound construction, in good state of repair, not subject to greater than normal risk of fire, flood or other hazards and adequately equipped to receive, handle, store, preserve, and deliver the applicable commodity.

Beneficial interest means that the dairy processor retains control, title, and risk of loss in the eligible dairy products, including the right to make all decisions regarding the tender of such eligible dairy product to CCC for loan.

CCC means the Commodity Credit Corporation.

Eligible dairy products means Cheddar cheese of acceptable quality, U.S. Grade A, or higher, not to exceed 38.5 percent moisture; butter of acceptable quality, U.S. Grade A, or higher, and nonfat dry milk of acceptable quality, U.S. Extra Grade, not to exceed 3.5 percent moisture. Only dairy products processed exclusively from milk produced in the United States shall be eligible for loan.

Final decision means the program decision rendered by the DACO upon written request of the ADP. A decision that is otherwise final shall remain final unless the decision is timely appealed to the National Appeals Division.

Fiscal year means the 12-month period from October 1 through September 30.

FSA means the Farm Service Agency, USDA.

Inventory means a rolling, commingled inventory of the same quantity and quality as those dairy products originally put up as collateral to acquire the recourse loan.

Loan maturity date means September 30 of the fiscal year in which the loan was granted.

Loan process means the method by which application is made by a dairy processor requesting ADP status; ADP requests a dairy recourse loan; and CCC administers the loan program.

Loan rate means the applicable rate announced by the Secretary, prior to January 1, 2000, and prior to October 1 in each of the following years, at which loans will be offered for Cheddar cheese, butter, and nonfat dry milk, which shall, as determined by the Secretary, reflect a milk equivalent value of $9.90 per hundredweight of milk containing 3.67 percent butterfat.

Note and security agreement means a promissory note and financing statement setting forth the specific terms and conditions of an approved loan.

Recourse loan means a loan that requires repayment of the full amount of principal and interest.

USDA means the United States Department of Agriculture.

§ 1430.403 General eligibility rules.

For a dairy processor to obtain ADP status to participate in a dairy recourse loan program, a dairy processor must do all of the following:

(a) Submit a completed application indicating commodities for which it seeks approval;

(b) Have beneficial interest in the commodity that is tendered to CCC for a loan and for the duration of the loan;

(c) Furnish CCC such certification as CCC considers necessary to verify compliance with quantitative limitations;

(d) Provide eligible dairy products to CCC free and clear of liens or encumbrances, or, if approved by CCC, waivers of those liens and encumbrances; and

(e) Provide documentation to CCC, as requested, that the dairy processor is a:

(1) Citizen of, or legal resident alien in, the United States; or

(2) Farm cooperative, private domestic corporation, partnership, or joint operation in which a majority interest is held by members, stockholders, or partners who are

citizens of, or legal resident aliens, in the United States.

§ 1430.404 Application and recertification process.

(a) A dairy processor must submit an application package for approval to CCC in order to gain ADP status to participate in the dairy recourse loan program. An application package must include, unless otherwise approved by CCC:

(1) A completed application for status as an ADP; and

(2) A balance sheet and any supporting notes and schedules requested by CCC , dated within the last year, prepared for the dairy processor that:

(i) is accompanied by a letter from an independent Certified Public Accountant, certifying that the balance sheet was prepared in accordance with generally accepted accounting principles;

(ii) shows satisfactory levels of solvency and liquidity, as determined by CCC;

(iii) is evidence of resolutions made by the dairy processor stating that it will abide by provisions of this part and other related CCC policies; and

(iv) includes other information as requested by CCC concerning the organizational, operational, financial or any other aspect of the dairy processor requested by CCC related to the dairy processor's proposed methods of conducting CCC loan business.

(b) An ADP must fulfill all requirements of § 1430.404(a) each fiscal year.

(c) An ADP shall furnish information to CCC within 30 calendar days relating to any:

(1) Change to the ADP's name, address, phone number, or related data shown on the Application for Approval of Approved Dairy Processor; and

(2) Additional information CCC may request related to the ADP's continued approval.

§ 1430.405 Approval process.

(a) CCC shall, in accordance with the provisions of this subpart, determine the eligibility of a dairy processor seeking to participate in the dairy recourse loan program.

(b) Once approved, an ADP is eligible to participate in the program unless and until approval is suspended or terminated by CCC so long as all eligibility criteria continue to be met. There shall be an affirmative duty to notify CCC of all material changes in the ADP's circumstances or operations.

§ 1430.406 Withdrawal and termination of approval.

(a) CCC may withdraw its approval of an ADP and preclude an ADP from obtaining loans when CCC determines the ADP has not:

(1) Operated according to the ADP's application for approval or its last recertification submission;

(2) Complied with applicable regulations;

(3) Corrected deficiencies of the ADP's operation as noted by CCC; or

(4) Complied with any of its agreements with CCC.

(b) An ADP whose approval has been withdrawn may be reinstated when CCC determines the ADP has complied with all requirements for approval.

(c) CCC may terminate an ADP's approval at any time by giving the ADP written notice of the termination.

(d) An ADP may make a written request for CCC to voluntarily terminate its participation in the loan program when ADP does not have any dairy recourse loans outstanding.

§ 1430.407 Interest and loan rates.

(a) Interest that accrues with respect to a loan shall be determined in accordance with part 1405 of this chapter.

(b) In the event of default by an ADP, interest shall continue to accrue with additional penalties as provided by statute being assessed.

(c) The Secretary will announce before January 1, 2000, and thereafter, before October 1 of each fiscal year, the loan rates for Cheddar cheese, butter, and nonfat dry milk based on a milk equivalent value of $9.90 per hundredweight of milk containing 3.67 percent butterfat or based on other such prices as may be required by law.

§ 1430.408 Product eligibility requirements.

(a) An eligible ADP is eligible for a recourse loan on eligible dairy products it owns subject to the following additional requirements:

(1) The total quantity of eligible dairy product which an ADP may pledge for loan is the amount in inventory not to exceed the quantity processed by the ADP during the previous or current fiscal year in which the loan request is made; and

(2) The eligible dairy products must be processed exclusively from domestically-produced milk and milk products;

(b) Eligible dairy products pledged as collateral must be free of any contamination by either natural or manmade substances, must not contain chemicals or other substances which are poisonous or harmful to humans or animals and must meet such other quality standards as may be set by CCC.

§ 1430.409 Storage facility requirements.

(a) Eligible dairy products will be stored in approved storage facility as defined in § 1430.402.

(b) CCC shall at any time, have the right to inspect loan collateral and the storage facilities in which the loan collateral is stored.

§ 1430.410 Availability, disbursement, priority and maturity of loans.

(a) No loan proceeds may be disbursed for dairy products until they have actually been produced and are determined by CCC to be eligible to be pledged as loan collateral.

(b) To obtain a recourse loan on eligible dairy products, an ADP must:

(1) File such loan application request as CCC prescribes;

(2) Execute a note and security agreement as CCC prescribes;

(3) Be responsible for all costs incurred in moving eligible dairy products to an approved storage facility, if moving is necessary; and

(c) Delinquent Federal debtors shall be ineligible for dairy recourse loans under this part.

(d) The security interests obtained by the CCC as a result of the execution of a security agreement by an ADP shall be superior to all statutory and common law liens on the collateral.

(e) The regulations the Secretary issues governing offsets and withholding set forth as part 3 of this title and part 1403 of this chapter are applicable to the program set forth in this subpart. Likewise, the provisions of part 1400 of this chapter relating to the eligibility of foreign persons for certain benefits apply to this program and can affect an ADP's eligibility for loans.

(f) CCC shall file a security interest in the loan collateral, and the dairy processor shall grant CCC a security interest in the loan collateral, future inventory and any proceeds obtained from the sale of the dairy products.

(g) Loans will mature on, and must be satisfied by September 30, unless the loan is extended by the Secretary for an additional period.

§ 1430.411 Loan maintenance.

(a) The ADP shall:

(1) Abide by the terms and conditions of the loan application and the note and security agreement;

(2) Be responsible for storage costs through loan maturity; and

(3) Be responsible for maintaining the quality and quantity of the loan collateral through date of repayment

and reimburse CCC for loss in quantity or quality of the loan collateral.

(b) If CCC determines that the actual eligible quantity serving as collateral for a recourse loan is less than the loan quantity because of incorrect certification by the ADP or unauthorized removal, CCC may charge liquidated damages and/or call all loans of the ADP. In such cases, the approval of an ADP for future loans shall be withdrawn and current loan shall be considered due and owing.

(c) ADP may, at any time before maturity of the loan, redeem all or any part of the loan collateral by paying CCC the loan principal plus interest applicable to the quantity of dairy product redeemed.

§ 1430.412 Loan maturity.

(a) ADP must pay CCC the principal plus interest due and redeem his collateral no later than the loan maturity date.

(b) CCC may, on demand, call all outstanding CCC loans made to an ADP whose approval has been withdrawn or terminated. When loans are called, CCC will provide at least 10 calendar days written notice to the ADP. Dairy recourse loans must be repaid by the date specified by CCC. If redemption is not made by the date specified, title to the encumbered commodity shall vest in CCC and CCC shall have no obligation to pay the commodity's market value above the principal amount of such loans. Any deficiency that remains after the disposition of the collateral shall continue to be a debt of the ADP and may be collected in any manner allowed by law.

(c) CCC may at any time accelerate the date of repayment of the loan indebtedness, including interest. CCC will give the ADP notice of such acceleration at least 15 days in advance of the accelerated loan maturity date.

§ 1430.413 Loan liquidation.

(a) If an ADP does not pay to CCC the total amount due in accordance with the terms of the loan, late payment charges in addition to interest on the ADP's indebtedness shall accrue at the rate specified in part 1403 of this chapter and shall accrue until the debt is paid.

(b) Upon notice:

(1) CCC may, with or without removing the collateral from storage, sell such collateral at either a public or private sale; or

(2) the ADP must deliver loan collateral in or to a CCC-approved storage facility at the expense of the ADP, provided further that for these purposes:

(i) CCC-approved storage will include only those storage facilities which:

(A) Meet CCC standards for Approval of Dry and Cold Storage Warehouses for Processed Agricultural Commodities, Extracted Honey, and Bulk Oils (part 1423 of this chapter); and

(B) Have entered into a storage contract with CCC.

(ii) If the eligible dairy product is delivered in or to an ineligible storage facility, the ADP shall be responsible for all costs incurred in moving the eligible dairy products to a CCC-approved storage facility.

(c) If the proceeds from CCC sale of collateral are:

(1) Less than the amount of principal, interest, and any other expenses incurred by the CCC then the ADP is liable for the deficiency; or

(2) Greater than the amount of principal, interest, and any other expenses incurred by the CCC then the amount in excess shall be paid to the processor or, if applicable, to any secured creditor of the processor.

(d) CCC shall at all times, have the right to inspect CCC-owned eligible dairy products and the storage facilities in which the eligible dairy product is stored.

(e) Regardless of whether CCC inspected the eligible dairy product or storage facility, the ADP is liable to CCC for any damages or loss CCC suffers if CCC does not recover the full value of the principal and interest on the loan, plus any incidental expenses incurred.

§ 1430.414 Maintenance and inspection of records.

CCC, as well as any other U.S. Government agency, shall have the right of access to the premises of the ADP in order to inspect, examine, and make copies of the books, records, accounts, and other written data as the examining agency deems necessary to verify compliance with the requirements of this subpart. Such books, records, accounts, and other written data shall be retained by the ADP for not less than 3 years from the loan disbursement date. Destruction of records after such time shall be at the ADP's own risk.

§ 1430.415 False certification.

Any ADP making a false certification will subject the ADP and the principal making such certification, to liability or prosecution under any applicable federal civil and criminal statutes. This remedy shall be in addition to all others that may apply.

§ 1430.416 Reconsideration and appeal.

(a) An ADP may seek reconsideration of a decision made under this subpart by filing a written request for reconsideration with USDA, FSA, Deputy Administrator for Commodity Operations, STOP 0550, 1400 Independence Avenue, SW, Washington, DC, 20250–0550. The request should state the basis upon which the ADP relies to show that:

(1) The decision was not proper and not made in accordance with applicable program regulations; or

(2) All material facts were not properly considered in such decision.

(b) A request for reconsideration of a decision shall be filed within 30 days after written notice of the decision which is the subject of the request is mailed or otherwise made available to the ADP. A request for reconsideration shall be considered to have been timely filed if postmarked or privately mailed within 30 days of the decision. A party seeking review of a decision may, at the discretion of the Deputy Administrator, be granted an additional 30 days in which to file a request for reconsideration if requested within 30 days of the decision. A decision shall become final and nonreviewable unless reconsideration is timely sought.

(c) A request for reconsideration may be accepted and acted upon even though it is not filed within the time prescribed in paragraph (b) of this section if, in the judgment of the Deputy Administrator, the circumstances warrant such action.

(d) Subject to the remedies provided above and the provisions of part 11 of this chapter, an ADP may appeal a final decision and request review of determinations made under this subpart by filing a written request for appeal with USDA, National Appeals Division, STOP 7000, 1400 Independence Avenue, SW, Washington, DC 20250–7000. See part 780 of this title.

§ 1430.417 OMB control numbers.

The information collection requirements for these regulations have been submitted to OMB for approval.

Signed at Washington, DC, on July 13, 1999.

Parks Shackleford,

Acting Executive Vice President, Commodity Credit Corporation.

[FR Doc. 99–18434 Filed 7–21–99; 8:45 am]

BILLING CODE 3410–05–P

NUCLEAR REGULATORY COMMISSION

10 CFR Part 50

Reporting Requirements for Nuclear Power Reactors; Meeting

AGENCY: Nuclear Regulatory Commission.

ACTION: Notice of public meeting.

SUMMARY: The Nuclear Regulatory Commission (NRC) is announcing a public meeting to discuss a proposed rule that would modify power reactor reporting requirements.

DATES: Tuesday, August 3, 1999 and Wednesday, August 4, 1999.

ADDRESSES: The public meeting will be held in the auditorium of NRC's headquarters at Two White Flint North, 11545 Rockville Pike, Rockville, Maryland 20852.

FOR FURTHER INFORMATION CONTACT: Dennis P. Allison, Office of Nuclear Reactor Regulation, Washington DC 20555–0001, telephone (301) 415–1178, e-mail dpa@nrc.gov.

SUPPLEMENTARY INFORMATION:

Background

On July 6, 1999 (64 FR 36291) the NRC published in the **Federal Register** a proposed rule that would modify reporting requirements for nuclear power reactors contained in 10 CFR 50.72, ''Immediate notification requirements for operating nuclear power reactors,'' and 10 CFR 50.73, ''Licensee event report system.'' In addition, that **Federal Register** notice indicated that a draft report, NUREG–1022, Revision 2, ''Event Reporting Guidelines, 10 CFR 50.72 and 50.73,'' is being made available for public comment concurrently with the proposed amendments to 10 CFR 50.72 and 50.73. Furthermore, it indicated that a draft regulatory analysis on the proposed rule is being made available for public comment concurrently with the proposed rule.

The proposed rule, the draft event reporting guidelines, and the draft regulatory analysis may be viewed and downloaded electronically via the interactive rulemaking web site established by NRC for this rulemaking. The interactive rulemaking site may be accessed from the NRC home page (http://www.nrc.gov) as follows. Select ''Rulemaking'' from the tool bar at the bottom of the home page. Then select ''Rulemaking Forum'' near the top of the rulemaking page. (For further information about the interactive rulemaking website, contact Ms. Carol Gallagher, (301) 415–5905; e-mail CAG@nrc.gov.)

In addition, these documents are available for inspection in the NRC Public Document Room, 2120 L Street, NW, (Lower Level), Washington, DC. Single copies may be obtained from the contact listed above under the heading **FOR FURTHER INFORMATION CONTACT**.

Purpose

The purpose of the meeting is to discuss the proposed amendments to 10 CFR 50.72 and 50.73, including the draft event reporting guidelines and the draft regulatory analysis.

Participation

To facilitate orderly conduct of the meeting, members of the public who wish to speak should contact the cognizant NRC staff member listed above under the heading ''For Further Information Contact'' to register in advance of the meeting. Indicate as specifically as possible the topic(s) of your comment(s) and the length of time you wish to speak. Provide your name and a telephone number where you can be contacted, if necessary, before the meeting. Registration to speak will also be available at the meeting on a first come basis to the extent that time is available.

Agenda for August 3, 1999

9:00 a.m.–9:30 a.m.
Introductory Remarks
9:30 a.m.–11:00 a.m.
Discussion of Proposed Amendments by the NRC Staff
11:00 a.m.–12:30 p.m.
Public Comments and Statements
12:30 p.m.–1:30 p.m.
Lunch Break
1:30 p.m.–4:45 p.m.
Public Comments and Statements (Continued)
4:45 p.m.–5:00 p.m.
Concluding Remarks

It is expected that public comments and statements can be concluded on the first day. However, if that is not the case, the meeting will be continued into a second day. If so, the agenda for the second day will be as follows.

Agenda for August 4, 1999

9:00 a.m.–9:15 a.m.
Introductory Remarks
9:15 a.m.–12:15 p.m.
Public Comments and Statements (Continued)
12:15 p.m.–12:30 p.m.
Concluding remarks

Input Solicited

Questions and comments on any aspect of the proposed rule are solicited. In addition, as discussed in the proposed rule, the NRC specifically solicits input the following areas:

(1) In the interest of simplicity, the proposed amendments would maintain just three basic levels of required reporting times in 10 CFR 50.72 and 50.73 (1 hour, 8 hours, and 60 days). However, public comment is specifically invited on the question of whether additional levels should be introduced to better correspond or particular types of events. For example, 10 CFR 50.72 currently requires reporting within 4 hours for events that involve low levels of radioactive releases, and events related to safety or environmental protection that involve a press release or notification of another government agency. These types of events could be maintained at 4 hours so that information is available on a more timely basis to respond to heightened public concern about such events. In another example, events related to environmental protection are sometimes reportable to another agency, which is the lead agency for the matter, with a different time limit, such as 12 hours. These types of events could be reported to the NRC at approximately the same time as they are reported to the other agency.

(2) In the proposed amendments the term ''any engineered safety feature (ESF), including the reactor protection system (RPS),'' which currently defines the systems for which actuation must be reported in § 50.72(b)(2)(iv) and § 50.73(a)(2)(iv), would be replaced by a specific list of systems. This proposal to list the systems in the rule is controversial and public comment is specifically invited in this area. In particular, three principal alternatives to the proposed rule have been identified for comment:

(a) Maintain the status quo. Under this alternative, the rule would continue to require reporting for actuation of ''any ESF.'' The event reporting guidelines in NUREG–1022 would continue to indicate that reporting should include, as a minimum, the systems on a specific list.

(b) Require use of a plant-specific, risk-informed list. Under this alternative, the list of systems would be risk-informed, and plant-specific. Licensees would develop the list based on existing probabilistic risk assessments, judgment, and specific plant design. No specific list would be provided in the rule.

(c) Return to the pre-1998 situation (i.e., before publication of the event reporting guidelines in NUREG–1022, Revision 1). Under this alternative, the rule would continue to require reporting

for actuation of ''any ESF.'' The event reporting guidelines would, once again, indicate that reporting should include those systems identified as ESF's for each particular plant (e.g., in the Final Safety Analysis Report).

(3) The NRC is developing revisions to the process for oversight of operating reactors, including inspection, assessment and enforcement processes. In connection with this effort, the NRC has considered the kinds of event reports that would be eliminated by the proposed rules and believes that the changes would not have a deleterious effect on the oversight process. Public comment is invited on whether or not this is the case. In particular, it is requested that if any examples to the contrary are known they be identified.

(4) The proposed amendments would add provisions to sections 50.73(a)(2)(i)(B) and 50.73(a)(2)(v) to eliminate reporting of a condition or event that did not occur within three years of the date of discovery. Public comment is invited on whether such historical events and conditions should be reported (rather than being excluded from reporting, as proposed). Public comment is also invited on whether the three year exclusion of such historical events and conditions should be extended to all written reports required by section 50.73(a) (rather than being limited to these two specific reporting criteria, as proposed).

(5) The proposed amendments would add a new reporting criterion to require reporting if a component is in a degraded or non-conforming condition such that: (a) The ability of the component to perform its specified safety function is significantly degraded; and (b) the condition could reasonably be expected to apply to other similar components in the plant. Public comment is invited on whether this proposed new criterion would accomplish its stated purpose—to ensure that design basis or other discrepancies would continue to be reported if the capability to perform a specified safety function is significantly degraded and the condition has generic implications. Public comment is also invited on whether the proposed new criterion would be subject to varying interpretations by licensees and inspectors.

(6) Many States (Agreement States and Non-Agreement States) have agreements with power reactors to inform the States of plant issues. State reporting requirements are frequently triggered by NRC reporting requirements. Accordingly, the NRC seeks State comment on issues related to the proposed amendments to power reactor reporting requirements.

(7) The President's Memorandum dated June 1, 1998, entitled, ''Plain Language in Government Writing,'' directed that the Federal government's writing be in plain language. The NRC requests comments on this proposed rule specifically with respect to the clarity and effectiveness of the language used.

(8) The Commission has prepared a draft regulatory analysis on this proposed rule. The analysis examines the costs and benefits of the alternatives considered by the Commission. It is available as discussed above under the heading ''Background.'' The Commission requests public comment on this draft analysis.

Dated at Rockville, Maryland, this 16th day of July, 1999.

For the Nuclear Regulatory Commission.

Cynthia A. Carpenter,

Chief, Generic Issues, Environmental, Financial and Rulemaking Branch, Division of Regulatory Improvement Programs, Office of Nuclear Reactor Regulation.

[FR Doc. 99–18722 Filed 7–21–99; 8:45 am]

BILLING CODE 7590–01–P

DEPARTMENT OF TRANSPORTATION

Federal Aviation Administration

14 CFR Part 39

[Docket No. 98–NM–325–AD]

RIN 2120–AA64

Airworthiness Directives; Dassault Model Falcon 10 and Model Mystere-Falcon 50 Series Airplanes

AGENCY: Federal Aviation Administration, DOT.

ACTION: Notice of proposed rulemaking (NPRM).

SUMMARY: This document proposes the adoption of a new airworthiness directive (AD) that is applicable to certain Dassault Model Falcon 10 and Model Mystere-Falcon 50 series airplanes. For certain airplanes, this proposal would require modification of the aircraft wiring to illuminate the ''T/O CONFIG'' red warning light on the cockpit warning panel. For certain other airplanes, this proposal would require installation of a ''NO TAKEOFF'' red light on each pilot's instrument panel; modification of the associated aircraft wiring to activate the lights whenever the aircraft is not in the proper configuration for take-off; and a revision to the Airplane Flight Manual to check that the ''NO TAKEOFF'' lights are out prior to take-off. This proposal is prompted by issuance of mandatory continuing airworthiness information by a foreign civil airworthiness authority. The actions specified by the proposed AD are intended to prevent take-off with the parking brake engaged, which could result in an extended take-off roll or a rejected take-off, and consequent runway overrun.

DATES: Comments must be received by August 23, 1999.

ADDRESSES: Submit comments in triplicate to the Federal Aviation Administration (FAA), Transport Airplane Directorate, ANM–114, Attention: Rules Docket No. 98–NM–325–AD, 1601 Lind Avenue, SW., Renton, Washington 98055–4056. Comments may be inspected at this location between 9:00 a.m. and 3:00 p.m., Monday through Friday, except Federal holidays.

The service information referenced in the proposed rule may be obtained from Dassault Falcon Jet, P.O. Box 2000, South Hackensack, New Jersey 07606. This information may be examined at the FAA, Transport Airplane Directorate, 1601 Lind Avenue, SW., Renton, Washington.

FOR FURTHER INFORMATION CONTACT: Norman B. Martenson, Manager, International Branch, ANM–116, FAA, Transport Airplane Directorate, 1601 Lind Avenue, SW., Renton, Washington 98055–4056; telephone (425) 227–2110; fax (425) 227–1149.

SUPPLEMENTARY INFORMATION:

Comments Invited

Interested persons are invited to participate in the making of the proposed rule by submitting such written data, views, or arguments as they may desire. Communications shall identify the Rules Docket number and be submitted in triplicate to the address specified above. All communications received on or before the closing date for comments, specified above, will be considered before taking action on the proposed rule. The proposals contained in this notice may be changed in light of the comments received.

Comments are specifically invited on the overall regulatory, economic, environmental, and energy aspects of the proposed rule. All comments submitted will be available, both before and after the closing date for comments, in the Rules Docket for examination by interested persons. A report summarizing each FAA-public contact concerned with the substance of this proposal will be filed in the Rules Docket.

Commenters wishing the FAA to acknowledge receipt of their comments submitted in response to this notice must submit a self-addressed, stamped postcard on which the following statement is made: ''Comments to Docket Number 98–NM–325–AD.'' The postcard will be date stamped and returned to the commenter.

Availability of NPRMs

Any person may obtain a copy of this NPRM by submitting a request to the FAA, Transport Airplane Directorate, ANM–114, Attention: Rules Docket No. 98–NM–325–AD, 1601 Lind Avenue, SW., Renton, Washington 98055–4056.

Discussion

The Direction Générale de l'Aviation Civile (DGAC), which is the airworthiness authority for France, notified the FAA that an unsafe condition may exist on certain Dassault Model Falcon 10 and Model Mystere-Falcon 50 series airplanes. The DGAC advises that, during take-off of a Model Mystere-Falcon 50 airplane, the pilot reported that the engine parameters were correct, but longitudinal acceleration displayed on the electronic flight instrumentation system (EFIS) was lower than usual. The pilot chose to reject the take-off attempt. The DGAC also advises that several similar occurrences have been reported on Model Falcon 10 series airplanes. The slow acceleration is thought to have been caused by the pilot attempting to take-off with the parking brake engaged. The existing design for both models provides appropriate indication to the crew when the parking brake handle is not released during the takeoff; however, the indication is not readily visible. Due to its location in the lower part of the pilot's instrument panel, it is outside of the pilot's direct line of sight and the indication may be unnoticed. This condition, if not corrected, could result in an extended take-off roll or a rejected take-off, and consequent runway overrun.

Explanation of Relevant Service Information

Dassault has issued Service Bulletin F50–240, Revision 1, dated October 7, 1998 for Model Mystere-Falcon 50 series airplanes), which describes procedures for modification of the aircraft wiring to add the ''park brake handle not pushed forward'' condition in the illumination conditions of the ''T/O CONFIG'' red warning light on the cockpit warning panel.

Dassault also has issued Service Bulletin F10–280, Revision 1, dated February 10, 1999 (for Model Falcon 10 series airplanes), which describes procedures for installation of a ''NO TAKEOFF'' red light on each pilot's instrument panel. The service bulletin also describes procedures for modification of the associated aircraft wiring to activate the lights whenever the aircraft is not in the proper configuration for take-off; and a revision to the Normal Procedures Section of the Falcon 10 Airplane Flight Manual to check that the ''NO TAKEOFF'' lights are out prior to take-off.

Accomplishment of the actions specified in the service bulletins is intended to adequately address the identified unsafe condition. The DGAC classified these service bulletins as mandatory and issued French airworthiness directives 98–300–022(B), dated July 29, 1998, and 98–547–022(B), dated December 30, 1998, in order to assure the continued airworthiness of these airplanes in France.

FAA's Conclusions

These airplane models are manufactured in France and are type certificated for operation in the United States under the provisions of section 21.29 of the Federal Aviation Regulations (14 CFR 21.29) and the applicable bilateral airworthiness agreement. Pursuant to this bilateral airworthiness agreement, the DGAC has kept the FAA informed of the situation described above. The FAA has examined the findings of the DGAC, reviewed all available information, and determined that AD action is necessary for products of this type design that are certificated for operation in the United States.

Explanation of Requirements of Proposed Rule

Since an unsafe condition has been identified that is likely to exist or develop on other airplanes of the same type design registered in the United States, the proposed AD would require accomplishment of the actions specified in the service bulletins described previously.

Cost Impact

The FAA estimates that 36 Dassault Model Falcon 10 series airplanes of U.S. registry would be affected by this proposed AD.

It would take approximately 50 work hours per airplane to accomplish the proposed installation, at an average labor rate of $60 per work hour. Required parts would cost approximately $2,280 per airplane. Based on these figures, the cost impact of the installation proposed by this AD on U.S. operators is estimated to be $190,080, or $5,280 per airplane.

It would take approximately 1 work hour per airplane to accomplish the proposed revision to the AFM, at an average labor rate of $60 per work hour. Based on these figures, the cost impact of the AFM revision proposed by this AD on U.S. operators is estimated to be $2,160, or $60 per airplane.

The FAA estimates that 115 Dassault Model Mystere-Falcon 50 series airplanes of U.S. registry would be affected by this proposed AD, that it would take approximately 8 work hours per airplane to accomplish the proposed modification, and that the average labor rate is $60 per work hour. Required parts would cost approximately $6,000 per airplane. Based on these figures, the cost impact of the modification proposed by this AD on U.S. operators is estimated to be $745,200, or $6,480 per airplane.

The cost impact figures discussed above are based on assumptions that no operator has yet accomplished any of the proposed requirements of this AD action, and that no operator would accomplish those actions in the future if this AD were not adopted.

Regulatory Impact

The regulations proposed herein would not have substantial direct effects on the States, on the relationship between the national government and the States, or on the distribution of power and responsibilities among the various levels of government. Therefore, in accordance with Executive Order 12612, it is determined that this proposal would not have sufficient federalism implications to warrant the preparation of a Federalism Assessment.

For the reasons discussed above, I certify that this proposed regulation (1) is not a ''significant regulatory action'' under Executive Order 12866; (2) is not a ''significant rule'' under the DOT Regulatory Policies and Procedures (44 FR 11034, February 26, 1979); and (3) if promulgated, will not have a significant economic impact, positive or negative, on a substantial number of small entities under the criteria of the Regulatory Flexibility Act. A copy of the draft regulatory evaluation prepared for this action is contained in the Rules Docket. A copy of it may be obtained by contacting the Rules Docket at the location provided under the caption **ADDRESSES**.

List of Subjects in 14 CFR Part 39

Air transportation, Aircraft, Aviation safety, Safety.

The Proposed Amendment

Accordingly, pursuant to the authority delegated to me by the Administrator, the Federal Aviation Administration proposes to amend part 39 of the Federal Aviation Regulations (14 CFR part 39) as follows:

PART 39—AIRWORTHINESS DIRECTIVES

1. The authority citation for part 39 continues to read as follows:

Authority: 49 U.S.C. 106(g), 40113, 44701.

§ 39.13 [Amended]

2. Section 39.13 is amended by adding the following new airworthiness directive:

Dassault Aviation: Docket 98–NM–325–AD.

Applicability: Model Falcon 10 series airplanes, serial numbers 1 through 152 inclusive, on which Dassault Modification M801 (reference Dassault Service Bulletin F10–280, Revision 1, dated February 10, 1999) has not been accomplished; and Model Mystere-Falcon 50 series airplanes, serial numbers 2 through 250 inclusive and 252, on which Dassault Modification M1850 (reference Dassault Service Bulletin F50–240, Revision 1, dated October 7, 1998) has not been accomplished; certificated in any category.

Note 1: This AD applies to each airplane identified in the preceding applicability provision, regardless of whether it has been otherwise modified, altered, or repaired in the area subject to the requirements of this AD. For airplanes that have been modified, altered, or repaired so that the performance of the requirements of this AD is affected, the owner/operator must request approval for an alternative method of compliance in accordance with paragraph (c) of this AD. The request should include an assessment of the effect of the modification, alteration, or repair on the unsafe condition addressed by this AD; and, if the unsafe condition has not been eliminated, the request should include specific proposed actions to address it.

Compliance: Required as indicated, unless accomplished previously.

To prevent take-off with the parking brake engaged, which could result in an extended take-off roll or a rejected take-off, and consequent runway overrun, accomplish the following:

Model Mystere-Falcon 50 Series Airplanes: Modification

(a) For Model Mystere-Falcon 50 series airplanes, within 9 months after the effective date of this AD, modify the aircraft wiring to add the ''park brake handle not pushed forward'' condition in the illumination conditions of the ''T/O CONFIG'' red warning light on the cockpit warning panel in accordance with Dassault Service Bulletin F50–240, Revision 1, dated October 7, 1998.

Model Falcon 10 Series Airplanes: Modification and AFM Revision

(b) For Dassault Falcon 10 series airplanes, within 9 months after the effective date of this AD, accomplish the requirements of paragraphs (b)(1) and (b)(2) of this AD in accordance with Dassault Service Bulletin F10–280, Revision 1, dated February 10, 1999.

(1) Install a ''NO TAKEOFF'' red light on each pilot's instrument panel and modify the associated aircraft wiring to activate the lights whenever the aircraft is not in the proper configuration for take-off.

(2) Revise the Normal Procedures Section of the FAA-approved Airplane Flight Manual (AFM) to include the information specified in Falcon 10 AFM DTM722 Temporary Change No. 17, dated March 31, 1995, which introduces procedures for checking that the ''NO TAKEOFF'' lights are out prior to take-off; and operate the airplane in accordance with those limitations and procedures.

Note 2: This may be accomplished by inserting a copy of Falcon 10 AFM DTM722 Temporary Change No. 17 in the AFM. When these temporary revisions have been incorporated into general revisions of the AFM, the general revisions may be inserted in the AFM, provided the information contained in the general revision is identical to that specified in Temporary Change No. 17.

Alternative Methods of Compliance

(c) An alternative method of compliance or adjustment of the compliance time that provides an acceptable level of safety may be used if approved by the Manager, International Branch, ANM–116, FAA, Transport Airplane Directorate. Operators shall submit their requests through an appropriate FAA Principal Maintenance Inspector, who may add comments and then send it to the Manager, International Branch, ANM–116.

Note 3: Information concerning the existence of approved alternative methods of compliance with this AD, if any, may be obtained from the International Branch, ANM–116.

Special Flight Permits

(d) Special flight permits may be issued in accordance with sections 21.197 and 21.199 of the Federal Aviation Regulations (14 CFR 21.197 and 21.199) to operate the airplane to a location where the requirements of this AD can be accomplished.

Note 4: The subject of this AD is addressed in French airworthiness directives 98–300–022(B), dated July 29, 1998, and 98–547–022(B), dated December 30, 1998.

Issued in Renton, Washington, on July 16, 1999.

D.L. Riggin,

Acting Manager, Transport Airplane Directorate, Aircraft Certification Service.

[FR Doc. 99–18734 Filed 7–21–99; 8:45 am]

BILLING CODE 4910–13–P

DEPARTMENT OF TRANSPORTATION

Federal Aviation Administration

14 CFR Part 39

[Docket No. 99–NM–131–AD]

RIN 2120–AA64

Airworthiness Directives; Saab Model SAAB SF–340 Series Airplanes

AGENCY: Federal Aviation Administration, DOT.

ACTION: Notice of proposed rulemaking (NPRM).

SUMMARY: This document proposes the adoption of a new airworthiness directive (AD) that is applicable to certain Saab Model SAAB SF–340 series airplanes. This proposal would require operators to replace the existing pneumatic de-icing boot pressure indicator switch with a newly designed switch. This proposal is prompted by an occurrence on a similar model airplane in which the pneumatic de-icing boot indication light may have provided the flightcrew with misleading information as to the proper functioning of the de-icing boots. The actions specified by the proposed AD are intended to prevent ice accumulation on the airplane leading edges, which could reduce controllability of the airplane.

DATES: Comments must be received by August 23, 1999.

ADDRESSES: Submit comments in triplicate to the Federal Aviation Administration (FAA), Transport Airplane Directorate, ANM–114, Attention: Rules Docket No. 99–NM–131–AD, 1601 Lind Avenue, SW., Renton, Washington 98055–4056. Comments may be inspected at this location between 9:00 a.m. and 3:00 p.m., Monday through Friday, except Federal holidays.

Information concerning this proposal may be examined at the FAA, Transport Airplane Directorate, 1601 Lind Avenue, SW., Renton, Washington.

FOR FURTHER INFORMATION CONTACT: Norman B. Martenson, Manager, International Branch, ANM–116, FAA, Transport Airplane Directorate, 1601 Lind Avenue, SW., Renton, Washington 98055–4056; telephone (425) 227–2110; fax (425) 227–1149.

SUPPLEMENTARY INFORMATION:

Comments Invited

Interested persons are invited to participate in the making of the proposed rule by submitting such written data, views, or arguments as they may desire. Communications shall identify the Rules Docket number and

be submitted in triplicate to the address specified above. All communications received on or before the closing date for comments, specified above, will be considered before taking action on the proposed rule. The proposals contained in this notice may be changed in light of the comments received.

Comments are specifically invited on the overall regulatory, economic, environmental, and energy aspects of the proposed rule. All comments submitted will be available, both before and after the closing date for comments, in the Rules Docket for examination by interested persons. A report summarizing each FAA-public contact concerned with the substance of this proposal will be filed in the Rules Docket.

Commenters wishing the FAA to acknowledge receipt of their comments submitted in response to this notice must submit a self-addressed, stamped postcard on which the following statement is made: ''Comments to Docket Number 99–NM–131–AD.'' The postcard will be date stamped and returned to the commenter.

Availability of NPRMs

Any person may obtain a copy of this NPRM by submitting a request to the FAA, Transport Airplane Directorate, ANM–114, Attention: Rules Docket No. 99–NM–131–AD, 1601 Lind Avenue, SW., Renton, Washington 98055–4056.

Discussion

On December 26, 1989, a British Aerospace Jetstream Model BA–3101 series airplane impacted the ground approximately 400 feet short of the runway while executing an instrument landing system (ILS) approach. The accident occurred at the Tri-Cities Airport, Pasco, Washington. The National Transportation Safety Board (NTSB) determined that the probable cause of the accident was the flightcrew's decision to continue an unstabilized ILS approach that led to a stall, most likely of the horizontal stabilizer, and loss of control at low altitude. Contributing to the stall and loss of control was the accumulation of leading edge ice, which degraded the aerodynamic performance of the airplane.

One result of the NTSB investigation was the determination that the flight deck wing de-icing light illuminated at a lower pressure than the pressure required to fully inflate the de-icing boots. The premature illumination of the wing de-icing light was due to a failure within the wing de-icing boot system, which allowed sufficient air pressure to give the appearance of normal operation based on the de-icing light, without actually inflating the boots sufficiently to remove ice.

Based on an NTSB Safety Recommendation, the FAA reviewed the pneumatic de-icing boot system designs for airplanes operated under parts 121 and 135 of the Federal Aviation Regulations to ensure that the pneumatic pressure threshold at which each de-icing boot indication light is designed to illuminate is sufficient pressure for effective operation of the pneumatic de-icing boots. The FAA has determined that the flight deck pneumatic de-icing boot pressure indicator switch on certain Model SAAB SF–340 series airplanes may allow the flight deck indication light to illuminate at a lower pressure [10 pounds per square inch gage (psig)] than the pressure required to fully inflate the de-icing boots (15 psig). This condition, if not corrected, could result in ice accumulation on the airplane leading edges, which could reduce controllability of the airplane.

U.S. Type Certification of the Airplane

This airplane model is manufactured in Sweden and is type certificated for operation in the United States under the provisions of section 21.29 of the Federal Aviation Regulations (14 CFR 21.29) and the applicable bilateral airworthiness agreement. The FAA has determined that AD action is necessary for products of this type design that are certificated for operation in the United States.

Explanation of Requirements of Proposed Rule

Since an unsafe condition has been identified that is likely to exist or develop on other airplanes of the same type design registered in the United States, the proposed AD would require that the existing pneumatic de-icing boot pressure indicator switch be replaced with a switch that activates the indicator light at 15 psig. The action would be required in accordance with a method approved by the FAA.

Cost Impact

The FAA estimates that 117 airplanes of U.S. registry would be affected by this proposed AD. Since the manufacturer has not yet developed one specific modification commensurate with the requirements of this proposal, the FAA is unable at this time to provide specific information as to the number of work hours or cost of parts that would be required to accomplish the proposed modification. As indicated earlier in this preamble, the FAA specifically invites the submission of comments and other data regarding the economic aspect of this proposal.

Regulatory Impact

The regulations proposed herein would not have substantial direct effects on the States, on the relationship between the national government and the States, or on the distribution of power and responsibilities among the various levels of government. Therefore, in accordance with Executive Order 12612, it is determined that this proposal would not have sufficient federalism implications to warrant the preparation of a Federalism Assessment.

For the reasons discussed above, I certify that this proposed regulation (1) is not a ''significant regulatory action'' under Executive Order 12866; (2) is not a ''significant rule'' under the DOT Regulatory Policies and Procedures (44 FR 11034, February 26, 1979); and (3) if promulgated, will not have a significant economic impact, positive or negative, on a substantial number of small entities under the criteria of the Regulatory Flexibility Act. A copy of the draft regulatory evaluation prepared for this action is contained in the Rules Docket. A copy of it may be obtained by contacting the Rules Docket at the location provided under the caption **ADDRESSES.**

List of Subjects in 14 CFR Part 39

Air transportation, Aircraft, Aviation safety, Safety.

The Proposed Amendment

Accordingly, pursuant to the authority delegated to me by the Administrator, the Federal Aviation Administration proposes to amend part 39 of the Federal Aviation Regulations (14 CFR part 39) as follows:

PART 39—AIRWORTHINESS DIRECTIVES

1. The authority citation for part 39 continues to read as follows:

Authority: 49 U.S.C. 106(g), 40113, 44701.

§ 39.13 [Amended]

2. Section 39.13 is amended by adding the following new airworthiness directive:

SAAB Aircraft AB: Docket 99–NM–131–AD.

Applicability: Model SAAB SF–340 series airplanes, serial numbers 004 through 239 inclusive; certificated in any category.

Note 1: This AD applies to each airplane identified in the preceding applicability provision, regardless of whether it has been modified, altered, or repaired in the area subject to the requirements of this AD. For airplanes that have been modified, altered, or repaired so that the performance of the requirements of this AD is affected, the

owner/operator must request approval for an alternative method of compliance in accordance with paragraph (b) of this AD. The request should include an assessment of the effect of the modification, alteration, or repair on the unsafe condition addressed by this AD; and, if the unsafe condition has not been eliminated, the request should include specific proposed actions to address it.

Compliance: Required as indicated, unless accomplished previously.

To prevent ice accumulation on the airplane leading edges, which could result in reduced controllability of the airplane, accomplish the following:

Modification

(a) Within 1 year after the effective date of this AD, replace the flight deck pneumatic de-icing boot pressure indicator switch with a switch that activates the flight deck indicator light at 15 pounds per square inch gage, in accordance with a method approved by the Manager, International Branch, ANM–116, FAA, Transport Airplane Directorate.

Alternative Methods of Compliance

(b) An alternative method of compliance or adjustment of the compliance time that provides an acceptable level of safety may be used if approved by the Manager, International Branch, ANM–116. Operators shall submit their requests through an appropriate FAA Principal Maintenance Inspector, who may add comments and then send it to the Manager, International Branch, ANM–116.

Note 2: Information concerning the existence of approved alternative methods of compliance with this AD, if any, may be obtained from the International Branch, ANM–116.

Special Flight Permits

(c) Special flight permits may be issued in accordance with §§ 21.197 and 21.199 of the Federal Aviation Regulations (14 CFR 21.197 and 21.199) to operate the airplane to a location where the requirements of this AD can be accomplished.

Issued in Renton, Washington, on July 15, 1999.

D.L. Riggin,

Acting Manager, Transport Airplane Directorate, Aircraft Certification Service.

[FR Doc. 99–18733 Filed 7–21–99; 8:45 am]

BILLING CODE 4910–13–U

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Food and Drug Administration

21 CFR Part 333

[Docket No. 99N–1819]

RIN 0910–AA01

Topical Antifungal Drug Products for Over-the-Counter Human Use; Proposed Amendment of Final Monograph

AGENCY: Food and Drug Administration, HHS.

ACTION: Proposed rulemaking.

SUMMARY: The Food and Drug Administration (FDA) is issuing a notice of proposed rulemaking that would amend the final monograph for over-the-counter (OTC) topical antifungal drug products. The amendment makes a minor change in the indications for these drug products. This proposal is part of the ongoing review of OTC drug products conducted by FDA.

DATES: Submit written comments by October 20, 1999; written comments on the agency's economic impact determination by October 20, 1999. See section IV of this document for the proposed effective date of a final rule based on this document.

ADDRESSES: Submit written comments to the Dockets Management Branch (HFA–305), Food and Drug Administration, 5630 Fishers Lane, rm. 1061, Rockville, MD 20852.

FOR FURTHER INFORMATION CONTACT: Gerald M. Rachanow, Center for Drug Evaluation and Research (HFD–560), Food and Drug Administration, 5600 Fishers Lane, Rockville, MD 20857, 301–827–2307.

SUPPLEMENTARY INFORMATION:

I. Background

In the **Federal Register** of September 23, 1993 (58 FR 49890), FDA published a final monograph for OTC topical antifungal drug products in part 333 (21 CFR part 333), subpart C. That monograph includes labeling in § 333.250. Section 333.250(b)(1) contains the following introductory language for the indications statement: (Select one of the following: ''Treats,'' ''For the treatment of,'' ''For effective treatment of,'' ''Cures,'' ''For the cure of,'' ''Clears up,'' or ''Proven clinically effective in the treatment of''). Section 333.250(b)(2) contains similar language for products labeled for the prevention of athlete's foot.

II. The Panel's Recommendations

The Advisory Review Panel on OTC Antimicrobial (II) Drug Products (the Panel) recommended the above labeling in its report on OTC topical antifungal drug products (47 FR 12480 at 12511, March 23, 1982). The Panel mentioned that there are several less common skin conditions that may affect the feet and the groin, cause symptoms that mimic athlete's foot and jock itch, and may be misdiagnosed as athlete's foot or jock itch. The Panel discussed common examples of such conditions: Candidiasis (a yeast infection), allergic contact dermatitis, bacterial infection of the feet (e.g., erythrasma), psoriasis, and hyperhidrosis (excessive perspiring) that may be associated with maceration of the skin and an inflammatory eruption known as dyshidrotic eczema (47 FR 12480 at 12487). While the Panel discussed these conditions, it did not address appropriate treatment or consequences of misdiagnosis of any of these conditions.

III. The Agency's Tentative Conclusions and Proposal

The agency recognizes that topical antifungal drug products will not cure or treat all conditions commonly thought by consumers to be athlete's foot or jock itch. Also, some of these conditions may have other etiologies. In addition to the conditions discussed by the Panel, consumers may erroneously consider a number of other conditions to be athlete's foot or jock itch. These include: Atopic dermatitis, irritant dermatitis, inverse pityriasis, scabies, and pediculosis pubis. All of these misdiagnosed conditions cannot be treated or cured by a topical antifungal drug product.

Because consumers self select OTC topical antifungal drug products and do not diagnose, the agency believes that the labeling should be revised to more accurately inform them what they can expect from using these products. Therefore, the agency is proposing that the word ''most'' be inserted in the allowed indications statements between the introductory phrase and the name of the condition(s) for which the product is to be used. This approach is consistent with the current labeling approved for OTC vaginal antifungal drug products under new drug applications (Ref. 1). That labeling states that the product ''cures most vaginal yeast infections.''

Accordingly, the agency is proposing to revise the indications in § 333.250(b)(1)(i) and (b)(2)(i) to add the word ''most'' after the introductory parenthetical ''Select one of the

following'' choices and to add the word ''most'' in § 333.250(b)(2)(ii) after the word ''up.'' The agency points out that this concept of ''treats most'' or ''cures most'' also needs to be used whenever a manufacturer uses the alternative labeling approaches allowed by 21 CFR 330.1(c)(2)(ii) or (c)(2)(iii) or whenever a general statement containing this information appears in the labeling of the product (e.g., on the principal display panel).

IV. Proposed Effective Date

The agency is proposing that any final rule that may issue based on this proposal become effective 12 months after its date of publication in the **Federal Register**. The agency considers this new labeling an improvement to the current labeling, but recognizes that OTC topical antifungal drug products have used the current monograph labeling for almost 6 years. Therefore, to reduce relabeling costs for manufacturers of these products, the agency will consider an 18-month effective date for any final rule that may issue based on this proposal. This longer effective date would enable manufacturers to use up existing labeling and implement the new labeling in the normal course of reordering labeling for these products. The agency invites specific comment on this extended effective date.

V. Analysis of Impacts

FDA has examined the impacts of this proposed rule under Executive Order 12866 and the Regulatory Flexibility Act (5 U.S.C. 601–612). Executive Order 12866 directs agencies to assess all costs and benefits of available regulatory alternatives and, when regulation is necessary, to select regulatory approaches that maximize net benefits (including potential economic, environmental, public health and safety, and other advantages; distributive impacts; and equity). Under the Regulatory Flexibility Act, if a rule has a significant economic impact on a substantial number of small entities, an agency must analyze regulatory options that would minimize any significant impact of the rule on small entities.

Title II of the Unfunded Mandates Reform Act (2 U.S.C. 1501 *et seq.*) requires that agencies prepare a written statement and economic analysis before proposing any rule that may result in an expenditure in any one year by State, local, and tribal governments, in the aggregate, or by the private sector, of $100 million (adjusted annually for inflation).

The agency believes that this proposed rule is consistent with the principles set out in the Executive Order and in these two statutes. The purpose of this proposed rule is to make a minor revision in the indications for OTC topical antifungal drug products. This revision should improve consumers' self use of these drug products by better informing them about what they can expect from using the products.

Manufacturers of these products will incur minor costs to relabel their products to revise the indications statement and, in some cases, other statements that appear in product labeling. The agency has been informed that relabeling costs of the type required by this proposed rule generally average about $2,000 to $3,000 per stock keeping unit (SKU) (individual products, packages, and sizes). The agency is aware of approximately 50 manufacturers that together produce about 200 SKU's of OTC topical antifungal drug products marketed under the monograph. There may be a few additional small manufacturers or products in the marketplace that are not identified in the sources FDA reviewed. Assuming that there are about 200 affected OTC SKU's in the marketplace, total one-time costs of relabeling would be $400,000 to $600,000. The agency believes the actual cost could be lower for several reasons. Most of the label changes will be made by private label manufacturers that tend to use simpler and less expensive labeling. In addition, the agency is considering and inviting public comment on an 18-month effective date for the final rule, rather than the standard 12-month effective date. This extended effective date may allow the new labeling to be implemented concurrently with the general labeling changes required by the new OTC drug labeling format (64 FR 13254, March 17, 1999). The agency believes that these actions provide substantial flexibility and reductions in cost for small entities.

The agency considered but rejected several labeling alternatives: (1) A shorter implementation period, and (2) an exemption from coverage for small entities. While the agency would like to have this new labeling in place as soon as possible, it considers a period less than 1 year difficult for manufacturers to implement and not critical in this situation. The agency does not consider an exemption for small entities appropriate because consumers who use those manufacturers' products would not have the most recent information about these products.

This analysis shows that this proposed rule is not economically significant under Executive Order 12866 and that the agency has undertaken important steps to reduce the burden to small entities. Nevertheless, some entities may incur some impacts, especially private label manufacturers that provide labeling for a number of the affected products. Thus, this economic analysis, together with other relevant sections of this document, serves as the agency's initial regulatory flexibility analysis, as required under the Regulatory Flexibility Act. Finally, this analysis shows that the Unfunded Mandates Reform Act does not apply to the proposed rule because it would not result in an expenditure in any one year by State, local, and tribal governments, in the aggregate, or by the private sector, of $100 million.

VI. Paperwork Reduction Act of 1995

FDA tentatively concludes that the labeling requirements proposed in this document are not subject to review by the Office of Management and Budget because they do not constitute a ''collection of information'' under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501 *et seq.*). Rather, the proposed indications statements are a ''public disclosure of information originally supplied by the Federal Government to the recipient for the purpose of disclosure to the public'' (5 CFR 1320.3(c)(2)).

VII. Environmental Impact

The agency has determined under 21 CFR 25.30(h) that this action is of a type that is categorically excluded from the preparation of an environmental assessment because these actions, as a class, will not result in the production or distribution of any substance and therefore will not result in the production of any substance into the environment.

VIII. Request for Comments

Interested persons may, on or before October 20, 1999, submit to the Dockets Management Branch (address above) written comments on the proposed regulation. Written comments on the agency's economic impact determination may be submitted on or before October 20, 1999. Three copies of all comments are to be submitted, except that individuals may submit one copy. Comments are to be identified with the docket number found in brackets in the heading of this document and may be accompanied by a supporting memorandum or brief. Received comments may be seen in the office above between 9 a.m. and 4 p.m., Monday through Friday.

IX. Reference

The following reference has been placed on display in the Dockets Management Branch (address above) and may be seen by interested persons between 9 a.m. and 4 p.m., Monday through Friday.

1. Approved labeling from new drug applications for OTC vaginal antifungal drug products.

List of Subjects in 21 CFR Part 333

Labeling, Over-the-counter drugs.

Therefore, under the Federal Food, Drug, and Cosmetic Act and under authority delegated to the Commissioner of Food and Drugs, it is proposed that 21 CFR part 333 be amended as follows:

PART 333—TOPICAL ANTIMICROBIAL DRUG PRODUCTS FOR OVER–THE–COUNTER HUMAN USE

1. The authority citation for 21 CFR part 333 continues to read as follows:

Authority: 21 U.S.C. 321, 351, 352, 353, 355, 360, 371.

2. Section 333.250 is amended by revising paragraphs (b)(1)(i), (b)(2)(i), and (b)(2)(ii) to read as follows:

§ 333.250 Labeling of antifungal drug products.

* * * * *

(b) * * *

(1) * * * (i) (Select one of the following: ''Treats,'' ''For the treatment of,'' ''For effective treatment of,'' ''Cures,'' ''For the cure of,'' ''Clears up,'' or ''Proven clinically effective in the treatment of'') ''most'' (select one condition from any one or more of the following groups of conditions:

* * * * *

(2) * * * (i) (Select one of the following: ''Clinically proven to prevent,'' ''Prevents,'' ''Proven effective in the prevention of,'' ''Helps prevent,'' ''For the prevention of,'' ''For the prophylaxis (prevention) of,'' ''Guards against,'' or ''Prevents the recurrence of'') ''most'' (select one of the following: ''Athlete's foot,'' ''athlete's foot (dermatophytosis),'' ''athlete's foot (tinea pedis),'' or ''tinea pedis (athlete's foot)'') ''with daily use.''

(ii) In addition to the information identified in paragraph (b)(2)(i) of this section, the labeling of the product may contain the following statement: ''Clears up most athlete's foot infection and with daily use helps keep it from coming back.''

* * * * *

Dated: July 14, 1999.

Margaret M. Dotzel,

Acting Associate Commissioner for Policy.

[FR Doc. 99–18699 Filed 7–21–99; 8:45 am]

BILLING CODE 4160–01–F

DEPARTMENT OF TRANSPORTATION

Coast Guard

33 CFR Part 165

[CGD01–99–060]

RIN 2115–AA97

Safety Zone: Perth Amboy Fireworks, Raritan River, NJ

AGENCY: Coast Guard, DOT.

ACTION: Withdrawal of notice of proposed rulemaking.

SUMMARY: The Coast Guard is withdrawing its notice of proposed rulemaking to establish a temporary safety zone in the Raritan River for the Perth Amboy, NJ fireworks display. The event has been cancelled by the sponsor. Therefore, the rule is no longer needed and the Coast Guard is terminating further rulemaking under docket number 99–060.

DATES: The notice of proposed rulemaking is withdrawn effective July 22, 1999.

FOR FURTHER INFORMATION CONTACT: Lieutenant J. Lopez, Waterways Oversight Branch, Coast Guard Activities New York (718) 354–4193.

SUPPLEMENTARY INFORMATION: On June 7, 1999, the Coast Guard published a notice of proposed rulemaking entitled ''Safety Zone: Perth Amboy Fireworks, Raritan River, NJ'' in the **Federal Register** (64 FR 30274). The Perth Amboy Chamber of Commerce has cancelled the event, therefore the rulemaking for this event is no longer necessary. The Coast Guard is withdrawing the NPRM and terminating further rulemaking under docket number 99–060.

Dated: July 14, 1999.

R.E. Bennis,

Captain, U.S. Coast Guard, Captain of the Port, New York.

[FR Doc. 99–18703 Filed 7–21–99; 8:45 am]

BILLING CODE 4910–15–M

DEPARTMENT OF TRANSPORTATION

Coast Guard

33 CFR Part 117

[CGD08–99–031]

RIN 2115–AE47

Drawbridge Operating Regulations; Mississippi River, Iowa and Illinois

AGENCY: Coast Guard, DOT.

ACTION: Notice of proposed rulemaking.

SUMMARY: The Coast Guard proposes a temporary change to the regulation governing the Rock Island Railroad and Highway Drawbridge, Mile 482.9, Upper Mississippi River. Under the proposed rule the drawbridge need not open for vessel traffic and may remain in the closed-to-navigation position from 7:30 a.m. to 11:30 a.m. on September 26, 1999. This temporary rule would allow the scheduled running of the Quad City Marathon as part of a local community event.

DATES: Comments must be received on or before August 23, 1999.

ADDRESSES: Comments can be mailed to Commander, Eighth Coast Guard District (obr), 1222 Spruce Street, St. Louis, Missouri 63103–2832, between 7 a.m. and 4 p.m., Monday through Friday except Federal holidays. Comments will become part of the public docket and will be available for copying and inspection in room 2.107f at the same address.

FOR FURTHER INFORMATION CONTACT: Roger K. Wiebusch, Bridge Administrator; Eighth Coast Guard District, Bridge Branch, 1222 Spruce Street, St. Louis, Missouri 63103–2832, telephone 314–539–3900 extension 378.

SUPPLEMENTARY INFORMATION:

Request for Comments

The Coast Guard encourages interested parties to participate in this rulemaking by submitting written data, views, or arguments. Persons submitting comments should include their names and addresses, identify this rulemaking (CGD 08–99–031) and the specific section of this document to which each comment applies, and give the reason for each comment. Please submit two copies of all comments and attachments in an unbound format, no larger than 8½ by 11 inches, suitable for copying and electronic filing. Persons wanting acknowledgement of receipt of comments should enclose stamped, self-addressed postcards or envelopes.

The Coast Guard will consider all comments received during the comment period. It may change this proposal in view of the comments. The Coast Guard plans no public hearing. Persons may request a public hearing in writing to the address under **ADDRESSES**. The request should include the reasons why a hearing would be beneficial. If the Coast Guard determines that the opportunity for oral presentations will aid this rulemaking, it will hold a public hearing at a time and place announced by a notice in the **Federal Register**.

Background and Purpose

On May 8, 1999, the Department of Army Rock Island Arsenal requested a temporary change to the operation of the Rock Island Railroad and Highway Drawbridge across the Upper Mississippi River, Mile 482.9 at Davenport, Iowa. The Rock Island Arsenal requested that the drawbridge be permitted to remain closed to navigation from 7:30 a.m. to 11:30 a.m. on September 26, 1999. During this time participants in the Quad City Marathon will cross the bridge.

The Rock Island Railroad Drawbridge navigation span has a vertical clearance of 23.8 feet above normal pool in the closed-to-navigation position. Navigation on the waterway consists primarily of commercial tows and recreational watercraft. Presently, the draw opens on signal for passage of river traffic.

A short comment period of thirty days is being provided for interested parties to express their views. The comment period will allow affected individuals in the local areas to participate in the rulemaking and will allow the Coast Guard to publish a final rule prior to the event. If comments are received, the Coast Guard may change this proposed rule.

Regulatory Evaluation

This temporary rule is not a significant regulatory action under section 3(f) of Executive Order 12866 and does not require an assessment of potential costs and benefits under section 6(a)(3) of that order. The Office of Management and Budget has not reviewed it under that order. It is not significant under the regulatory policies and procedures of the Department of Transportation (DOT) (44 FR 11040; February 26, 1979).

The Coast Guard expects the economic impact of this temporary rule to be so minimal that a full Regulatory Evaluation under paragraph 10(e) of the regulatory policies and procedures of DOT is unnecessary. This is because river traffic is not likely to be delayed more than four hours.

Small Entities

Under the Regulatory Flexibility Act (5 U.S.C. Sec. 601 *et seq.*), the Coast Guard must consider whether this temporary rule will have a significant economic impact on a substantial number of small entities. ''Small entities'' may include small businesses and not-for-profit organizations that are independently owned and operated and are not dominant in their fields and governmental jurisdictions with populations of less than 50,000.

Because it expects the impact of this action to be minimal, the Coast Guard certifies under 5 U.S.C. Sec. 605(b), that this action will not have a significant economic impact on a substantial number of small entities.

Collection of Information

This temporary rule does not provide for a collection-of-information requirement under the Paperwork Reduction Act (44 U.S.C. 3501 *et seq.*).

Federalism

The Coast Guard has analyzed this temporary rule under the principles and criteria contained in Executive Order 12612, and has determined that this temporary rule does not raise sufficient implications of federalism to warrant the preparation of a Federalism Assessment. The authority to regulate the permits of bridges over the navigable waters of the U.S. belongs to the Coast Guard by Federal statutes.

Environmental

The Coast Guard considered the environmental impact of this temporary rule and concluded that under Figure 2–1, paragraph 32(e) of Commandant Instruction M16475.1C, this temporary rule is categorically excluded from further environmental documentation. A Categorical Exclusion Determination is available in the docket for inspection or copying where indicated under **ADDRESSES**.

List of Subject in 33 CFR Part 117

Bridges.

For the reasons set out in the preamble, the Coast Guard proposes to amend Part 117 of Title 33, Code of Federal Regulations, as follows:

PART 117—DRAWBRIDGE OPERATION REGULATIONS

1. The authority citation for Part 117 continues to read as follows:

Authority: 33 U.S.C. Sec. 499; 49 CFR 1.46; 33 CFR 1.05–1(g); section 117.255 also issued under the authority of Pub. L. 102–587, 106 Stat. 5039.

2. Effective 7:30 a.m. to 11:30 a.m. on September 26, 1999, § 117.T388 is added to read as follows:

§ 117.T388 Upper Mississippi River.

The Rock Island Railroad and Highway Drawbridge, at mile 482.9, Upper Mississippi River, opens on signal, except that from 7:30 a.m. to 11:30 a.m. on September 26, 1999, the drawspan need not open for vessel traffic and may be maintained in the closed-to-navigation position.

Dated: July 2, 1999.

Paul J. Pluta,

Rear Admiral, U.S. Coast Guard Commander, Eighth Coast Guard District.

[FR Doc. 99–18748 Filed 7–21–99; 8:45 am]

BILLING CODE 4910–15–M

DEPARTMENT OF TRANSPORTATION

Coast Guard

46 CFR Parts 10, 15, 90, 98, 125–134, 170, 174, and 175

[USCG–1999–5951]

Offshore Supply Vessels

AGENCY: Coast Guard, DOT.

ACTION: Notice of meeting; request for comments.

SUMMARY: The Coast Guard announces a public meeting to discuss potential revisions to its Offshore Supply Vessel (OSV) regulations. The meeting will focus on the possible establishment of International Tonnage Convention (ITC) tonnage values for OSVs; additional standards for larger OSV including licensing and manning; and standards for crewboats as a new category of OSVs. The Coast Guard encourages interested persons to participate by providing oral or written comments.

DATES: The meeting will be held on August 26, 1999 from 9 a.m. to 1 p.m. The meeting may close early if all business is finished. Written comments and related material must reach the Docket Management Facility on or before September 21, 1999.

ADDRESSES: The meeting will be held in 12th Floor Conference Room, Room 1242, Eight Coast Guard District Office, Hale Boggs Federal Building, 501 Magazine Street, New Orleans, LA 70130–3396.

You may submit your written comments and related material by one of the following methods:

(1) By mail to the Docket Management Facility, (USCG–1999–4974), U.S. Department of Transportation, Room PL–401, 400 Seventh Street SW., Washington, DC 20590–0001.

(2) By hand to Room PL–401 on the Plaza level of the Nassif Building, 400 Seventh Street SW., Washington, DC, between 9 a.m. and 5 p.m., Monday through Friday, except Federal holidays. The telephone number is 202–366–9329.

(3) By fax to the Docket Management Facility at 202–493–2251.

(4) Electronically through the Web Site for the Docket Management System at http://dms.dot.gov.

The Docket Management Facility maintains the public docket for this notice. Comments and documents, as indicated in this notice, will become part of this docket and will be available for inspection or copying at Room PL–401 on the Plaza Level of the Nassif Building at the same address between 9 a.m. and 5 p.m., Monday through Friday, except Federal holidays. You may electronically access the public docket for this notice on the Internet at http://dms.dot.gov.

FOR FURTHER INFORMATION CONTACT: For information concerning this notice or public meeting, contact Mr. Jim Magill, Project Manager, Office of Operating and Environmental Standards, U.S. Coast Guard Headquarters, telephone 202–267–1082 or LT Charles Srioudom, Office of Operating and Environmental Standards, U.S. Coast Guard Headquarters, telephone 202–267–2498. For questions on viewing, or submitting material to the docket, contact Dorothy Walker, Chief, Documentary Services Division, U.S. Department of Transportation, telephone 202–366–9329.

SUPPLEMENTARY INFORMATION:

Request for Comments

The Coast Guard encourages you to participate by submitting comments and related material, and by attending the public meeting. If you submit written comments, please include your name and address, identify the docket number for this notice (USCG–1999–XXXX), indicate the specific section of the **Federal Register** notice announcing this meeting to which each comment applies, and give the reason for each comment. You may submit your written comments and material by mail, hand, fax, or electronic means to the Docket Management Facility at the address under **ADDRESSES**; but please do not submit the same comment or material by more than one means. If you submit them by mail or hand, submit them in an unbound format, no larger than 8½ by 11 inches, suitable for copying and electronic filing. If you submit them by mail and would like to know they were received, please enclose a stamped, self-addressed postcard or envelope. We will consider all comments and material received during the comment period.

Information on Service for Individuals with Disabilities

For information on facilities or services for individuals with disabilities or to request special assistance at the public meeting, contact LT Charles Srioudom at the address or phone number under **FOR FURTHER INFORMATION CONTACT** as soon as possible.

Background and Purpose

The Coast Guard published a final rule entitled ''Offshore Supply Vessels'' on September 19, 1997 (62 FR 49308). Since the publication of this rule, industry identified a need to determine a tonnage breakpoint, appropriate additional standards for larger OSV including licensing and manning, and to bring crew boats under the regulations as OSV. The purpose of this notice is to receive public comments pertaining to OSVs of 500 gross tons (U.S. Regulatory Tonnage) but less than 6,000 gross tons (ITC).

Areas of Concern

The Coast Guard invites comments pertaining to OSV regulations from interested persons. To help facilitate a productive public meeting, we offer the following subjects for consideration; interested persons may address meeting attendants with additional comments:

(1) What ITC tonnage value should be considered as equivalent to the present 500 gross tons (U.S. Regulatory Tonnage) value as the breakpoint between large and small OSVs? Does the figure of 3,000 gross tons (ITC) make good logic as it ties in with the STCW threshold value?

(2) Is there a need to establish regulations for conventional OSVs to carry more than 36 offshore workers, given the fact that the revised regulations will bring crew boats carrying up to 150 offshore workers under subchapter L? The new revision could also establish regulations for liftboats allowing more than 36 offshore workers onboard while jacked up.

(3) Would the establishment of dual certification to meet OSV and crewboat regulations make sense? This could, for example, allow dual certificated OSVs to carry unlimited fuel, maximum 36 offshore workers on one leg of a voyage, and carry more than 36 offshore workers under the crewboat regulations on the return leg of the voyage.

(4) Should OSVs of 500 gross tons (U.S. Regulatory Tonnage) but less than 6,000 gross tons (ITC) meet the requirements of 46 CFR Subchapter L and additional requirements from Subchapter I (Industrial Vessels) that are applicable to OSVs carrying less than 36 offshore workers?

(5) If OSVs of 500 gross tons (U.S. Regulatory Tonnage) but less than 6,000 gross tons (ITC) abide by both Subchapter L and Subchapter I requirements, what structural fire protection, fire detection, and lifesaving equipment should be required to maintain vessel safety?

(6) If OSVs of 500 gross tons (U.S. Regulatory Tonnage) but less than 6,000 gross tons (ITC) abide by both Subchapter L and Subchapter I requirements, what accommodations should be provided for offshore workers assigned to the vessel for more than 24 hours? and

(7) Discussion is invited as to whether we should retain the current regulatory licensing structure for Masters and Mates up to 3,000 gross tons (ITC) and add a new licensing structure for over 3,000 gross tons (ITC) OSVs, requiring more training and experience?

Dated: July 15, 1999.

Howard L. Hime,

Acting Director of Standards, Marine Safety and Environmental Protection.

[FR Doc. 99–18701 Filed 7–21–99; 8:45 am]

BILLING CODE 4910–15–P

DEPARTMENT OF DEFENSE

48 CFR Parts 245 and 252

[DFARS Case 99–D019]

Defense Federal Acquisition Regulation Supplement; General Property, Plant, and Equipment

AGENCY: Department of Defense (DoD).

ACTION: Advance notice of proposed rulemaking.

SUMMARY: The Director of Defense Procurement is soliciting comments from Government and industry personnel on contemplated revisions to the Defense Federal Acquisition Regulation Supplement (DFARS) to obtain data that will enable DoD to comply with the financial reporting requirements of the Chief Financial Officer's Act. The DFARS revisions would require contractors to furnish information on other real property, industrial plant equipment, other plant equipment, and software acquired or produced for performance of a cost-reimbursement or time-and-material contract. The reporting requirement is limited to reportable items or systems having an acquisition cost of $100,000 or more.

DATES: Interested parties should submit written comments to the address shown below no later than September 7, 1999. Electronically submitted comments are preferred.

ADDRESSES: Interested parties should submit written comments to: Deputy Director, Major Policy Initiatives, Room 3E144, the Pentagon, Washington, DC 20301–3060, ATTN: Ms. Angelena Moy,

OUSD (A&T)/DDP. Submit electronic comments to moyac@acq.osd.mil. Please cite DFARS Case 99–D019 on all related correspondence.

FOR FURTHER INFORMATION CONTACT: Ms. Angelena Moy, (703), 695–1097/1098 or moyac@acq.osd.mil.

SUPPLEMENTARY INFORMATION:

A. Background

DoD must improve the reliability of agency-level financial reports to comply with the requirements of the Chief Financial Officer's Act (Pub. L. 101–576). The proposed DFARS revisions will enable DoD to more accurately determine the current value of Government property that was originally acquired or produced by a contractor under a cost-reimbursement or time-and-materials contract.

B. DD Form 1662–S, General Property, Plant, and Equipment in the Possession of Contractors

The proposed DFARS revisions contain a new clause that specifies requirements for contractors to furnish information using the following form. DoD will seek Office of Management and Budget approval for use of the new form in accordance with the Paperwork Reduction Act (44 U.S.C. 3501, et seq.).

BILLING CODE 5000–04–M

General Property, Plant, and Equipment in the Possession of Contractors

(See instructions on reverse before completing this form.)

Page __ of__

1. Contractor:	3. Report - Initial ____, Follow on _____, Final ____
2. Contract No:	4. Payment Office:

5. Reporting Period: October 1, _____ through September 30, _____ or Other Date (if Final Report) _____

(a) General Property, Plant, and Equipment Reporting Categories	(b) Fiscal Year Acquired/ Produced/ Disposed	Cost in Dollars (c) Beginning Balance by Column (c) Fiscal Year	(d) Acquired/ Produced	(e) Disposed/ Transferred	(f) Ending Balance by Column (c) Fiscal Year
6. Other Real Property					
6.a. Buildings					
6.b. Improvements to Buildings					
6.c. All Other Real Property					
6.d. Improvements to All Other Real Property					
7. Other Plant Equipment (OPE)					
8. Industrial Plant Equipment (IPE)					
9. Software					

DD Form 1662-S, (DATE)

Authorized for local reproduction

Instructions for The DD Form 1662-S
General Property, Plant, and Equipment in the Possession of Contractors

APPLICABILITY

This Supplement is required only for property acquired or produced by, or property improvements made by, the Contractor or a subcontractor to which the Government has title under a cost-reimbursement or time-and-materials contract. Do not report the costs of equipment or software (items 7, 8, and 9) that were delivered to the Government, or delivered to the Government and subsequently furnished to you, during the reporting period as Government-furnished property for the performance of a contract.

SPECIAL REQUIREMENTS FOR THE 10/01/1999 THROUGH 09/30/2000 REPORTING PERIOD AND INITIAL REPORTS.

Do not complete columns (c), (d), and (e).

SPECIAL REQUIREMENTS FOR FINAL REPORTS.

Do not report an ending balance (column (f)).

GENERAL REQUIREMENTS.

Submit a separate supplemental report for each cost-reimbursement or time-and-materials contract under which the Government obtains title to property that is in the possession of the contractor or its subcontractors. Reports are required for contracts that are not complete as of the end of the reporting period and contracts completed or terminated in their entirety prior to the end of the reporting period.

Report only property or property improvements that have an acquisition cost of $100,000 or more.

Use another copy of the form if additional space is needed for one or more reporting categories. Number each form consecutively on the top right corner of each copy (e.g., 1 of 3, 2 of 3 and 3 of 3).

Submit reports to the paying office identified in block 4 of the form within 30 days following the end of reporting period, contract completion, or contract termination.

INSTRUCTIONS

Item 1. Enter the Contractor's name.
Item 2. Enter the applicable contract, delivery order, or task order number.
Item 3. Indicate with an 'X' whether this is report is the initial, a follow on, or the final report for this contract or order.
Item 4. Enter the name and address of the payment office specified in the contract.
Item 5. Enter the reporting year or final report date (see the GENERAL INSTRUCTIONS).

Item 6. Other Real Property (ORP).
6.a. The term "buildings" includes warehouses, storage facilities, hangars, and other structures. Report each building acquired or produced for the performance of this contract that had an acquisition cost of $100,000 or more.
6.b. Report each improvement to buildings, including Government-furnished buildings, regardless of the building's acquisition cost or present value if the cost of the improvement was $100,000 or more except improvements made more than 20 years prior to commencement of the reporting period.
6.c. Report all ORP not reported in block 6.a. that had an acquisition cost of $100,000 or more except ORP that was acquired or produced more than 20 years prior to commencement of the reporting period.
6.d. Report improvements made to ORP, including Government-furnished ORP, regardless of the building's acquisition cost or present value if the cost of the improvement was $100,000 or more except improvements made more than 10 years prior to commencement of the reporting period.

Item 7. Other Plant Equipment (OPE). Report all OPE that has an acquisition cost of $100,000 or more per item. Do not report the individual components of a system as separate items if the contractor customarily, collectively reports the items as a system. Report the system's acquisition cost only if the aggregate acquisition costs of the system's components is $100,000 or more. Do not report any equipment items or systems that were acquired or produced more than 5 years prior to commencement of the reporting period.

Item 8 Industrial Plant Equipment (IPE). Report all Industrial Plant Equipment (IPE) that has an acquisition cost of $100,000 or more per item except IPE items that are customarily used as a system (Do not report the individual components of a system as separate item if the contractor customarily collectively reports the item as a system.) Report the system's acquisition cost only if the aggregate acquisition costs of the system's components is $100,000 or more. Do not report any equipment or systems that were acquired or produced more than 10 years prior to commencement of the reporting period.

Item 9 Software. Report only software acquired or produced for the Government if the software developer has transferred ownership (not a license) to the Government. Do not report Government-owned software that was acquired or produced to operate special tooling or special test equipment and is useable for that purpose only. Do not report otherwise reportable software if the software was acquired or produced more than 5 years prior to commencement of the reporting period.

Column (a). The types of property to be reported.

Column (b). Identify the fiscal years (e.g., 1996, 1998) in which the property identified in column (c) was acquired or produced.

Column (c). Report the beginning balances, by the year in which the property was acquired or produced (Column (b)), for each property category (*Items 6 - 9*). The amounts reported must be the same amounts reported in Column (e), Ending Balance, of the previous year's report. Do not report any amounts in column (c) if this is the first report for this contract.

Column (d). For each property category, enter the acquisition cost of improvements made or property acquired or produced during the current reporting period.

Column (e). For each property category, enter the acquisition cost of property disposed of during the current reporting period (including transfers to other contracts with the reporting agency or other agencies) by the fiscal year in which the property was acquired or produced.

Column (f). For each property category, report the ending balances for the current reporting period (column (c) plus column (d) minus column (e)).

BILLING CODE 5000–04–C

List of Subjects in 48 CFR Parts 245 and 252

Government procurement.

Michele P. Peterson,

Executive Editor, Defense Acquisition Regulations Council.

Therefore, DoD proposes to amend 48 CFR Parts 245 and 252 as follows:

1. The authority citation for 48 CFR Parts 245 and 252 continues to read as follows:

Authority: 41 U.S.C. 421 and 48 CFR Chapter 1.

PART 245—GOVERNMENT PROPERTY

2. Amend section 245.505–14 by adding paragraph (b) to read as follows:

245.505–14 Reports of Government property.

* * * * *

(b) Use the clause at 252.245–XXX, Supplemental Property Report-Cost-Reimbursement and Time-and-Materials Contracts, in cost-reimbursement and time-and-materials contracts that include the clause at 252.245–7001, Reports of Government Property.

PART 252—SOLICITATION PROVISIONS AND CONTRACT CLAUSES

3. Add section 252.245–XXX to read as follows:

252.245–7XXX Supplemental Property Report-Cost-Reimbursement and Time-and-Material Contracts.

As prescribed in 245.505–14(b), use the following clause:

Supplemental Property Report-Cost-Reimbursement and Time-and-Materials Contracts (XXX 1999)

(a) *Definition.* As used in this clause—

Agency-peculiar property means military property and includes end items and integral components of military weapons systems, along with the related peculiar support equipment that is not readily available as a commercial item.

Commercial computer software means software developed or regularly used for nongovernmental purposes that—

(1) Has been sold, leased, or licensed to the public;

(2) Has been offered for sale, lease, or license to the public;

(3) Has not been offered, sold, leased, or licensed to the public but will be available for commercial sale, lease, or license in time to satisfy the delivery requirements of this contract; or

(4) Satisfies a criterion expressed in paragraph (1), (2), or (3) of this definition and would require only minor modification to meet the requirements of this contract.

General property, plant, and equipment means land, other real property, industrial plant equipment, other plant equipment, and software. The term does not include special tooling, special test equipment, agency-peculiar property, or material.

Industrial plant equipment (IPE) means plant equipment in Federal stock group 34 with an acquisition cost of $15,000 or more used for cutting, abrading, grinding, shaping, forming, joining, heating, treating, or otherwise altering the physical properties of materials, components, or end items entailed in manufacturing, maintenance, supply, processing, assembly, or research and development operations. IPE is further identified in AR 700–43/NAVSUP PUB 5009/AFM 78–9/DLAM 4215.1, Management of Defense-Owned Industrial Plant Equipment.

Other plant equipment (OPE) means plant equipment regardless of dollar value, used in or in conjunction with the manufacture of components or end items relative to maintenance, supply, processing, assembly, or research and development operations. OPE excludes equipment categorized as IPE.

Software means computer software, including commercial computer software.

(b) *Supplemental information-general property, plant, and equipment (GPP&E).* The Contractor shall furnish the information required by DD Form 1662-S, General Property, Plant, and Equipment in the Possession of Contractors, for each GPP&E item or system to which the Government has title under a cost-reimbursement or time-and-materials contract that—

(1) Was acquired or produced by the Contractor for performance of this contract;

(2) Has an estimated useful life of 2 or more years;

(3) Has an acquisition cost of $100,000 or more that was allocated to this contract as a direct cost; and

(4) Is in the Contractor's or a subcontractor's possession as of September 30 of the current year or, for contracts completed or terminated prior to or during the current fiscal year, on the date the contract was completed or terminated.

(c) *Source data.* The Contractor shall extract acquisition cost information from the Contractor's financial or cost accounting systems.

(d) *Reporting and submission requirements.* The Contractor shall—

(1) Prepare a separate DD Form 1662–S for each contract under which GPP&E items or systems are accountable;

(2) Submit the DD Form 1662–S to the cognizant Government property administrator within 30 days following completion of the reporting year; and

(3) For contracts completed or terminated in their entirety prior to September 30 of the reporting year, complete a DD Form 1662–S to report property in the Contractor's or a subcontractor,s possession as of the date of contract completion or termination. The Contractor shall submit the form to the cognizant Government property administrator within 30 days following contract completion or termination.

(End of clause)

[FR Doc. 99–18589 Filed 7–21–99; 8:45 am]

BILLING CODE 5000–04–M

DEPARTMENT OF THE INTERIOR

Fish and Wildlife Service

50 CFR Part 20

RIN 1018–AF24

Migratory Bird Hunting; Proposed Frameworks for Early-Season Migratory Bird Hunting Regulations and Regulatory Alternatives for the 1999–2000 Duck Hunting Season; Notice of Meeting

AGENCY: Fish and Wildlife Service, Interior.

ACTION: Proposed rule; Supplemental.

SUMMARY: The U.S. Fish and Wildlife Service (hereinafter Service or we) is proposing to establish the 1999–2000 early-season hunting regulations for certain migratory game birds. We annually prescribe frameworks, or outer limits, for dates and times when hunting may occur and the maximum number of birds that may be taken and possessed in early seasons. Early seasons generally open prior to October 1, and include seasons in Alaska, Hawaii, Puerto Rico, and the Virgin Islands. These frameworks are necessary to allow State selections of final seasons and limits and to allow recreational harvest at levels compatible with population status and habitat conditions. This supplement to the proposed rule also provides the regulatory alternatives for the 1999–2000 duck hunting season.

DATES: To comment on the proposed early-season frameworks, you must do so by August 2, 1999.

ADDRESSES: Send your comments on these proposals to the Chief, Office of Migratory Bird Management (MBMO), U.S. Fish and Wildlife Service, room 634-Arlington Square, Washington, DC 20240. All comments received, including names and addresses, will become part of the public record. You may inspect comments during normal business hours in room 634, Arlington Square Building, 4401 N. Fairfax Drive, Arlington, Virginia.

FOR FURTHER INFORMATION CONTACT: Jonathan Andrew, Chief, or Ron W. Kokel, Office of Migratory Bird Management, U.S. Fish and Wildlife Service, (703) 358–1714.

SUPPLEMENTARY INFORMATION:

Regulations Schedule for 1999

On May 3, 1999, we published in the **Federal Register** (64 FR 23742) a proposal to amend 50 CFR part 20. The proposal dealt with the establishment of seasons, limits, and other regulations for migratory game birds under § 20.101

through 20.107, 20.109, and 20.110 of subpart K. On June 17, we published in the **Federal Register** (64 FR 32758) a second document providing supplemental proposals for early-and late-season migratory bird hunting regulations frameworks and the proposed regulatory alternatives for the 1999–2000 duck hunting season. The June 17 supplement also provided detailed information on the 1999–2000 regulatory schedule and announced the Service Migratory Bird Regulations Committee and Flyway Council meetings.

This document is the third in a series of proposed, supplemental, and final rulemaking documents for migratory bird hunting regulations and deals specifically with proposed frameworks for early-season regulations and the final regulatory alternatives for the 1999–2000 duck hunting season. It will lead to final frameworks from which States may select season dates, shooting hours, and daily bag and possession limits for the 1999–2000 season. We have considered all pertinent comments received through July 2, 1999, in developing this document. In addition, new proposals for certain early-season regulations are provided for public comment. Comment periods are specified above under **DATES**. We will publish final regulatory frameworks for early seasons in the **Federal Register** on or about August 20, 1999.

Service Migratory Bird Regulations Committee Meetings

The June 22–23 meetings reviewed information on the current status of migratory shore and upland game birds and developed 1999–2000 migratory game bird regulations recommendations for these species plus regulations for migratory game birds in Alaska, Puerto Rico, and the Virgin Islands; special September waterfowl seasons in designated States; special sea duck seasons in the Atlantic Flyway; and extended falconry seasons. In addition, we reviewed and discussed preliminary information on the status of waterfowl as it relates to the development and selection of the regulatory packages for the 1999–2000 regular waterfowl seasons. The previously announced August 3–4 meetings will review information on the current status of waterfowl and develop 1999–2000 migratory game bird regulations recommendations for regular waterfowl seasons and other species and seasons not previously discussed at the early season meetings. In accordance with Departmental policy, these meetings are open to public observation and you may submit written comments to the Director on the matters discussed.

Population Status and Harvest

May Breeding Waterfowl and Habitat Survey

In the Western or Traditional survey area, breeding habitat conditions were generally good to excellent, and overall better than conditions in 1998. An early warm spring and plenty of precipitation resulted in abundant ponds and excellent nesting cover in most of the Dakotas, northern Saskatchewan, the Northwest Territories, and western Ontario. The exceptions to these good conditions were southern and central Alberta, central Saskatchewan, and western Montana, where a dry early spring limited nesting habitat; and Alaska, where spring was as much as 2 weeks late. The estimated number of May ponds in the traditional survey area (6.7 ± 0.3 million) was 46% greater ($P<0.01$) than that of 1998, and 37% greater than the 1974–98 average ($P<0.01$). Overall, the traditional survey area was in good to excellent condition this spring and good to excellent waterfowl production is expected this year.

An expanded area of Eastern habitat conditions was included this year in the East. Although these additional areas have been surveyed since 1996, information from them is included this year for the first time. Unlike the Western survey area, habitat conditions in the east were generally poorer this year than last year. Much of the eastern survey area was relatively dry, especially Maine, the Maritimes, southern Quebec, and southern Ontario. Conditions resulted in few temporary ponds and low water levels in permanent water bodies. The northern portions of the east were in good to excellent condition, but lack of brood rearing habitat is expected to also limit production from this area. Overall, the eastern survey area was in fair to good condition, with fair to good production expected this year.

The 1999 total duck population estimate for the traditional survey area was 44.4 ± 0.8 million birds, an increase ($P<0.01$) of 14% over that of 1998, and 35% higher ($P<0.01$) than the 1955–98 average. Mallard abundance was 11.3 (± 0.4) million, an increase of 17% ($P<0.01$) over last year and 53% ($P<0.01$) greater than the long term average. Blue-winged teal abundance was 7.2 (± 0.4) million, similar ($P=0.10$) to 1998, but 66% greater than the long term average ($P<0.01$). Northern pintail (3.1 ± 0.2 million, +21%), scaup (4.4 ± 0.2 million, +27%), green-winged teal (2.8 ± 0.2 million, +36%), and northern shoveler (3.9 ± 0.2 million, +22%) increased from 1998 estimates ($P<0.04$). Gadwall (3.2 ± 0.2 million, +110%), green-winged teal (+61%), northern shoveler (+95%), redheads (1.0 ± 0.1 million, +60%), and canvasbacks (0.7 ± 0.1 million, +34%) were above their respective long term averages ($P<0.03$), while pintails (−30%) and scaup (−18%) were below their long term averages ($P<0.01$). In the eastern areas of Canada and the U.S., the total number of ducks (1.3 ± 0.1 million) remained unchanged from last year and the 1995–98 average. Abundances of individual species in the east were similar ($P\geq0.11$) to those of last year, except for increased estimates of goldeneye (+197%) ($P<0.09$). Goldeneye was above it's long term average (+288%), while blue-winged teal (−95%) and scaup (−90%) were below theirs ($P<0.03$).

Sandhill Cranes

The Mid-Continent Population of Sandhill Cranes appears to have stabilized following dramatic increases in the early 1980's. The Central Platte River Valley 1999 preliminary spring index, uncorrected for visibility, was 222,500. The photo-corrected 3-year average for the 1996–98 period was 477,911, which was 3% above the established population-objective range of 343,000–465,000 cranes. All Central Flyway States, except Nebraska, elected to allow crane hunting in portions of their respective States in 1998–99. About 8,700 hunters participated in these seasons, which was 8% higher than the previous year's seasons. About 21,849 cranes were harvested in 1998–99 in the Central Flyway, a 5% increase from the previous year's high estimate. Harvests from Pacific Flyway, Canada and Mexico are estimated to be about 13,700 for 1998–99 sport-hunting seasons. The total North American sport harvest, including crippling losses, was estimated to be about 41,414 for the Mid-Continent Population.

The fall 1998 pre-migration survey estimate for the Rocky Mountain Population was 18,202, which is similar to the 1997 estimate. Limited special seasons were held during 1998 in portions of Arizona, Idaho, Montana, New Mexico, Utah, and Wyoming, resulting in an estimated harvest of 538 cranes.

Woodcock

Wing-collection and Singing-ground surveys were conducted to assess the population status of the American woodcock (Scolopax minor). The 1998 recruitment index for the Eastern Region (1.7 immatures per adult female)

equaled the long-term regional average; the recruitment index for the Central Region (1.6 immatures per adult female) was 6% below the long-term regional average. The index of daily hunting success in the Eastern Region increased from 1.8 woodcock per successful hunt in 1997 to 1.9 woodcock per successful hunt in 1998, but seasonal hunting success declined 4%, from 6.9 to 6.6 woodcock per successful hunter in 1997 and 1998, respectively. In the Central Region, the daily success index in 1998 was unchanged from the 1997 index (2.1 woodcock per successful hunt) but the seasonal success index increased from 10.0 to 11.0 (10%) woodcock per successful hunter. Singing-ground Survey data indicated that the number of displaying woodcock in the Eastern Region was unchanged ($P>0.1$) from 1998 levels. In the Central Region, there was a 13.4% decrease in the number of woodcock heard displaying ($P<0.01$) compared to 1998 levels. Trends from the Singing-ground Survey during 1989–99 were negative (-3.3 and -3.7% per year for the Eastern and Central regions, respectively; $P<0.01$). There were long-term (1968–99) declines ($P<0.01$) of 2.4% per year in the Eastern Region and 1.6% per year in the Central Region.

Doves and Band-Tailed Pigeons

Analyses of Mourning Dove Call-count Survey data indicated significant declines in doves heard over the most recent 10 years and the entire 34 years of the survey in all 3 management units. White-winged doves in Arizona are maintaining a fairly stable population since the late 1970's. A low harvest is being maintained compared with birds taken several decades ago. In Texas, the phenomenon of the white-winged dove range expansion continues. Birds are now seen in most large cities in north and central Texas. White-tipped doves in Texas are maintaining their population with a relatively low harvest level. For band-tailed pigeons, the Coastal population continues to show a significant decline as indicated by the Breeding Bird Survey (BBS) for the 10 and 32-year periods. In contrast, mineral spring counts at 10 selected sites in Oregon indicate an overall stable population in the state with an increasing trend since 1986. Call-count survey results in Washington show no significant trends in the bandtail population between 1975–98. Washington has not opted to select a hunting season for band-tail pigeons since 1991. The harvest of coastal pigeons is estimated to be less than 20,000 birds out of a population of about 3 million. The Interior band-tailed pigeon population is stable with no trend indicated by the BBS over the short or long-term time periods. Harvest is less than 1,000 birds.

Review of Public Comments

The preliminary proposed rulemaking, which appeared in the May 3 **Federal Register**, opened the public comment period for migratory game bird hunting regulations. The supplemental proposed rule, which appeared in the June 17 **Federal Register**, defined the public comment period for the proposed regulatory alternatives for the 1999–2000 duck hunting season. The public comment period for the proposed regulatory alternatives ended July 2, 1999. Early-season comments and comments pertaining to the proposed alternatives are summarized below and numbered in the order used in the May 3 **Federal Register**. Only the numbered items pertaining to early seasons issues and the proposed regulatory alternatives for which written comments were received are included.

We received recommendations from all four Flyway Councils. Some recommendations supported continuation of last year's frameworks. Due to the comprehensive nature of the annual review of the frameworks performed by the Councils, support for continuation of last year's frameworks is assumed for items for which no recommendations were received. Council recommendations for changes in the frameworks are summarized below.

We seek additional information and comments on the recommendations in this supplemental proposed rule. New proposals and modifications to previously described proposals are discussed below. Wherever possible, they are discussed under headings corresponding to the numbered items in the May 3, 1999, **Federal Register**.

1. Ducks

Categories used to discuss issues related to duck harvest management are: (A) Harvest Strategy Considerations, (B) Framework Dates, (C) Season Length, (D) Closed Seasons, (E) Bag Limits, (F) Zones and Split Seasons, and (G) Special Seasons/Species Management. The categories correspond to previous published issues/discussion and only those containing substantial recommendations are discussed below.

A. Harvest Strategy Considerations

Council Recommendations: The Atlantic Flyway Council recommended continued use of the 1998–99 duck hunting packages for the 1999–2000 season. They further recommended the Service not allow framework date extensions in any States during the 1999–2000 season.

The Upper-Regulations Committee of the Mississippi Flyway Council recommended the Service use the 1997–98 regulations packages for the 1999–2000 duck season, including frameworks dates from the Saturday nearest October 1 to the Sunday nearest January 20. The Lower-Region Regulations Committee of the Mississippi Flyway Council recommended the Service continue use of the 1998–99 regulatory packages for the 1999–2000 season and further recommended deletion of the ''very restrictive'' alternative and modification of the framework opening and closing dates to the Saturday nearest to September 23 to January 31 for all alternatives with no offsets.

The Central Flyway Council recommended the Service continue use of the 1998–99 regulatory packages for the 1999–2000 season with several modifications. The Council recommended framework opening dates of the Saturday nearest to September 24 in the ''liberal'' and ''moderate'' regulatory alternatives with no offsets. The framework closing date would remain the Sunday nearest to January 20. Additionally, the Council recommended that no additional changes be allowed to the packages for a five-year period.

The Pacific Flyway Council recommended framework dates of the Saturday nearest to September 23 to January 31 without offsets in the ''liberal'' alternative and with offsets in the ''moderate'' alternative (as long as the offset does not exceed 7 days with a season of not less than 79 days in the Pacific Flyway). For the ''restrictive'' and ''very restrictive'' alternatives, the Council recommended maintaining current framework dates. The Council also recommended maintaining the current mallard bag limits and preserving the traditional differences in harvest opportunity both within and between Flyways.

Written Comments: The Alabama Division of Game and Fish believed the ''very restrictive'' alternative should be deleted.

Service Response: For the 1999–2000 regular duck hunting season, we will use the four regulatory alternatives detailed in the accompanying table (see further discussion in B. Framework Dates). Alternatives are specified for each Flyway and are designated as ''VERY RES'' for the very restrictive, ''RES'' for the restrictive, ''MOD'' for the moderate, and ''LIB'' for the liberal alternative. We will propose a specific

regulatory alternative in early August when survey data on waterfowl population and habitat status are available in late July.

B. Framework Dates

Council Recommendations: The Atlantic Flyway Council recommended that the Service not allow framework date extensions in any States during the 1999–2000 season.

The Upper-Region Regulations Committee of the Mississippi Flyway Council recommended no change in the framework dates from the 1997–98 regulatory alternatives. The Lower-Region Regulations Committee of the Mississippi Flyway Council recommended modification of the framework opening and closing dates to the Saturday nearest to September 23 to January 31 for all regulatory alternatives with no offsets.

The Central Flyway Council recommended a framework opening date of the Saturday nearest to September 24 in the ''liberal'' and ''moderate'' regulatory alternatives with no offsets. The framework closing date would remain the Sunday nearest to January 20.

The Pacific Flyway Council recommended framework dates of the Saturday nearest to September 23 to January 31 with no offsets in the ''liberal'' alternative and with offsets in the ''moderate'' alternative (as long as the offset does not exceed 7 days with a season of not less than 79 days in the Pacific Flyway). For the ''restrictive'' and ''very restrictive'' alternatives, the Council recommended maintaining current framework dates.

Written Comments: The Alabama Division of Game and Fish believe that the January 31 framework extension should occur in all alternatives with no associated offset in season length.

The Minnesota Department of Natural Resources continues to support the 1998–99 regulatory alternatives, as published in the August 5 **Federal Register**. However, given the current situation facing the Service, they believe this year's proposal minimizes the damage caused by the frameworks issue and allows movement forward to more important waterfowl management issues. Furthermore, they are concerned about the changing distribution and continued shift in Flyway harvest over the past few years to the southern States and requested us to examine the contribution of the current ''liberal'' alternative to this harvest shift.

The Mississippi Department of Wildlife, Fisheries and Parks (Mississippi) supported frameworks dates of the Saturday closest to September 23 to January 31 in the ''liberal'', ''moderate'', and ''restrictive'' alternatives. They further requested that all States taking the framework extension be allowed to offset potential harvest increases with appropriate season length reductions and believed that framework dates should not be used as a regulatory tool. In a separate letter, Mississippi questioned the proposed 9-day offset. More specifically, they believe that the offset should be proportional to the extension. Last season, the normal framework closing date for the rest of the Mississippi Flyway was January 17 (the Sunday closest to January 20), resulting in a realized 14-day extension to January 31 for Alabama, Mississippi, and Tennessee. This season, the framework closing date for the rest of the Mississippi Flyway is January 23 (again, the Sunday closest to January 20), resulting in only a realized 8-day extension to January 31. Thus, Mississippi believes the offset for this season should be 5 days.

The Missouri Department of Conservation supported the proposals for the 1999–2000 regulatory alternatives and agreed with maintaining the framework date specifications through the 2002–03 season. While Missouri continued to believe that the 1998–99 alternatives offered the most acceptable regulations package, they believed that the next best solution was the Service's proposal of framework extensions limited to Alabama, Mississippi, and Tennessee. They believed that this alternative would have the least biological impact and the least effect on continuing AHM progress.

The South Dakota Department of Game, Fish, and Parks (South Dakota) generally agreed with the proposed regulatory alternatives, including bag limits and season lengths. However, they believed that there was room to provide increased hunting opportunity for northern production States by extending the framework opening date, with or without offsets, to the Saturday nearest to September 24 in the ''liberal'' and ''moderate'' alternatives. South Dakota further believed that the impact of any framework extension would be minimal and that the effects of such an extension should be evaluated in an adaptive manner after the fact rather than assuming worst-case scenario impacts.

The Tennessee Wildlife Resources Agency requested the Service allow additional time to review harvest data from last year and solicit public comments before committing to an additional 4-year January 31 framework closing date alternative. They requested that this decision be part of the normal late-season selection process.

The California Waterfowl Association recommended the Service offer Pacific Flyway States a January 31 framework closing date in both the ''moderate'' and ''liberal'' alternatives. More specifically, they recommended frameworks of the Saturday nearest September 23 to January 31 in the ''moderate'' and ''liberal'' alternatives, with associated offsets. They believe that continuing the use of the 1998–99 frameworks will effectively inhibit the gathering of data critical to developing a predictive AHM model for California and other Pacific Flyway States.

The Mississippi Fish and Wildlife Foundation and the Mississippi Outfitters Association supported a January 31 framework closing date in the ''liberal'', ''moderate'', and ''restrictive'' alternatives.

Individuals in Alabama and Tennessee supported a January 31 framework closing date, while an individual in Minnesota supported a framework opening date of the Saturday nearest October 1. Another individual in Minnesota requested a later closing date for northern States citing concerns over global warming. An individual in Texas requested that seasons be shifted 2–3 weeks later to account for changes in waterfowl migration patterns.

Service Response: As indicated in the June 17 **Federal Register**, there remains a diversity of opinions: (1) about the desirability of framework-date extensions at this time; (2) about the need for corresponding reductions in season length; (3) about whether extensions should be applied to opening dates, closing dates, or both; and (4) about the inclusion of framework-date extensions in some or all of the regulatory alternatives. In light of the lack of consensus among the Flyways and States, and because of a pressing need for stable regulatory alternatives, we are continuing the use of the 1998–99 regulatory alternatives published in the August 5, 1998, **Federal Register**, for the 1999–2000 hunting season with one exception. For the States of Alabama, Mississippi, and Tennessee, we will offer the use of a 51-day season in the ''liberal'' alternative and a 38-day season in the ''moderate'' alternative with a January 31 framework closing date in both alternatives. Of the six States that were offered the framework extension in the 1998–99 season, only these three States availed themselves of this option. We believe that a reduction in season length is needed to offset the expected increase in duck harvest (about 18% for mallards), and that 9

days in the ''liberal'' alternative and 7 days in the ''moderate'' alternative are commensurate offsets for this region of the country. These season-length offsets are based on the average increase in harvest associated with extending the framework beyond the traditional date of the Sunday nearest January 20. Although we recognize that the length of the framework extension will vary with calender changes, it currently is technically impossible to reliably assess year-specific offsets of season-length. The framework-date extension is limited to the ''liberal'' and ''moderate'' regulatory alternatives to avoid the introduction of additional uncertainty about harvest impacts at other regulatory levels, and to avoid the potential for late-season physiological or behavioral impacts on ducks when population levels are insufficient to support more liberal seasons. Framework opening and closing dates for all other States would remain unchanged from those published in the August 5, 1998, **Federal Register**. Further, Alabama, Mississippi, and Tennessee should base their decision on the clear understanding that we intend to maintain these framework-date specifications through the 2002–03 hunting season, or until such time that the Flyway Councils can develop an approach that adequately addresses the concerns of the Service and a majority of States. Thus, Alabama, Mississippi, and Tennessee must decide on whether they want to enter into a 4-year commitment on frameworks. Following their decision this year, we do not intend to annually revisit this issue. This stability is necessary to assess the appropriateness of the offset for the extended framework closing date in the southern Mississippi Flyway, and to ensure that the AHM process can continue to increase our understanding of the effects of hunting on waterfowl populations. This understanding is essential to providing maximum levels of biologically sustainable hunting opportunity. Finally, in making this offer to Alabama, Mississippi, and Tennessee, we believe that it is important to reiterate one of our guidelines from last year (63 FR 63580) that if a season closing date after the Sunday nearest January 20 is selected for any portion of the State, the season-length offset applies throughout the State.

F. Zones and Split Seasons

Council Recommendations: The Upper-Region Regulations Committee of the Mississippi Flyway Council recommended that the Service add ''3 zones with 2-way splits permitted in one or more zones'' as an additional option beginning in 2001. Further, because of the public input process many States undertake, the Committee recommended that States have up to one year to choose this option prior to the 2001 regular duck season regulations process. The Lower-Region Regulations Committee of the Mississippi Flyway Council recommended that the Service consider offering all States the option of choosing 3 zones with a split season in each zone in the year 2001.

The Pacific Flyway Council recommended the Service engage the Flyway Councils in an evaluation of the guidelines for zoning and split seasons, prior to the 2001 ''open season'' on regulation changes.

Written Comments: The Mississippi Department of Wildlife, Fisheries and Parks, the Mississippi Fish and Wildlife Foundation and the Mississippi Outfitters Association requested that all States participating in a framework extension be allowed 1 split.

Service Response: We acknowledge the recommendations from the Upper- and Lower-Region Regulations Committees of the Mississippi Flyway Council and the Pacific Flyway Council pertaining to revision of guidelines for selecting zone and split options for duck hunting. Accordingly, we will work with all the Flyway Councils in the next year to review the existing guidelines, and plan to finalize these guidelines during next year's (2000–01) late season regulations process. The final guidance will then be available for use by all States in the ensuing year as they solicit public input for zone and split configurations for use during 2001–05.

Regarding the comments from Mississippi, we will continue to utilize the existing zone/split guidelines published in the July 22, 1996, **Federal Register** (61 FR 37994) until the next open season in 2001. These guidelines apply to all States, regardless of whether a State chooses to participate in an experimental framework extension.

G. Special Seasons/Species Management

i. Scaup

In the past year, we have continued to indicate our growing concern for the status and trends of North American scaup. We have distributed a status report on scaup and provided some initial guidelines concerning a scaup harvest strategy to the Flyway Councils and others for consideration in the development of recommendations for the 1999–2000 hunting season. In response to this information, all four Flyways discussed the issue at their winter meetings.

Council Recommendations: The Atlantic Flyway Council recommended that the Service monitor and manage the harvest of greater and lesser scaup populations separately. They recommended that differences in harvest management, when required, be achieved through different daily bag limits applied on a regional basis. In the Atlantic Flyway, they recommended that in those regions harvesting primarily greater scaup, 1999–2000 scaup harvest regulations be based on the status of greater scaup, while the remaining portions of the Flyway be based on the status of lesser scaup. They further recommended that population objectives and regulatory triggering levels be finalized this summer.

The Upper- and Lower-Region Regulations Committees of the Mississippi Flyway Council recommended that the scaup daily bag limit be reduced from 6 to 3 for 1999.

The Central Flyway Council believes that the North American Waterfowl Management Plan's scaup population objective (6.3 million) is too high and that a more appropriate objective is 5.4 million (1955–1998 average). This new objective would consist of 4.9 million lesser scaup and 462,000 greater scaup. The Council recommended a prescription for scaup bag limits based on the status of lesser scaup as follows: <2 million, bag limit of 1; 2–4.2 million, bag limit of 2; and >4.2, the bag limit for scaup should equal the regular daily duck limit as determined by the AHM process.

Service Response: We remain concerned about the long-term status and trends in North American scaup populations. Further, we appreciate the efforts of all four Flyway Councils to constructively address the issue of a harvest strategy for scaup and will continue to work with the Councils to finalize a harvest strategy for scaup for the 1999–2000 season.

iv. September Teal/Wood Duck Seasons

Council Recommendations: The Lower-Region Regulations Committee of the Mississippi Flyway Council requested that the Service clarify the linkage between the Flyway-wide wood duck harvest strategy, September teal seasons, and regional (reference area) September wood duck seasons. They further recommended the continuation of the experimental September teal/wood duck seasons in Kentucky and Tennessee in 1999 with no changes from the 1998 season.

Service Response: In the July 17, 1998, **Federal Register** (63 FR 38707) we

indicated that September wood duck seasons would be allowed to continue for a maximum of 3 years. Results from the Wood Duck Population Monitoring Initiative indicate that sufficient monitoring capabilities currently do not exist at the sub-Flyway level to support continuation of September wood duck seasons. Therefore, the seasons in Florida, Kentucky, and Tennessee will be discontinued after September 2000. Flyway harvest strategies that address regular-season wood duck regulations will then be implemented for the 2001–2002 season. We see no linkage between the Flyway-wide wood duck strategy, September teal seasons, and regional September wood duck seasons.

v. Youth Hunt

Council Recommendations: The Lower-Region Regulations Committee of the Mississippi Flyway Council and the Central Flyway Council recommended expansion of the special youth waterfowl hunt to 2 days.

Written Comments: The Alabama Division of Game and Fish recommended expansion of the special youth hunt to 2 consecutive days.

Service Response: We appreciate the Flyway Councils' support of the youth waterfowl hunting day, but do not support the recommendation of the Mississippi Flyway Council's Lower-Region Regulations Committee and the Central Flyway Council to expand the youth hunt to two consecutive days. Our intent in establishing this special day of opportunity was to introduce youth to the concepts of ethical utilization and stewardship of waterfowl and other natural resources, encourage youngsters and adults to experience the outdoors together, and to contribute to the long-term conservation of the migratory bird resource. We view the special youth hunting day as a unique educational opportunity, above and beyond the regular season, which helps ensure high-quality learning experiences for those youth indicating interest in hunting. We believe that the youth hunting day will help develop a conservation ethic in our youth and is consistent with the Service's responsibility to foster an appreciation for our nation's valuable wildlife resources. We do not believe an extensive evaluation of the effects of youth hunting day is cost effective but believe waterfowl populations can support this limited additional opportunity. Increases in the duration of this unique opportunity would increase the pressure to conduct additional evaluations. With the above objectives and potential costs in mind, there is not a compelling reason to extend the opportunity beyond the 1-day period.

4. Canada Geese

A. Special Seasons

Council Recommendations: The Atlantic Flyway Council made several recommendations concerning September goose seasons. They recommended the approval of operational status for a September 1 to 25 framework in Crawford County, Pennsylvania, and a September 1 to 30 framework in New Jersey. They further recommended the expansion of the September goose season framework closing date around Montezuma National Wildlife Refuge, New York from September 15 to 20.

The Upper-Region Regulations Committee of the Mississippi Flyway Council recommended that Minnesota be allowed to have an experimental extension of their September special season from September 16 to 22, except in the Northwest Goose Zone, for the 1999–2001 hunting seasons. The Lower-Region Regulations Committee of the Mississippi Flyway Council urged the Service to use caution in changing or expanding special goose seasons.

The Pacific Flyway Council recommended the addition of the Bridger Valley hunt unit to the existing September RMP Canada goose seasons in western Wyoming, with frameworks of September 1 to 7.

Written Comments: The Alabama Division expressed appreciation for the caution demonstrated by the Service in changing or expanding special Canada goose seasons.

The Pennsylvania Farm Bureau recommended lengthening hunting seasons for resident geese to provide relief from excessive crop damage. An individual in Pennsylvania also supported increasing hunting seasons to help farmers control excessive goose damage.

Service Response: We concur with the recommendations regarding the change in status for the New Jersey and Pennsylvania special seasons. Additionally, we concur with the recommendations for experimental extensions of the special September Canada goose seasons in New York and Minnesota, with the provisions and evaluation outlined in their proposals. We also concur with the proposal to add the Bridger Valley Hunt Unit in Wyoming.

B. Regular Seasons

Council Recommendations: The Upper-Region Regulations Committee of the Mississippi Flyway Council recommended that the 1999 regular goose season opening date be as early as September 18 in Michigan and Wisconsin.

Service Response: We concur with the recommendations for a September 18 opening date in Wisconsin and the North Zone (Upper Peninsula) of Michigan. For the Lower Peninsula (Middle and South Zones) of Michigan, we concur with the recommendation for a September 18 opening under the conditions for Canada geese identified in the following frameworks. Continuation of an opening date earlier than the Saturday nearest October 1 in the Lower Peninsula beyond the 1999–2000 hunting season will be contingent upon the State's developing a proposal for evaluating the population composition of the Canada goose harvest during the earlier regular seasons in comparison to seasons with a traditional opening date. In addition to identifying the kinds of data to be collected and analyzed during the next few years, the proposal should include a summary of data collected during the earlier regular seasons in 1998–99 and 1999–2000. Michigan should submit the proposal to us and the Mississippi Flyway Council prior to the Council's March 2000 meeting.

Regarding the Lower-Region Regulation Committee's concern for cumulative impacts of special-season harvests on migrant Canada goose populations of concern, we are aware of the Committee's concern and are monitoring the harvests occurring during these seasons.

9. Sandhill Cranes

Council Recommendations: The Central Flyway Council recommended removal of the ''float'' portion (10% of the total allowable harvest) of the Rocky Mountain Population (RMP) greater sandhill crane annual harvest allocation for the 1999–2000 and 2000–2001 seasons. The Council recommended removal of this harvest portion to allow a research study.

The Pacific Flyway Council recommended several changes in sandhill crane seasons. For greater sandhill cranes, the Council recommended the establishment of a new experimental crane hunt in Box Elder County, Utah, between September 1 and September 30. For RMP cranes, the Council recommended that the frameworks be modified to include Bear Lake and Fremont Counties in Idaho, and that the current requirement for hunter check stations in these counties be waived. The Council further recommended that the annual check station requirement for the Arizona

RMP Greater Sandhill Crane hunt be modified to a required check station every 3 years.

Service Response: We concur with the various proposals from the Central and Pacific Flyway Councils regrading RMP Cranes. We note that several of the proposals received from the Pacific Flyway Council were requests for exemptions from specific provisions of the management plan for this population. We believe the biological information was clearly in support of the recommended exemptions, however, it would also note that it is our strong preference to see the Councils address these types of issues through management plan revisions rather than through exemptions to procedures placed in Federal regulations. Therefore, we have approved these recommendations but require that the management plan for this population be revised to reflect these changes in procedures by July, 2001. Further, we request that the Pacific Flyway Council give consideration to changing management plans rather than requesting federal regulatory changes if similar situations should develop with this or other populations of migratory game birds in the future.

18. Alaska

Council Recommendations: The Pacific Flyway Council made several recommendations concerning Alaska. For sea ducks, the Council recommended reducing the separate sea duck bag and possession limits from 15/30 to 10/20 king and common eiders, scoters, and mergansers in the aggregate. Long-tailed ducks (oldsquaws) and harlequins would be included in general duck limits and seasons would remain closed for spectacled and Steller's eiders. For Canada geese, the Council recommended removal of Canada goose bag limit restrictions within dark goose bag limits (4/8) in Alaska Game Management Subunit 9E (Alaska Peninsula) and Unit 18 (Y–K Delta). Further, for tundra swans, the Council recommended that tundra swan permits issued for swan hunts in Alaska allow the take of up to 3 swans per permit, with no change in reporting requirements or other framework conditions.

Written comments: A constituent from Alaska wrote regarding the need for greater reductions in sea duck harvest regulations than had been proposed by the Pacific Flyway Council.

Service Response: We concur with the recommendations of the Pacific Flyway Council regarding Alaska's migratory game birds regulations for the 1999–2000 hunting season. We have carefully reviewed the recommendation regarding changes in sea duck regulations for Alaska from both the Council and from a concerned constituent from Alaska. The population status of sea ducks remains a concern to us. We believe that the changes proposed by the Council constitute a good first step in developing a more comprehensive strategy for the long-term harvest management of sea ducks in Alaska. We are convinced that the long-term solution will involve both sport and subsistence harvest as well as meeting many of the pressing information needs for this important group of waterfowl. We look forward to working with our partners in the newly formed Sea Duck Joint Venture to meet these challenges.

Additionally, we note that the tundra swan permit request for Alaska is another instance where the Council is requesting an exemption from procedures outlined in approved management plans. While we recognize the special circumstances that have lead to this recommendation and have approved the change in procedures as recommended by the Council, we strongly prefer that future deviations from procedures in the management plan be addressed through management plan revisions rather than Federal regulation. Further, it is our belief that changes in total harvest allocation were not intended to result from the proposed changes in the permit procedure. Therefore, we have not changed the total swan harvest allocated to Alaska. We strongly recommend that the western tundra swan management and hunt plans be revised in a timely fashion and prior to any further requests for exceptions to the procedures outlined in the management and hunt plans. We suggest that July of 2001 would seem a reasonable target date for completion of such a revision and will work with the Council to achieve this goal.

Public Comment Invited

We intend that adopted final rules be as responsive as possible to all concerned interests, and therefore desire to obtain the comments and suggestions of the public, other governmental agencies, non-governmental organizations, and other private interests on these proposals. However, special circumstances are involved in the establishment of these regulations which limit the amount of time that we can allow for public comment. Specifically, two considerations compress the time in which the rulemaking process must operate: (1) the need to establish final rules at a point early enough in the summer to allow affected State agencies to appropriately adjust their licensing and regulatory mechanisms; and (2) the unavailability, before mid-June, of specific, reliable data on this year's status of some waterfowl and migratory shore and upland game bird populations. Therefore, we believe that to allow comment periods past the dates specified is contrary to the public interest.

The Department of the Interior's policy is, whenever practicable, to afford the public an opportunity to participate in the rulemaking process. Accordingly, we invite interested persons to submit written comments, suggestions, or recommendations regarding the proposed regulations. Before promulgation of final migratory game bird hunting regulations, we will take into consideration all comments received. Such comments, and any additional information received, may lead to final regulations that differ from these proposals. We invite interested persons to participate in this rulemaking by submitting written comments to the address indicated under the caption **ADDRESSES.** You may inspect comments received on the proposed annual regulations during normal business hours at the Service's office in room 634, 4401 North Fairfax Drive, Arlington, Virginia. For each series of proposed rulemakings, we will establish specific comment periods. We will consider, but possibly may not respond in detail to, each comment. As in the past, we will summarize all comments received during the comment period and respond to them after the closing date.

NEPA Consideration

NEPA considerations are covered by the programmatic document, ''Final Supplemental Environmental Impact Statement: Issuance of Annual Regulations Permitting the Sport Hunting of Migratory Birds (FSES 88–14),'' filed with the Environmental Protection Agency on June 9, 1988. We published a Notice of Availability in the **Federal Register** on June 16, 1988 (53 FR 22582). We published our Record of Decision on August 18, 1988 (53 FR 31341). Copies are available from the address indicated under the caption **ADDRESSES**.

Endangered Species Act Consideration

Prior to issuance of the 1999–2000 migratory game bird hunting regulations, we will consider provisions of the Endangered Species Act of 1973, as amended, (16 U.S.C. 1531–1543; hereinafter the Act) to ensure that hunting is not likely to jeopardize the

continued existence of any species designated as endangered or threatened or modify or destroy its critical habitat and that the proposed action is consistent with conservation programs for those species. Consultations under Section 7 of this Act may cause us to change proposals in this and future supplemental proposed rulemakings.

Executive Order (E.O.) 12866

While this individual supplemental rule was not reviewed by the Office of Management and Budget (OMB), the migratory bird hunting regulations are economically significant and are annually reviewed by OMB under E.O. 12866. E.O. 12866 requires each agency to write regulations that are easy to understand. We invite comments on how to make this rule easier to understand, including answers to questions such as the following: (1) Are the requirements in the rule clearly stated? (2) Does the rule contain technical language or jargon that interferes with its clarity? (3) Does the format of the rule (grouping and order of sections, use of headings, paragraphing, etc.) aid or reduce its clarity? (4) Would the rule be easier to understand if it were divided into more (but shorter) sections? (5) Is the description of the rule in the ''Supplementary Information'' section of the preamble helpful in understanding the rule? What else could we do to make the rule easier to understand?

Regulatory Flexibility Act

These regulations have a significant economic impact on substantial numbers of small entities under the Regulatory Flexibility Act (5 U.S.C. 601 *et seq.*). We analyzed the economic impacts of the annual hunting regulations on small business entities in detail and issued a Small Entity Flexibility Analysis (Analysis) in 1998. The Analysis documented the significant beneficial economic effect on a substantial number of small entities. The primary source of information about hunter expenditures for migratory game bird hunting is the National Hunting and Fishing Survey, which is conducted at 5-year intervals. The Analysis was based on the 1996 National Hunting and Fishing Survey and the U.S. Department of Commerce's County Business Patterns from which it was estimated that migratory bird hunters would spend between $429 and $1,084 million at small businesses in 1998. Copies of the Analysis are available upon request.

Small Business Regulatory Enforcement Fairness Act

This rule is a major rule under 5 U.S.C. 804(2), the Small Business Regulatory Enforcement Fairness Act. For the reasons outlined above, this rule has an annual effect on the economy of $100 million or more. However, because this rule establishes hunting seasons, we do not plan to defer the effective date under the exemption contained in 5 U.S.C. 808(1) .

Paperwork Reduction Act

We examined these regulations under the Paperwork Reduction Act of 1995. We utilize the various recordkeeping and reporting requirements imposed under regulations established in 50 CFR part 20, Subpart K, in the formulation of migratory game bird hunting regulations. Specifically, OMB has approved the information collection requirements of the Migratory Bird Harvest Information Program and assigned clearance number 1018–0015 (expires 9/30/2001). This information is used to provide a sampling frame for voluntary national surveys to improve our harvest estimates for all migratory game birds in order to better manage these populations. OMB has also approved the information collection requirements of the Sandhill Crane Harvest Questionnaire and assigned clearance number 1018–0023 (expires 9/30/2000). The information from this survey is used to estimate the magnitude, the geographical and temporal distribution of harvest, and the portion it constitutes of the total population. A Federal agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

Unfunded Mandates Reform Act

We have determined and certify, in compliance with the requirements of the Unfunded Mandates Act, 2 U.S.C. 1502 *et seq.*, that this rulemaking will not impose a cost of $100 million or more in any given year on local or State government or private entities.

Civil Justice Reform-Executive Order 12988

The Department, in promulgating this proposed rule, has determined that these regulations meet the applicable standards found in Sections 3(a) and 3(b)(2) of Executive Order 12988.

Takings Implication Assessment

In accordance with Executive Order 12630, this proposed rule, authorized by the Migratory Bird Treaty Act, does not have significant takings implications and does not affect any constitutionally protected property rights. This rule will not result in the physical occupancy of property, the physical invasion of property, or the regulatory taking of any property. In fact, these rules allow hunters to exercise otherwise unavailable privileges; and, therefore, reduce restrictions on the use of private and public property.

Federalism Effects

Due to the migratory nature of certain species of birds, the Federal government has been given responsibility over these species by the Migratory Bird Treaty Act. We annually prescribe frameworks from which the States make selections and employ guidelines to establish special regulations on Federal Indian reservations and ceded lands. This process preserves the ability of the States and Tribes to determine which seasons meet their individual needs. Any State or Tribe may be more restrictive than the Federal frameworks at any time. The frameworks are developed in a cooperative process with the States and the Flyway Councils. This allows States to participate in the development of frameworks from which they will make selections, thereby having an influence on their own regulations. These rules do not have a substantial direct effect on fiscal capacity, change the roles or responsibilities of Federal or State governments, or intrude on State policy or administration. Therefore, in accordance with Executive Order 12612, these regulations do not have significant federalism effects and do not have sufficient federalism implications to warrant the preparation of a Federalism Assessment.

List of Subjects in 50 CFR Part 20

Exports, Hunting, Imports, Reporting and recordkeeping requirements, Transportation, Wildlife.

The rules that eventually will be promulgated for the 1999–2000 hunting season are authorized under 16 U.S.C. 703–711, 16 U.S.C. 712, and 16 U.S.C. 742a–j.

Dated: July 13, 1999.

Donald J. Barry,

Assistant Secretary for Fish and Wildlife and Parks.

Proposed Regulations Frameworks for 1999–2000 Early Hunting Seasons on Certain Migratory Game Birds

Pursuant to the Migratory Bird Treaty Act and delegated authorities, the Department of the Interior approved the following proposed frameworks which prescribe season lengths, bag limits, shooting hours, and outside dates

within which States may select for certain migratory game birds between September 1, 1999, and March 10, 2000.

General

Dates: All outside dates noted below are inclusive.

Shooting and Hawking (taking by falconry) Hours: Unless otherwise specified, from one-half hour before sunrise to sunset daily.

Possession Limits: Unless otherwise specified, possession limits are twice the daily bag limit.

Flyways and Management Units

Waterfowl Flyways

Atlantic Flyway—includes Connecticut, Delaware, Florida, Georgia, Maine, Maryland, Massachusetts, New Hampshire, New Jersey, New York, North Carolina, Pennsylvania, Rhode Island, South Carolina, Vermont, Virginia, and West Virginia.

Mississippi Flyway—includes Alabama, Arkansas, Illinois, Indiana, Iowa, Kentucky, Louisiana, Michigan, Minnesota, Mississippi, Missouri, Ohio, Tennessee, and Wisconsin.

Central Flyway—includes Colorado (east of the Continental Divide), Kansas, Montana (Counties of Blaine, Carbon, Fergus, Judith Basin, Stillwater, Sweetgrass, Wheatland, and all counties east thereof), Nebraska, New Mexico (east of the Continental Divide except the Jicarilla Apache Indian Reservation), North Dakota, Oklahoma, South Dakota, Texas, and Wyoming (east of the Continental Divide).

Pacific Flyway—includes Alaska, Arizona, California, Idaho, Nevada, Oregon, Utah, Washington, and those portions of Colorado, Montana, New Mexico, and Wyoming not included in the Central Flyway.

Management Units

Mourning Dove Management Units

Eastern Management Unit—All States east of the Mississippi River, and Louisiana.

Central Management Unit—Arkansas, Colorado, Iowa, Kansas, Minnesota, Missouri, Montana, Nebraska, New Mexico, North Dakota, Oklahoma, South Dakota, Texas, and Wyoming.

Western Management Unit—Arizona, California, Idaho, Nevada, Oregon, Utah, and Washington.

Woodcock Management Regions

Eastern Management Region—Connecticut, Delaware, Florida, Georgia, Maine, Maryland, Massachusetts, New Hampshire, New Jersey, New York, North Carolina, Pennsylvania, Rhode Island, South Carolina, Vermont, Virginia, and West Virginia.

Central Management Region—Alabama, Arkansas, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Michigan, Minnesota, Mississippi, Missouri, Nebraska, North Dakota, Ohio, Oklahoma, South Dakota, Tennessee, Texas, and Wisconsin.

Other geographic descriptions are contained in a later portion of this document.

Compensatory Days in the Atlantic Flyway: In the Atlantic Flyway States of Connecticut, Delaware, Maine, Maryland, Massachusetts, New Jersey, North Carolina, Pennsylvania, Virginia, and West Virginia, where Sunday hunting is prohibited statewide by State law, all Sundays are closed to all take of migratory waterfowl (including mergansers and coots).

Special September Teal Season

Outside Dates: Between September 1 and September 30, an open season on all species of teal may be selected by the following States in areas delineated by State regulations:

Atlantic Flyway—Delaware, Georgia, Maryland, North Carolina, Pennsylvania, South Carolina, Virginia, and West Virginia. All seasons are experimental.

Mississippi Flyway—Alabama, Arkansas, Illinois, Indiana, Kentucky, Louisiana, Mississippi, Missouri, Ohio, and Tennessee.

Central Flyway—Colorado (part), Kansas, New Mexico (part), Oklahoma, and Texas.

Hunting Seasons and Daily Bag Limits: Not to exceed 9 consecutive days in the Atlantic Flyway and 16 consecutive days in the Mississippi and Central Flyways. The daily bag limit is 4 teal.

Shooting Hours

Atlantic Flyway—One-half hour before sunrise to sunset, if evaluated; otherwise sunrise to sunset.

Mississippi and Central Flyways—One-half hour before sunrise to sunset, except in the States of Arkansas, Illinois, Indiana, Missouri, and Ohio, where the hours are from sunrise to sunset.

Special September Duck Seasons

Florida: A 5-consecutive-day season may be selected in September. The daily bag limit may not exceed 4 teal and wood ducks in the aggregate.

Kentucky and Tennessee: In lieu of a special September teal season, a 5-consecutive-day season may be selected in September. The daily bag limit may not exceed 4 teal and wood ducks in the aggregate, of which no more than 2 may be wood ducks.

Iowa: Iowa may hold up to 5 days of its regular duck hunting season in September. All ducks which are legal during the regular duck season may be taken during the September segment of the season. The September season segment may commence no earlier than the Saturday nearest September 20 (September 18). The daily bag and possession limits will be the same as those in effect last year, but are subject to change during the late-season regulations process. The remainder of the regular duck season may not begin before October 10.

Special Youth Waterfowl Hunting Day

Outside Dates: States may select 1 day per duck-hunting zone, designated as ''Youth Waterfowl Hunting Day,'' in addition to their regular duck seasons. The day must be held outside any regular duck season on a weekend, holiday, or other non-school day when youth hunters would have the maximum opportunity to participate. The day may be held up to 14 days before or after any regular duck-season frameworks or within any split of a regular duck season, or within any other open season on migratory birds.

Daily Bag Limits: The daily bag limit may include ducks, geese, mergansers, coots, moorhens, and gallinules and would be the same as that allowed in the regular season. Flyway species and area restrictions would remain in effect.

Shooting Hours: One-half hour before sunrise to sunset.

Participation Restrictions: Youth hunters must be 15 years of age or younger. In addition, an adult at least 18 years of age must accompany the youth hunter into the field. This adult could not duck hunt but may participate in other seasons that are open on the special youth day.

Scoter, Eider, and Oldsquaw Ducks (Atlantic Flyway)

Outside Dates: Between September 15 and January 20.

Hunting Seasons and Daily Bag Limits: Not to exceed 107 days, with a daily bag limit of 7, singly or in the aggregate of the listed sea-duck species, of which no more than 4 may be scoters.

Daily Bag Limits During the Regular Duck Season: Within the special sea duck areas, during the regular duck season in the Atlantic Flyway, States may choose to allow the above sea duck limits in addition to the limits applying to other ducks during the regular duck season. In all other areas, sea ducks may be taken only during the regular open season for ducks and are part of the regular duck season daily bag (not to exceed 4 scoters) and possession limits.

Areas: In all coastal waters and all waters of rivers and streams seaward from the first upstream bridge in Maine, New Hampshire, Massachusetts, Rhode Island, Connecticut, and New York; in any waters of the Atlantic Ocean and in any tidal waters of any bay which are separated by at least 1 mile of open water from any shore, island, and emergent vegetation in New Jersey, South Carolina, and Georgia; and in any waters of the Atlantic Ocean and in any tidal waters of any bay which are separated by at least 800 yards of open water from any shore, island, and emergent vegetation in Delaware, Maryland, North Carolina and Virginia; and provided that any such areas have been described, delineated, and designated as special sea-duck hunting areas under the hunting regulations adopted by the respective States.

Special Early Canada Goose Seasons

Atlantic Flyway

General Seasons

Canada goose seasons of up to 15 days during September 1–15 may be selected for the Montezuma Region of New York, the Lake Champlain Region of New York and Vermont, the Eastern Unit of Maryland, and Delaware. Seasons not to exceed 20 days during September 1–20 may be selected for the Northeast Hunt Unit of North Carolina. Seasons not to exceed 30 days during September 1–30 may be selected by New Jersey. Seasons may not exceed 25 days during September 1–25 in the remainder of the Flyway, except Georgia and Florida, where the season is closed. Areas open to the hunting of Canada geese must be described, delineated, and designated as such in each State's hunting regulations.

Daily Bag Limits: Not to exceed 5 Canada geese.

Experimental Seasons

Experimental Canada goose seasons of up to 20 days during September 1–20 may be selected by New York (Montezuma Region). Experimental seasons of up to 30 days during September 1–30 may be selected by New York (Long Island Zone), North Carolina (except in the Northeast Hunt Unit), and South Carolina. Areas open to the hunting of Canada geese must be described, delineated, and designated as such in each State's hunting regulations.

Daily Bag Limits: Not to exceed 5 Canada geese.

Mississippi Flyway

General Seasons

Canada goose seasons of up to 15 days during September 1–15 may be selected, except in the Upper Peninsula in Michigan, where the season may not extend beyond September 10, and in the Michigan Counties of Huron, Saginaw and Tuscola, where no special season may be held. The daily bag limit may not exceed 5 Canada geese. Areas open to the hunting of Canada geese must be described, delineated, and designated as such in each State's hunting regulations.

Experimental Seasons

An experimental Canada goose season of up to 7 consecutive days during September 16–22 may be selected by Minnesota, except in the Northwest Goose Zone. The daily bag limit may not exceed 5 Canada geese.

Central Flyway

General Seasons

Canada goose seasons of up to 15 days during September 1–15 may be selected. The daily bag limit may not exceed 5 Canada geese. Areas open to the hunting of Canada geese must be described, delineated, and designated as such in each State's hunting regulations.

Pacific Flyway

General Seasons

Wyoming may select an 8-day season on Canada geese between September 1–15. This season is subject to the following conditions:

1. Where applicable, the season must be concurrent with the September portion of the sandhill crane season.
2. All participants must have a valid State permit for the special season.
3. A daily bag limit of 2, with season and possession limits of 4 will apply to the special season.

Oregon may select a special Canada goose season of up to 15 days during the period September 1–15. In addition, in the NW goose management zone, a 15-day season may be selected during the period September 1–20. Any portion of the season selected between September 16 and 20 will be considered experimental. Daily bag limits may not exceed 5 Canada geese. In the NW goose zone, at a minimum, Oregon must provide an annual evaluation of the number of dusky Canada geese present in the hunt zone during the period September 16–20 and agree to adjust seasons as necessary to avoid any potential harvest of dusky Canada geese.

Washington may select a special Canada goose season of up to 15 days during the period September 1–15. Daily bag limits may not exceed 3 Canada geese.

Idaho may select a 15-day season in the special East Canada Goose Zone, as described in State regulations, during the period September 1–15. All participants must have a valid State permit and the total number of permits issued is not to exceed 110 for this zone. The daily bag limit is 2.

Idaho may select a 7-day Canada Goose Season during the period September 1–15 in Nez Perce County, with a bag limit of 4.

California may select a 9-day season in Humboldt County during the period September 1–15. The daily bag limit is 2.

Areas open to hunting of Canada geese in each State must be described, delineated, and designated as such in each State's hunting regulations.

Regular Goose Seasons

Regular goose seasons may open as early as September 18 in Wisconsin and Michigan. In Wisconsin, and in Michigan for all geese except Canada geese, season lengths and bag and possession limits will be the same as those in effect last year, but are subject to change during the late-season regulations process. In the Middle and South Zones of Michigan, for Canada goose seasons opening September 18, the season may not exceed 23 days. The daily bag limit will be 2 Canada geese, except that in the South Zone, during that portion of the season that overlaps the duck season, the daily bag limit will be one Canada goose. Provision for seasons opening October 2 or later will be contained in the late-season frameworks.

Sandhill Cranes

Regular Seasons in the Central Flyway

Outside Dates: Between September 1 and February 28.

Hunting Seasons: Seasons not to exceed 58 consecutive days may be selected in designated portions of the following States: Colorado, Kansas, Montana, North Dakota, South Dakota, and Wyoming. Seasons not to exceed 93 consecutive days may be selected in designated portions of the following States: New Mexico, Oklahoma, and Texas.

Daily Bag Limits: 3 sandhill cranes.

Permits: Each person participating in the regular sandhill crane seasons must have a valid Federal sandhill crane hunting permit and/or, in those States where a Federal sandhill crane permit is not issued, a State-issued Harvest Information Survey Program (HIP) certification for game bird hunting, in their possession while hunting.

Special Seasons in the Central and Pacific Flyways

Arizona, Colorado, Idaho, Montana, New Mexico, Utah, and Wyoming may

select seasons for hunting sandhill cranes within the range of the Rocky Mountain Population subject to the following conditions:

Outside Dates: Between September 1 and January 31.

Hunting Seasons: The season in any State or zone may not exceed 30 days.

Bag limits: Not to exceed 3 daily and 9 per season.

Permits: Participants must have a valid permit, issued by the appropriate State, in their possession while hunting.

Other provisions: Numbers of permits, open areas, season dates, protection plans for other species, and other provisions of seasons must be consistent with the management plan and approved by the Central and Pacific Flyway Councils with the following exceptions:

(1) In Utah, the requirement for monitoring the racial composition of the harvest in the experimental season is waived and 100% of the harvest will be assigned to the RMP quota;

(2) In Arizona, the annual requirement for monitoring the racial composition of the harvest is changed to once every 3 years; and

(3) In Idaho, seasons are experimental and the requirement for monitoring the racial composition of the harvest is waived, 100% of the harvest will be assigned to the RMP quota.

Common Moorhens and Purple Gallinules

Outside Dates: Between September 1 and January 20 in the Atlantic Flyway, and between September 1 and the Sunday nearest January 20 (January 23) in the Mississippi and Central Flyways. States in the Pacific Flyway have been allowed to select their hunting seasons between the outside dates for the season on ducks; therefore, they are late-season frameworks and no frameworks are provided in this document.

Hunting Seasons and Daily Bag Limits: Seasons may not exceed 70 days in the Atlantic, Mississippi, and Central Flyways. Seasons may be split into 2 segments. The daily bag limit is 15 common moorhens and purple gallinules, singly or in the aggregate of the two species.

Rails

Outside Dates: States included herein may select seasons between September 1 and January 20 on clapper, king, sora, and Virginia rails.

Hunting Seasons: The season may not exceed 70 days, and may be split into 2 segments.

Daily Bag Limits

Clapper and King Rails—In Rhode Island, Connecticut, New Jersey, Delaware, and Maryland, 10, singly or in the aggregate of the two species. In Texas, Louisiana, Mississippi, Alabama, Georgia, Florida, South Carolina, North Carolina, and Virginia, 15, singly or in the aggregate of the two species.

Sora and Virginia Rails—In the Atlantic, Mississippi, and Central Flyways and the Pacific-Flyway portions of Colorado, Montana, New Mexico, and Wyoming, 25 daily and 25 in possession, singly or in the aggregate of the two species. The season is closed in the remainder of the Pacific Flyway.

Common Snipe

Outside Dates: Between September 1 and February 28, except in Maine, Vermont, New Hampshire, Massachusetts, Rhode Island, Connecticut, New York, New Jersey, Delaware, Maryland, and Virginia, where the season must end no later than January 31.

Hunting Seasons and Daily Bag Limits: Seasons may not exceed 107 days and may be split into two segments. The daily bag limit is 8 snipe.

American Woodcock

Outside Dates: States in the Eastern Management Region may select hunting seasons between October 6 and January 31. States in the Central Management Region may select hunting seasons between the Saturday nearest September 22 (September 25) and January 31.

Hunting Seasons and Daily Bag Limits: Seasons may not exceed 30 days in the Atlantic Flyway and 45 days in the Central and Mississippi Flyways. The daily bag limit is 3. Seasons may be split into two segments.

Zoning: New Jersey may select seasons in each of two zones. The season in each zone may not exceed 24 days.

Band-Tailed Pigeons

Pacific Coast States (California, Oregon, Washington, and Nevada)

Outside Dates: Between September 15 and January 1.

Hunting Seasons and Daily Bag Limits: Not more than 9 consecutive days, with bag and possession limits of 2 and 2 band-tailed pigeons, respectively.

Zoning: California may select hunting seasons not to exceed 9 consecutive days in each of two zones. The season in the North Zone must close by October 4.

Four-Corners States (Arizona, Colorado, New Mexico, and Utah)

Outside Dates: Between September 1 and November 30.

Hunting Seasons and Daily Bag Limits: Not more than 30 consecutive days, with a daily bag limit of 5 band-tailed pigeons.

Zoning: New Mexico may select hunting seasons not to exceed 20 consecutive days in each of two zones. The season in the South Zone may not open until October 1.

Mourning Doves

Outside Dates: Between September 1 and January 15, except as otherwise provided, States may select hunting seasons and daily bag limits as follows:

Eastern Management Unit

Hunting Seasons and Daily Bag Limits: Not more than 70 days with a daily bag limit of 12, or not more than 60 days with a daily bag limit of 15.

Zoning and Split Seasons: States may select hunting seasons in each of two zones. The season within each zone may be split into not more than three periods. The hunting seasons in the South Zones of Alabama, Florida, Georgia, Louisiana, and Mississippi may commence no earlier than September 20. Regulations for bag and possession limits, season length, and shooting hours must be uniform within specific hunting zones.

Central Management Unit

Hunting Seasons and Daily Bag Limits: Not more than 70 days with a daily bag limit of 12, or not more than 60 days with a daily bag limit of 15.

Zoning and Split Seasons: States may select hunting seasons in each of two zones. The season within each zone may be split into not more than three periods. Texas may select hunting seasons for each of three zones subject to the following conditions:

A. The hunting season may be split into not more than two periods, except in that portion of Texas in which the special white-winged dove season is allowed, where a limited mourning dove season may be held concurrently with that special season (see white-winged dove frameworks).

B. A season may be selected for the North and Central Zones between September 1 and January 25; and for the South Zone between September 20 and January 25.

C. Each zone may have a daily bag limit of 12 doves (15 under the alternative) in the aggregate, no more than 2 of which may be white-tipped doves, except that during the special white-winged dove season, the daily bag limit may not exceed 10 white-winged, mourning, and white-tipped doves in the aggregate, of which no more than 5 may be mourning doves and 2 may be white-tipped doves.

D. Except as noted above, regulations for bag and possession limits, season length, and shooting hours must be uniform within each hunting zone.

Western Management Unit

Hunting Seasons and Daily Bag Limits: Idaho, Nevada, Oregon, Utah, and Washington—Not more than 30 consecutive days with a daily bag limit of 10 mourning doves (in Nevada, the daily bag limit may not exceed 10 mourning and white-winged doves in the aggregate).

Arizona and California—Not more than 60 days which may be split between two periods, September 1–15 and November 1-January 15. In Arizona, during the first segment of the season, the daily bag limit is 10 mourning and white-winged doves in the aggregate, of which no more than 6 may be white-winged doves. During the remainder of the season, the daily bag limit is restricted to 10 mourning doves. In California, the daily bag limit may not exceed 10 mourning and white-winged doves in the aggregate.

White-Winged and White-Tipped Doves

Hunting Seasons and Daily Bag Limits

Except as shown below, seasons in Arizona, California, Florida, Nevada, New Mexico, and Texas must be concurrent with mourning dove seasons.

Arizona may select a hunting season of not more than 30 consecutive days, running concurrently with the first segment of the mourning dove season. The daily bag limit may not exceed 10 mourning and white-winged doves in the aggregate, of which no more than 6 may be white-winged doves.

In Florida, the daily bag limit may not exceed 12 mourning and white-winged doves (15 under the alternative) in the aggregate, of which no more than 4 may be white-winged doves.

In the Nevada Counties of Clark and Nye, and in the California Counties of Imperial, Riverside, and San Bernardino, the daily bag limit may not exceed 10 mourning and white-winged doves in the aggregate.

In New Mexico, the daily bag limit may not exceed 12 mourning and white-winged doves (15 under the alternative) in the aggregate.

In Texas, the daily bag limit may not exceed 12 doves (15 under the alternative) in the aggregate, of which not more than 2 may be white-tipped doves.

In addition, Texas may also select a hunting season of not more than 4 days for the special white-winged dove area of the South Zone between September 1 and September 19. The daily bag limit may not exceed 10 white-winged, mourning, and white-tipped doves in the aggregate, of which no more than 5 may be mourning doves and 2 may be white-tipped doves.

Alaska

Outside Dates: Between September 1 and January 26.

Hunting Seasons: Alaska may select 107 consecutive days for waterfowl, sandhill cranes, and common snipe in each of five zones. The season may be split without penalty in the Kodiak Zone. The seasons in each zone must be concurrent.

Closures: The season is closed on Canada geese from Unimak Pass westward in the Aleutian Island chain. The hunting season is closed on Aleutian Canada geese, emperor geese, spectacled eiders, and Steller's eiders.

Daily Bag and Possession Limits

Ducks—Except as noted, a basic daily bag limit of 7 and a possession limit of 21 ducks. Daily bag and possession limits in the North Zone are 10 and 30, and in the Gulf Coast Zone they are 8 and 24, respectively. The basic limits may include no more than 1 canvasback daily and 3 in possession.

In addition to the basic duck limits, there is a sea duck daily bag limit of 10, with a possession limit of 20, scoter, common and king eiders, and common and red-breasted mergansers, singly or in the aggregate. Alaska may choose to allow these sea duck limits in addition to regular duck bag limits. However, the total daily bag limit for any duck species may not exceed 10.

Light Geese—A basic daily bag limit of 3 and a possession limit of 6.

Dark Geese—A basic daily bag limit of 4 and a possession limit of 8.

Dark-goose seasons are subject to the following exceptions:

1. In Units 5 and 6, the taking of Canada geese is permitted from September 28 through December 16. A special, permit only Canada goose season may be offered on Middleton Island. No more than 10 permits can be issued. A mandatory goose identification class is required . Hunters must check-in and check-out. Bag limit of 1 daily and 1 in possession. Season to close if incidental harvest includes 5 dusky Canada geese. A dusky Canada goose is any dark-breasted Canada goose (Munsell 10 YR color value five or less) with a bill length between 40 and 50 millimeters.

2. In Unit 10 (except Unimak Island), the taking of Canada geese is prohibited.

3. In Unit 9(D) and the Unimak Island portion of Unit 10, the limits for dark geese are 6 daily and 12 in possession.

Brant—A daily bag limit of 2.

Common snipe—A daily bag limit of 8.

Sandhill cranes—A daily bag limit of 3.

Tundra Swans—Open seasons for tundra swans may be selected subject to the following conditions:

1. All seasons are by registration permit only.

2. All season framework dates are September 1–October 31.

3. In GMU 18, no more than 500 swans may be harvested during the operational season. Up to 3 tundra swans may be authorized per permit. No more than 1 permit may be issued per hunter per season.

4. In GMU 22, no more than 300 swans may be harvested during the operational season. Each permittee may be authorized to take up to 3 tundra swan per permit. No more than 1 permit may be issued per hunter per season.

5. In GMU 23, no more than 300 swans may be harvested during the experimental season. No more than 3 tundra swans may be authorized per permit with no more than 1 permit issued per hunter per season. The experimental season evaluation must adhere to the guidelines for experimental seasons as described in the Pacific Flyway Management Plan for the Western Population of (Tundra) Swans.

Hawaii

Outside Dates: Between October 1 and January 31.

Hunting Seasons: Not more than 65 days (75 under the alternative) for mourning doves.

Bag Limits: Not to exceed 15 (12 under the alternative) mourning doves.

Note: Mourning doves may be taken in Hawaii in accordance with shooting hours and other regulations set by the State of Hawaii, and subject to the applicable provisions of 50 CFR part 20.

Puerto Rico

Doves and Pigeons

Outside Dates: Between September 1 and January 15.

Hunting Seasons: Not more than 60 days.

Daily Bag and Possession Limits: Not to exceed 10 Zenaida, mourning, and white-winged doves in the aggregate. Not to exceed 5 scaly-naped pigeons.

Closed Areas: There is no open season on doves or pigeons in the following areas: Municipality of Culebra, Desecheo Island, Mona Island, El Verde

Closure Area, and Cidra Municipality and adjacent areas.

Ducks, Coots, Moorhens, Gallinules, and Snipe

Outside Dates: Between October 1 and January 31.

Hunting Seasons: Not more than 55 days may be selected for hunting ducks, common moorhens, and common snipe. The season may be split into two segments.

Daily Bag Limits

Ducks—Not to exceed 6.

Common moorhens—Not to exceed 6.

Common snipe—Not to exceed 8.

Closed Seasons: The season is closed on the ruddy duck, white-cheeked pintail, West Indian whistling duck, fulvous whistling duck, and masked duck, which are protected by the Commonwealth of Puerto Rico. The season also is closed on the purple gallinule, American coot, and Caribbean coot.

Closed Areas: There is no open season on ducks, common moorhens, and common snipe in the Municipality of Culebra and on Desecheo Island.

Virgin Islands

Doves and Pigeons

Outside Dates: Between September 1 and January 15.

Hunting Seasons: Not more than 60 days for Zenaida doves.

Daily Bag and Possession Limits: Not to exceed 10 Zenaida doves.

Closed Seasons: No open season is prescribed for ground or quail doves, or pigeons in the Virgin Islands.

Closed Areas: There is no open season for migratory game birds on Ruth Cay (just south of St. Croix).

Local Names for Certain Birds: Zenaida dove, also known as mountain dove; bridled quail-dove, also known as Barbary dove or partridge; Common ground-dove, also known as stone dove, tobacco dove, rola, or tortolita; scaly-naped pigeon, also known as red-necked or scaled pigeon.

Ducks

Outside Dates: Between December 1 and January 31.

Hunting Seasons: Not more than 55 consecutive days.

Daily Bag Limits: Not to exceed 6.

Closed Seasons: The season is closed on the ruddy duck, white-cheeked pintail, West Indian whistling duck, fulvous whistling duck, and masked duck.

Special Falconry Regulations

Falconry is a permitted means of taking migratory game birds in any State meeting Federal falconry standards in 50 CFR 21.29(k). These States may select an extended season for taking migratory game birds in accordance with the following:

Extended Seasons: For all hunting methods combined, the combined length of the extended season, regular season, and any special or experimental seasons shall not exceed 107 days for any species or group of species in a geographical area. Each extended season may be divided into a maximum of 3 segments.

Framework Dates: Seasons must fall between September 1 and March 10.

Daily Bag and Possession Limits: Falconry daily bag and possession limits for all permitted migratory game birds shall not exceed 3 and 6 birds, respectively, singly or in the aggregate, during extended falconry seasons, any special or experimental seasons, and regular hunting seasons in all States, including those that do not select an extended falconry season.

Regular Seasons: General hunting regulations, including seasons and hunting hours, apply to falconry in each State listed in 50 CFR 21.29(k). Regular-season bag and possession limits do not apply to falconry. The falconry bag limit is not in addition to gun limits.

Area, Unit, and Zone Descriptions

Mourning and White-Winged Doves

Alabama

South Zone—Baldwin, Barbour, Coffee, Conecuh, Covington, Dale, Escambia, Geneva, Henry, Houston, and Mobile Counties.

North Zone—Remainder of the State.

California

White-winged Dove Open Areas—Imperial, Riverside, and San Bernardino Counties.

Florida

Northwest Zone—The Counties of Bay, Calhoun, Escambia, Franklin, Gadsden, Gulf, Holmes, Jackson, Liberty, Okaloosa, Santa Rosa, Walton, Washington, Leon (except that portion north of U.S. 27 and east of State Road 155), Jefferson (south of U.S. 27, west of State Road 59 and north of U.S. 98), and Wakulla (except that portion south of U.S. 98 and east of the St. Marks River).

South Zone—Remainder of State.

Georgia

Northern Zone—That portion of the State lying north of a line running west to east along U.S. Highway 280 from Columbus to Wilcox County, thence southward along the western border of Wilcox County; thence east along the southern border of Wilcox County to the Ocmulgee River, thence north along the Ocmulgee River to Highway 280, thence east along Highway 280 to the Little Ocmulgee River; thence southward along the Little Ocmulgee River to the Ocmulgee River; thence southwesterly along the Ocmulgee River to the western border of the Jeff Davis County; thence south along the western border of Jeff Davis County; thence east along the southern border of Jeff Davis and Appling Counties; thence north along the eastern border of Appling County, to the Altamaha River; thence east to the eastern border of Tattnall County; thence north along the eastern border of Tattnall County; thence north along the western border of Evans to Candler County; thence west along the southern border of Candler County to the Ohoopee River; thence north along the western border of Candler County to Bulloch County; thence north along the western border of Bulloch County to U.S. Highway 301; thence northeast along U.S. Highway 301 to the South Carolina line.

South Zone—Remainder of the State.

Louisiana

North Zone—That portion of the State north of Interstate Highway 10 from the Texas State line to Baton Rouge, Interstate Highway 12 from Baton Rouge to Slidell and Interstate Highway 10 from Slidell to the Mississippi State line.

South Zone—The remainder of the State.

Mississippi

South Zone—The Counties of Forrest, George, Greene, Hancock, Harrison, Jackson, Lamar, Marion, Pearl River, Perry, Pike, Stone, and Walthall.

North Zone—The remainder of the State.

Nevada

White-winged Dove Open Areas—Clark and Nye Counties.

Texas

North Zone—That portion of the State north of a line beginning at the International Bridge south of Fort Hancock; north along FM 1088 to TX 20; west along TX 20 to TX 148; north along TX 148 to I–10 at Fort Hancock; east along I–10 to I–20; northeast along I–20 to I–30 at Fort Worth; northeast along I–30 to the Texas-Arkansas State line.

South Zone—That portion of the State south and west of a line beginning at the International Bridge south of Del Rio, proceeding east on U.S. 90 to San Antonio; then east on I–10 to Orange, Texas.

Special White-winged Dove Area in the South Zone—That portion of the State south and west of a line beginning at the International Bridge south of Del Rio, proceeding east on U.S. 90 to Uvalde; south on U.S. 83 to TX 44; east along TX 44 to TX 16 at Freer; south along TX 16 to TX 285 at Hebbronville; east along TX 285 to FM 1017; southwest along FM 1017 to TX 186 at Linn; east along TX 186 to the Mansfield Channel at Port Mansfield; east along the Mansfield Channel to the Gulf of Mexico.

Area with additional restrictions—Cameron, Hidalgo, Starr, and Willacy Counties.

Central Zone—That portion of the State lying between the North and South Zones.

Band-Tailed Pigeons

California

North Zone—Alpine, Butte, Del Norte, Glenn, Humboldt, Lassen, Mendocino, Modoc, Plumas, Shasta, Sierra, Siskiyou, Tehama, and Trinity Counties.

South Zone—The remainder of the State.

New Mexico

North Zone—North of a line following U.S. 60 from the Arizona State line east to I–25 at Socorro and then south along I–25 from Socorro to the Texas State line.

South Zone—Remainder of the State.

Washington

Western Washington—The State of Washington excluding those portions lying east of the Pacific Crest Trail and east of the Big White Salmon River in Klickitat County.

Woodcock

New Jersey

North Zone—That portion of the State north of NJ 70.

South Zone—The remainder of the State.

Special September Canada Goose Seasons

Atlantic Flyway

Connecticut

North Zone—That portion of the State north of I–95.

Maryland

Eastern Unit—Anne Arundel, Calvert, Caroline, Cecil, Charles, Dorchester, Harford, Kent, Queen Annes, St. Marys, Somerset, Talbot, Wicomico, and Worcester Counties, and those portions of Baltimore, Howard, and Prince George's Counties east of I–95.

Western Unit—Allegany, Carroll, Frederick, Garrett, Montgomery, and Washington Counties, and those portions of Baltimore, Howard, and Prince George's Counties east of I–95.

Massachusetts

Western Zone—That portion of the State west of a line extending south from the Vermont border on I–91 to MA 9, west on MA 9 to MA 10, south on MA 10 to U.S. 202, south on U.S. 202 to the Connecticut border.

Central Zone—That portion of the State east of the Berkshire Zone and west of a line extending south from the New Hampshire border on I–95 to U.S. 1, south on U.S. 1 to I–93, south on I–93 to MA 3, south on MA 3 to U.S. 6, west on U.S. 6 to MA 28, west on MA 28 to I–195, west to the Rhode Island border; except the waters, and the lands 150 yards inland from the high-water mark, of the Assonet River upstream to the MA 24 bridge, and the Taunton River upstream to the Center St.-Elm St. bridge shall be in the Coastal Zone.

Coastal Zone—That portion of Massachusetts east and south of the Central Zone.

New York

Lake Champlain Zone—The U.S. portion of Lake Champlain and that area east and north of a line extending along NY 9B from the Canadian border to U.S. 9, south along U.S. 9 to NY 22 south of Keesville; south along NY 22 to the west shore of South Bay, along and around the shoreline of South Bay to NY 22 on the east shore of South Bay; southeast along NY 22 to U.S. 4, northeast along U.S. 4 to the Vermont border.

Long Island Zone—That area consisting of Nassau County, Suffolk County, that area of Westchester County southeast of I–95, and their tidal waters.

Western Zone—That area west of a line extending from Lake Ontario east along the north shore of the Salmon River to I–81, and south along I–81 to the Pennsylvania border, except for the Montezuma Zone.

Montezuma Zone—Those portions of Cayuga, Seneca, Ontario, Wayne, and Oswego Counties north of U.S. Route 20, east of NYS Route 14, south of NYS Route 104, and west of NYS Route 34.

Northeastern Zone—That area north of a line extending from Lake Ontario east along the north shore of the Salmon River to I–81, south along I–81 to NY 49, east along NY 49 to NY 365, east along NY 365 to NY 28, east along NY 28 to NY 29, east along NY 29 to I–87, north along I–87 to U.S. 9 (at Exit 20), north along U.S. 9 to NY 149, east along NY 149 to U.S. 4, north along U.S. 4 to the Vermont border, exclusive of the Lake Champlain Zone.

Southeastern Zone—The remaining portion of New York.

North Carolina

Northeast Hunt Unit—Counties of Bertie, Camden, Chovan, Currituck, Dare, Hyde, Pasquotank, Perquimans, Tyrrell, and Washington.

South Carolina

Early-season Hunt Unit—Clarendon County and those portions of Orangeburg County north of SC Highway 6 and Berkeley County north of SC Highway 45 from the Orangeburg County line to the junction of SC Highway 45 and State Road S–8–31 and west of the Santee Dam.

Vermont

Lake Champlain Zone: The U.S. portion of Lake Champlain and that area north and west of the line extending from the New York border along U.S. 4 to VT 22A at Fair Haven; VT 22A to U.S. 7 at Vergennes; U.S. 7 to the Canadian border.

Interior Zone: The remaining portion of Vermont.

Mississippi Flyway

Illinois

Northeast Canada Goose Zone—Cook, DuPage, Grundy, Kane, Kankakee, Kendall, Lake, McHenry, and Will Counties.

North Zone: That portion of the State outside the Northeast Canada Goose Zone and north of a line extending east from the Iowa border along Illinois Highway 92 to Interstate Highway 280, east along I–280 to I–80, then east along I–80 to the Indiana border.

Central Zone: That portion of the State outside the Northeast Canada Goose Zone and south of the North Zone to a line extending east from the Missouri border along the Modoc Ferry route to Modoc Ferry Road, east along Modoc Ferry Road to Modoc Road, northeasterly along Modoc Road and St. Leo's Road to Illinois Highway 3, north along Illinois 3 to Illinois 159, north along Illinois 159 to Illinois 161, east along Illinois 161 to Illinois 4, north along Illinois 4 to Interstate Highway 70, east along I–70 to the Bond County line, north and east along the Bond County line to Fayette County, north and east along the Fayette County line to Effingham County, east and south along the Effingham County line to I–70, then east along I–70 to the Indiana border.

South Zone: The remainder of Illinois.

Iowa

North Zone: That portion of the State north of a line extending east from the Nebraska border along State Highway 175 to State 37, southeast along State 37 to U.S. Highway 59, south along U.S. 59 to Interstate Highway 80, then east along I–80 to the Illinois border.

South Zone: The remainder of Iowa.

Michigan

North Zone: The Upper Peninsula.

Middle Zone: That portion of the Lower Peninsula north of a line beginning at the Wisconsin border in Lake Michigan due west of the mouth of Stony Creek in Oceana County; then due east to, and easterly and southerly along the south shore of, Stony Creek to Scenic Drive, easterly and southerly along Scenic Drive to Stony Lake Road, easterly along Stony Lake and Garfield Roads to Michigan Highway 20, east along Michigan 20 to U.S. Highway 10 Business Route (BR) in the city of Midland, east along U.S. 10 BR to U.S. 10, east along U.S. 10 to Interstate Highway 75/U.S. Highway 23, north along I–75/U.S. 23 to the U.S. 23 exit at Standish, east along U.S. 23 to Shore Road in Arenac County, east along Shore Road to the tip of Point Lookout, then on a line directly east 10 miles into Saginaw Bay, and from that point on a line directly northeast to the Canada border.

South Zone: The remainder of Michigan.

Minnesota

Twin Cities Metropolitan Canada Goose Zone.

A. All of Hennepin and Ramsey Counties.

B. In Anoka County, all of Columbus Township lying south of County State Aid Highway (CSAH) 18, Anoka County; all of the cities of Ramsey, Andover, Anoka, Coon Rapids, Spring Lake Park, Fridley, Hilltop, Columbia Heights, Blaine, Lexington, Circle Pines, Lino Lakes, and Centerville; and all of the city of Ham Lake except that portion lying north of CSAH 18 and east of U.S. Highway 65.

C. That part of Carver County lying north and east of the following described line: Beginning at the northeast corner of San Francisco Township; thence west along the north boundary of San Francisco Township to the east boundary of Dahlgren Township; thence north along the east boundary of Dahlgren Township to U.S. Highway 212; thence west along U.S. Highway 212 to State Trunk Highway (STH) 284; thence north on STH 284 to County State Aid Highway (CSAH) 10; thence north and west on CSAH 10 to CSAH 30; thence north and west on CSAH 30 to STH 25; thence east and north on STH 25 to CSAH 10; thence north on CSAH 10 to the Carver County line.

D. In Scott County, all of the cities or Shakopee, Savage, Prior Lake, and Jordan, and all of the Townships of Jackson, Louisville, St. Lawrence, Sand Creek, Spring Lake, and Credit River.

E. In Dakota County, all of the cities of Burnsville, Eagan, Mendota Heights, Mendota, Sunfish Lake, Inver Grove Heights, Apple Valley, Lakeville, Rosemount, Farmington, Hastings, Lilydale, West St. Paul, and South St. Paul, and all of the Township of Nininger.

F. That portion of Washington County lying south of the following described line: Beginning at County State Aid Highway (CSAH) 2 on the west boundary of the county; thence east on CSAH 2 to U.S. Highway 61; thence south on U.S. Highway 61 to State Trunk Highway (STH) 97; thence east on STH 97 to the intersection of STH 97 and STH 95; thence due east to the east boundary of the State.

Northwest Goose Zone (included for reference only, not a special September Goose Season Zone)—That portion of the State encompassed by a line extending east from the North Dakota border along U.S. Highway 2 to State Trunk Highway (STH) 32, north along STH 32 to STH 92, east along STH 92 to County State Aid Highway (CSAH) 2 in Polk County, north along CSAH 2 to CSAH 27 in Pennington County, north along CSAH 27 to STH 1, east along STH 1 to CSAH 28 in Pennington County, north along CSAH 28 to CSAH 54 in Marshall County, north along CSAH 54 to CSAH 9 in Roseau County, north along CSAH 9 to STH 11, west along STH 11 to STH 310, and north along STH 310 to the Manitoba border.

Two Goose Zone—That portion of the state lying east of Interstate Highway 35 and south of the Twin Cities Metropolitan Canada Goose Zone.

Five Goose Zone—That portion of the state not included in the Twin Cities Metropolitan Canada Goose Zone, the Northwest Goose Zone, or the Two Goose Zone.

Tennessee

Middle Tennessee Zone—Those portions of Houston, Humphreys, Montgomery, Perry, and Wayne Counties east of State Highway 13; and Bedford, Cannon, Cheatham, Coffee, Davidson, Dickson, Franklin, Giles, Hickman, Lawrence, Lewis, Lincoln, Macon, Marshall, Maury, Moore, Robertson, Rutherford, Smith, Sumner, Trousdale, Williamson, and Wilson Counties.

East Tennessee Zone—Anderson, Bledsoe, Bradley, Blount, Campbell, Carter, Claiborne, Clay, Cocke, Cumberland, Dekalb, Fentress, Grainger, Greene, Grundy, Hamblen, Hamilton, Hancock, Hawkins, Jackson, Jefferson, Johnson, Knox, Loudon, Marion, McMinn, Meigs, Monroe, Morgan, Overton, Pickett, Polk, Putnam, Rhea, Roane, Scott, Sequatchie, Sevier, Sullivan, Unicoi, Union, Van Buren, Warren, Washington, and White Counties.

Wisconsin

Early-Season Subzone A—That portion of the State encompassed by a line beginning at the Lake Michigan shore in Sheboygan, then west along State Highway 23 to State 67, southerly along State 67 to County Highway E in Sheboygan County, southerly along County E to State 28, south and west along State 28 to U.S. Highway 41, southerly along U.S. 41 to State 33, westerly along State 33 to County Highway U in Washington County, southerly along County U to County N, southeasterly along County N to State 60, westerly along State 60 to County Highway P in Dodge County, southerly along County P to County O, westerly along County O to State 109, south and west along State 109 to State 26, southerly along State 26 to U.S. 12, southerly along U.S. 12 to State 89, southerly along State 89 to U.S. 14, southerly along U.S. 14 to the Illinois border, east along the Illinois border to the Michigan border in Lake Michigan, north along the Michigan border in Lake Michigan to a point directly east of State 23 in Sheboygan, then west along that line to the point of beginning on the Lake Michigan shore in Sheboygan.

Early-Season Subzone B—That portion of the State between Early-Season Subzone A and a line beginning at the intersection of U.S. Highway 141 and the Michigan border near Niagara, then south along U.S. 141 to State Highway 22, west and southwest along State 22 to U.S. 45, south along U.S. 45 to State 22, west and south along State 22 to State 110, south along State 110 to U.S. 10, south along U.S. 10 to State 49, south along State 49 to State 23, west along State 23 to State 73, south along State 73 to State 60, west along State 60 to State 23, south along State 23 to State 11, east along State 11 to State 78, then south along State 78 to the Illinois border.

Central Flyway

Kansas

September Canada Goose Unit—That part of Kansas bounded by a line from the Kansas-Missouri state line west on KS–68 to its junction with KS–33, then north on KS–33 to its junction with US–56, then west on US–56 to its junction with KS–31, then west-northwest on KS–31 to its junction with KS-99, then north on KS–99 to its junction with US–24, then east on US–24 to its junction with KS–63, then north on KS–63 to its junction with KS–16, then east on KS–16 to its junction with KS–116, then east on KS–116 to its junction with US–59, then northeast on US–59 to its junction with the Kansas-Missouri line, then south on the Kansas-Missouri line to its junction with KS–68.

South Dakota

September Canada Goose Unit—Brookings, Clark, Codington, Day, Deuel, Grant, Hamlin, Kingsbury, Lake, McCook, Moody Counties, and Miner County east of SD 25, and that portion of Minnehaha County north and west of a line beginning at the junction of County 130 (Renner Road) and the Minnesota border, then west on County 130 to I–29 and along I–29 to the Lincoln County line.

Pacific Flyway

Idaho

East Zone—Bonneville, Caribou, Fremont and Teton Counties.

Oregon

Northwest Zone—Benton, Clackamas, Clatsop, Columbia, Lane, Lincoln, Linn, Marion, Polk, Multnomah, Tillamook, Washington, and Yamhill Counties.

Southwest Zone—Coos, Curry, Douglas, Jackson, Josephine, and Klamath Counties.

East Zone—Baker, Gilliam, Malheur, Morrow, Sherman, Umatilla, Union and Wasco Counties.

Washington

Southwest Zone—Clark, Cowlitz, Pacific, and Wahkiakum Counties.

East Zone—Asotin, Benton, Columbia, Garfield, Klickitat, and Whitman Counties.

Wyoming

Bear River Area—That portion of Lincoln County described in State regulations.

Salt River Area—That portion of Lincoln County described in State regulations.

Farson-Edon Area—Those portions of Sweetwater and Sublette Counties described in State regulations.

Teton Area—Those portions of Teton County described in State regulations.

Bridger Valley Area—The area described as the Bridger Valley Hunt Unit in State regulations.

Ducks

Atlantic Flyway

New York

Lake Champlain Zone: The U.S. portion of Lake Champlain and that area east and north of a line extending along NY 9B from the Canadian border to U.S. 9, south along U.S. 9 to NY 22 south of Keesville; south along NY 22 to the west shore of South Bay, along and around the shoreline of South Bay to NY 22 on the east shore of South Bay; southeast along NY 22 to U.S. 4, northeast along U.S. 4 to the Vermont border.

Long Island Zone: That area consisting of Nassau County, Suffolk County, that area of Westchester County southeast of I–95, and their tidal waters.

Western Zone: That area west of a line extending from Lake Ontario east along the north shore of the Salmon River to I–81, and south along I–81 to the Pennsylvania border.

Northeastern Zone: That area north of a line extending from Lake Ontario east along the north shore of the Salmon River to I–81, south along I–81 to NY 49, east along NY 49 to NY 365, east along NY 365 to NY 28, east along NY 28 to NY 29, east along NY 29 to I–87, north along I–87 to U.S. 9 (at Exit 20), north along U.S. 9 to NY 149, east along NY 149 to U.S. 4, north along U.S. 4 to the Vermont border, exclusive of the Lake Champlain Zone.

Southeastern Zone: The remaining portion of New York.

Mississippi Flyway

Indiana

North Zone: That portion of the State north of a line extending east from the Illinois border along State Road 18 to U.S. Highway 31, north along U.S. 31 to U.S. 24, east along U.S. 24 to Huntington, then southeast along U.S. 224 to the Ohio border.

Ohio River Zone: That portion of the State south of a line extending east from the Illinois border along Interstate Highway 64 to New Albany, east along State Road 62 to State 56, east along State 56 to Vevay, east and north on State 156 along the Ohio River to North Landing, north along State 56 to U.S. Highway 50, then northeast along U.S. 50 to the Ohio border.

South Zone: That portion of the State between the North and Ohio River Zone boundaries.

Iowa

North Zone: That portion of the State north of a line extending east from the Nebraska border along State Highway 175 to State 37, southeast along State 37 to U.S. Highway 59, south along U.S. 59 to Interstate Highway 80, then east along I–80 to the Illinois border.

South Zone: The remainder of Iowa.

Central Flyway

Kansas

High Plains Zone: That portion of the State west of U.S. 283.

Low Plains Early Zone: That portion of the State east of the High Plains Zone and west of a line extending south from the Nebraska border along KS 28 to U.S. 36, east along U.S. 36 to KS 199, south along KS 199 to Republic County Road 563, south along Republic County Road 563 to KS 148, east along KS 148 to Republic County Road 138, south along Republic County Road 138 to Cloud County Road 765, south along Cloud County Road 765 to KS 9, west along KS 9 to U.S. 24, west along U.S. 24 to U.S. 281, north along U.S. 281 to U.S. 36, west along U.S. 36 to U.S. 183, south along U.S. 183 to U.S. 24, west along U.S. 24 to KS 18, southeast along KS 18 to U.S. 183, south along U.S. 183 to KS 4, east along KS 4 to I–135, south along I–135 to KS 61, southwest along KS 61 to KS 96, northwest on KS 96 to U.S. 56, west along U.S. 56 to U.S. 281, south along U.S. 281 to U.S. 54, then west along U.S. 54 to U.S. 283.

Low Plains Late Zone: The remainder of Kansas.

New Mexico (Central Flyway Portion)

North Zone: That portion of the State north of I–40 and U.S. 54.

South Zone: The remainder of New Mexico.

Pacific Flyway

California

Northeastern Zone: That portion of the State east and north of a line beginning at the Oregon border; south and west along the Klamath River to the mouth of Shovel Creek; south along Shovel Creek to Forest Service Road 46N10; south and east along FS 46N10 to FS 45N22; west and south along FS 45N22 to U.S. 97 at Grass Lake Summit; south and west along U.S. 97 to I–5 at the town of Weed; south along I–5 to CA 89; east and south along CA 89 to the junction with CA 49; east and north on CA 49 to CA 70; east on CA 70 to U.S. 395; south and east on U.S. 395 to the Nevada border.

Colorado River Zone: Those portions of San Bernardino, Riverside, and Imperial Counties east of a line

extending from the Nevada border south along U.S. 95 to Vidal Junction; south on a road known as ''Aqueduct Road'' in San Bernardino County through the town of Rice to the San Bernardino-Riverside County line; south on a road known in Riverside County as the ''Desert Center to Rice Road'' to the town of Desert Center; east 31 miles on I–10 to the Wiley Well Road; south on this road to Wiley Well; southeast along the Army-Milpitas Road to the Blythe, Brawley, Davis Lake intersections; south on the Blythe-Brawley paved road to the Ogilby and Tumco Mine Road; south on this road to U.S. 80; east seven miles on U.S. 80 to the Andrade-Algodones Road; south on this paved road to the Mexican border at Algodones, Mexico.

Southern Zone: That portion of southern California (but excluding the Colorado River Zone) south and east of a line extending from the Pacific Ocean east along the Santa Maria River to CA 166 near the City of Santa Maria; east on CA 166 to CA 99; south on CA 99 to the crest of the Tehachapi Mountains at Tejon Pass; east and north along the crest of the Tehachapi Mountains to CA 178 at Walker Pass; east on CA 178 to U.S. 395 at the town of Inyokern; south on U.S. 395 to CA 58; east on CA 58 to I–15; east on I–15 to CA 127; north on CA 127 to the Nevada border.

Southern San Joaquin Valley Temporary Zone: All of Kings and Tulare Counties and that portion of Kern County north of the Southern Zone.

Balance-of-the-State Zone: The remainder of California not included in the Northeastern, Southern, and Colorado River Zones, and the Southern San Joaquin Valley Temporary Zone.

Canada Geese

Michigan

North Zone: The Upper Peninsula.

Middle Zone: That portion of the Lower Peninsula north of a line beginning at the Wisconsin border in Lake Michigan due west of the mouth of Stony Creek in Oceana County; then due east to, and easterly and southerly along the south shore of, Stony Creek to Scenic Drive, easterly and southerly along Scenic Drive to Stony Lake Road, easterly along Stony Lake and Garfield Roads to Michigan Highway 20, east along Michigan 20 to U.S. Highway 10 Business Route (BR) in the city of Midland, east along U.S. 10 BR to U.S. 10, east along U.S. 10 to Interstate Highway 75/U.S. Highway 23, north along I–75/U.S. 23 to the U.S. 23 exit at Standish, east along U.S. 23 to Shore Road in Arenac County, east along Shore Road to the tip of Point Lookout, then on a line directly east 10 miles into Saginaw Bay, and from that point on a line directly northeast to the Canada border.

South Zone: The remainder of Michigan.

Sandhill Cranes

Central Flyway

Colorado

Regular-Season Open Area—The Central Flyway portion of the State except the San Luis Valley (Alamosa, Conejos, Costilla, Hinsdale, Mineral, Rio Grande and Saguache Counties east of the Continental Divide) and North Park (Jackson County).

Kansas

Regular Season Open Area—That portion of the State west of a line beginning at the Oklahoma border, north on I–35 to Wichita, north on I–135 to Salina, and north on U.S. 81 to the Nebraska border.

New Mexico

Regular-Season Open Area—Chaves, Curry, De Baca, Eddy, Lea, Quay, and Roosevelt Counties.

Middle Rio Grande Valley Area—The Central Flyway portion of New Mexico in Socorro and Valencia Counties.

Southwest Zone—Sierra, Luna, and Dona Ana Counties.

Oklahoma

Regular-Season Open Area—That portion of the State west of I–35.

Texas

Regular-Season Open Area—That portion of the State west of a line from the International Toll Bridge at Brownsville along U.S. 77 to Victoria; U.S. 87 to Placedo; Farm Road 616 to Blessing; State 35 to Alvin; State 6 to U.S. 290; U.S. 290 to Austin; I–35 to the Texas-Oklahoma border.

North Dakota

Regular-Season Open Area—That portion of the State west of U.S. 281.

South Dakota

Regular-Season Open Area—That portion of the State west of U.S. 281.

Montana

Regular-Season Open Area—The Central Flyway portion of the State except that area south of I–90 and west of the Bighorn River.

Wyoming

Regular-Season Open Area—Campbell, Converse, Crook, Goshen, Laramie, Niobrara, Platte, and Weston Counties.

Riverton-Boysen Unit—Portions of Fremont County.

Park and Bighorn County Unit—Portions of Park and Bighorn Counties.

Pacific Flyway

Arizona

Special-Season Area—Game Management Units 30A, 30B, 31, and 32.

Montana

Special-Season Area—See State regulations.

Utah

Special-Season Area—Rich, Cache, and Box Elder Counties.

Wyoming

Bear River Area—That portion of Lincoln County described in State regulations.

Salt River Area—That portion of Lincoln County described in State regulations.

Eden-Farson Area—Those portions of Sweetwater and Sublette Counties described in State regulations.

All Migratory Game Birds in Alaska

North Zone—State Game Management Units 11–13 and 17–26.

Gulf Coast Zone—State Game Management Units 5–7, 9, 14–16, and 10—Unimak Island only.

Southeast Zone—State Game Management Units 1–4.

Pribilof and Aleutian Islands Zone—State Game Management Unit 10—except Unimak Island.

Kodiak Zone—State Game Management Unit 8.

All Migratory Birds in the Virgin Islands

Ruth Cay Closure Area—The island of Ruth Cay, just south of St. Croix.

All Migratory Birds in Puerto Rico

Municipality of Culebra Closure Area—All of the municipality of Culebra.

Desecheo Island Closure Area—All of Desecheo Island.

Mona Island Closure Area—All of Mona Island.

El Verde Closure Area—Those areas of the municipalities of Rio Grande and Loiza delineated as follows: (1) All lands between Routes 956 on the west and 186 on the east, from Route 3 on the north to the juncture of Routes 956 and 186 (Km 13.2) in the south; (2) all lands between Routes 186 and 966 from the juncture of 186 and 966 on the north, to the Caribbean National Forest Boundary on the south; (3) all lands lying west of Route 186 for one kilometer from the juncture of Routes 186 and 956 south to

Km 6 on Route 186; (4) all lands within Km 14 and Km 6 on the west and the Caribbean National Forest Boundary on the east; and (5) all lands within the Caribbean National Forest Boundary whether private or public.

Cidra Municipality and adjacent areas—All of Cidra Municipality and portions of Aguas, Buenas, Caguas, Cayer, and Comerio Municipalities as encompassed within the following boundary: beginning on Highway 172 as it leaves the municipality of Cidra on the west edge, north to Highway 156, east on Highway 156 to Highway 1, south on Highway 1 to Highway 765, south on Highway 765 to Highway 763, south on Highway 763 to the Rio Guavate, west along Rio Guavate to Highway 1, southwest on Highway 1 to Highway 14, west on Highway 14 to Highway 729, north on Highway 729 to Cidra Municipality boundary to the point of beginning.

BILLING CODE 4310–55–P

FINAL REGULATORY ALTERNATIVES FOR DUCK HUNTING DURING THE 1999-2000 SEASON

	ATLANTIC FLYWAY				MISSISSIPPI FLYWAY (a)				CENTRAL FLYWAY (b)				PACIFIC FLYWAY (c)(d)			
	VERY RES	RES	MOD	LIB	VERY RES	RES	MOD	LIB	VERY RES	RES	MOD	LIB	VERY RES	RES	MOD	LIB
Begining Shooting Time	1/2 hr. before sunrise	1/2 hr. before sunrise	1/2 hr. before sunrise	1/2 hr. before sunrise	1/2 hr. before sunrise	1/2 hr. before sunrise	1/2 hr. before sunrise	1/2 hr. before sunrise	1/2 hr. before sunrise	1/2 hr. before sunrise	1/2 hr. before sunrise	1/2 hr. before sunrise	1/2 hr. before sunrise	1/2 hr. before sunrise	1/2 hr. before sunrise	1/2 hr. before sunrise
Ending Shooting Time	Sunset	Sunset	Sunset	Sunset	Sunset	Sunset	Sunset	Sunset	Sunset	Sunset	Sunset	Sunset	Sunset	Sunset	Sunset	Sunset
Opening Date	Oct. 1	Oct. 1	Oct. 1	Oct. 1	Sat. nearest Oct. 1	Sat. nearest Oct. 1	Sat. nearest Oct. 1	Sat. nearest Oct. 1	Sat. nearest Oct. 1	Sat. nearest Oct. 1	Sat. nearest Oct. 1	Sat. nearest Oct. 1	Sat. nearest Oct. 1	Sat. nearest Oct. 1	Sat. nearest Oct. 1	Sat. nearest Oct. 1
Closing Date	Jan. 20	Jan. 20	Jan. 20	Jan. 20	Sun. nearest Jan. 20	Sun. nearest Jan. 20	Sun. nearest Jan. 20	Sun. nearest Jan. 20	Sun. nearest Jan. 20	Sun. nearest Jan. 20	Sun. nearest Jan. 20	Sun. nearest Jan. 20	Sun. nearest Jan. 20	Sun. nearest Jan. 20	Sun. nearest Jan. 20	Sun. nearest Jan. 20
Season Length	20	30	45	60	20	30	45	60	25	39	60	74	38	60	86	107
Daily Bag/ Possession	3 6	3 6	6 12	6 12	3 6	3 6	6 12	6 12	3 6	3 6	6 12	6 12	4 8	4 8	7 14	7 14
Species/Sex Limits within the Overall Daily Bag Limit																
Mallard (Total/Female)	3/1	3/1	4/2	4/2	2/1	2/1	4/1	4/2	3/1	3/1	5/1	5/2	3/1	3/1	5/2	7/2
Pintail	<----------ACCORDING TO THE PINTAIL INTERIM HARVEST STRATEGY---------->															
Black Duck	1	1	1	1	1	1	1	1	-	-	-	-	-	-	-	-
Scaup	<----------ACCORDING TO THE SCAUP HARVEST STRATEGY---------->															
Canvasback	<----------0 OR 1, ACCORDING TO THE CANVASBACK HARVEST STRATEGY---------->															
Redhead	2	2	2	2	1	1	2	2	1	1	2	2	2	2	2	2
Wood Duck	2	2	2	2	2	2	2	2	2	2	2	2	-	-	-	-
Whistling Ducks	1	1	1	1	-	-	-	-	-	-	-	-	-	-	-	-
Harlequin	Closed	Closed	Closed	Closed	-	-	-	-	-	-	-	-	-	-	-	-
Mottled Duck	1	1	1	1	3	3	3	3	1	1	1	1	-	-	-	-

(a) In the States of Alabama, Mississippi, and Tennessee, the season length may be 51 days in the liberal alternative and 38 days in the moderate alternative with a framework closing date in both alternatives of January 31.

(b) In the High Plains Mallard Management Unit, all regulations would be the same as the remainder of the Central Flyway with the exception of season length. Additional days would be allowed under the various alternatives as follows: very restrictive - 8, restrictive - 12, moderate and liberal - 23. Under all alternatives, additional days must be on or after the Saturday nearest December 10.

(c) In the Columbia Basin Mallard Mangement Unit, all regulations would be the same as the remainder of the Pacific Flyway, with the exception of season length. Under all alternatives except the liberal alternative, an additional 7 days would be allowed.

(d) In Alaska, framework dates, bag limits, and season length would be different than the remainder of the Pacific Flyway. The bag limit would be 5-7 under the very restrictive and restrictive alternatives, and 8-10 under the moderate and liberal alternatives. There would be no restrictions on pintails, and canvasback limits would follow those for the remainder of the Pacific Flyway. Under all alternatives, season length would be 107 days and framework dates would be Sep 1 - Jan 26.

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BILLING CODE 4310–55–C

DEPARTMENT OF COMMERCE

National Oceanic and Atmospheric Administration

50 CFR Part 660

[I.D. 071299A]

Environmental Impact Statement (EIS) for the Proposed Coral Reef Ecosystem Fishery Management Plan (Coral Reef Ecosystem FMP) of the Western Pacific Region; for the Fishery Management Plan for the Bottomfish and Seamount Groundfish of the Western Pacific Region; (Bottomfish and Seamount Groundfish FMP)

AGENCY: National Marine Fisheries Service (NMFS), National Oceanic and Atmospheric Administration (NOAA), Commerce.

ACTION: Notice of intent to prepare EISs; request for comments.

SUMMARY: NOAA announces its intention to prepare an EIS in accordance with the National Environmental Policy Act of 1969 for the proposed Coral Reef Ecosystem FMP, and an EIS for the Bottomfish and Seamount Groundfish Fisheries FMP. The Western Pacific Fishery Management Council (Council) will hold public scoping hearings in Guam and the Northern Mariana Islands (Saipan) on management alternatives to be analyzed under both EISs.

DATES: Written comments on the intent to prepare the two EISs will be accepted on or before July 29, 1999. Public scoping meetings are scheduled for July 28 and 29, 1999.

ADDRESSES: Written comments on suggested alternatives and potential impacts should be sent to Kitty M. Simonds, Executive Director, Western Pacific Regional Fishery Management Council, 1164 Bishop St., Suite 1400, Honolulu, HI 96813, and to Charles Karnella, Administrator, NMFS, Pacific Islands Area Office, 1601 Kapiolani Blvd., Suite 1110, Honolulu HI 96814.

The following locations and times have been set for scoping meetings:

1. Guam, scoping meeting/public hearing, July 28, 1999, 6 - 8 p.m., Asan Community Center, Asan Village, GU. Phone contact c/o Guam Dept. of Commerce, 671–475–0321.

2. Saipan, scoping meeting/public hearing, July 29, 1999, 6 - 9 p.m., Carolinian Utt Pavilion (across from Bank of Guam and Ocean View Hotel), Garapan, Saipan CNMI, Phone Division of Fish and Wildlife Resources, 670–322–9627 for information.

3. Additional field hearings for public scoping are tentatively planned for August in American Samoa and Hawaii (details regarding times and locations will follow in a separate **Federal Register** announcement).

FOR FURTHER INFORMATION CONTACT: Kitty M. Simonds, at 808–522–8220.

SUPPLEMENTARY INFORMATION: A summary of the Coral Reef Ecosystem FMP will be presented, including initial recommendations for management action, as described here. Comments will be solicited from the public on these and any other management alternatives the public cares to offer.

Management measures that might be adopted in the Coral Reef Ecosystem FMP include permit and reporting requirements for non-subsistence harvest of coral reef resources, marine protected areas to ensure greater conservation and management to special locations, allowable gear types to harvest coral reef resources in the U.S. exclusive economic zone (EEZ), prohibition on use of gear in ways destructive to habitat and a framework management process to add future new measures. It would also include essential fish habitat and habitat areas of particular concern, including fishing and non-fishing threats, as well as other components of FMPs required under the Magnuson-Stevens Fishery Conservation and Management Act (Magnuson-Stevens Act). An additional measure, still under consideration for possible inclusion, is a ban on the possession or collection for commercial purposes of wild ''live rock'' and coral (other than coral covered by the Fishery Management Plan for the Precious Corals Fisheries of the Western Pacific Region). The collection of live rock or coral for scientific and research purposes and the collection of small amounts of live coral as brood-stock for captive breeding/aquaculture would be allowed by permit.

The Coral Reef Ecosystem FMP, and its associated EIS, would be the Council's fifth FMP for the EEZ for all U.S. Pacific Islands. This area includes nearly 11,000 km^2 (4,000 square miles) of coral reefs. Development of the FMP is timely, considering such new mandates and initiatives as the April 1999 report to Congress by the Ecosystem Principles Advisory Panel on Ecosystem-Based Fishery Management, the President's 1998 Executive Order on Coral Reefs (E.O. 13089), and priorities of the U.S. Coral Reef Task Force and the U.S. Coral Reef Initiative, as well as the provisions of the Magnuson-Stevens Act, including provisions of the Sustainable Fisheries Act. The draft Coral Reef Ecosystem FMP describes the importance of coral reef resources to the region and current and potential threats that warrant a management plan at this time. Information regarding the harvest of these resources in the EEZ is largely unknown. Potential for unregulated harvest and bio-prospecting for reef fish, live grouper, live rock and coral exists throughout the region. Marine debris, largely from fishing gear, is impacting reefs in the Northwestern Hawaiian Islands.

The public is also invited to assist the Council to develop the scope of alternatives and impacts that should be analyzed in an EIS for the Bottomfish and Seamount Groundfish FMP. An EIS has not been prepared for the FMP. Since the FMP was implemented in 1986, many changes have occurred in the fishery, stocks and management regimes. As part of the scoping process for the EIS on the bottomfish fisheries, the public is also invited to comment on an alternative being considered for the addition of bottomfish species in the EEZ around CNMI and the U.S. Pacific Island possessions to the management unit of the Bottomfish and Seamount Groundfish FMP. Federal regulations for the EEZ off the CNMI and U.S. Island possessions that would provide basic protection and conservation measures are already established in the EEZ for other parts of the Western Pacific Region, and include no taking with explosives, poisons, trawl nets or bottom-set gillnets. A framework would also be included to implement future management measures in the bottomfish fishery. A definition of overfishing for a list of identified management unit species would be established and evaluated annually, with required action if violated.

Public Information Meetings

Additional public information meetings and public hearings on the proposed EISs will be held in various locations around the region later in the year. These meetings will be advertised in the **Federal Register** and the local newspapers.

Special Accommodations

These meetings are physically accessible to people with disabilities. Requests for sign language interpretation or other auxiliary aids should be directed to Kitty M. Simonds, (see **ADDRESSES**), 808–522–8220 (voice) or 808–522–8226 (fax), at least five days prior to the meeting date.

Dated: July 16, 1999.

Bruce C. Morehead,

Acting Director, Office of Sustainable Fisheries, National Marine Fisheries Service.

[FR Doc. 99–18737 Filed 7–19–99; 4:06 pm]

BILLING CODE 3510–22–F

Notices

Federal Register

Vol. 64, No. 140

Thursday, July 22, 1999

This section of the FEDERAL REGISTER contains documents other than rules or proposed rules that are applicable to the public. Notices of hearings and investigations, committee meetings, agency decisions and rulings, delegations of authority, filing of petitions and applications and agency statements of organization and functions are examples of documents appearing in this section.

DEPARTMENT OF AGRICULTURE

Food Safety and Inspection Service

[Docket No. 99–037N]

Technical Conference on HACCP Implementation

AGENCY: Food Safety and Inspection Service, USDA.

ACTION: Notice of public meeting; request for comment.

SUMMARY: The Food Safety and Inspection Service (FSIS) is holding a public meeting on August 17–18, 1999, to discuss technical issues related to the implementation of the Pathogen Reduction/Hazard Analysis and Critical Control Point Systems, Final Rule. The focus of the meeting will be to address how a hazard analysis is to be conducted and documented, and what constitutes validation of HACCP plans. In conjunction with addressing what constitutes the validation of HACCP plans, the topics of Listeria and performance standards related to lethality and stabilization will be addressed. A steering committee made up of people from industry, trade associations, consumer groups, and academia assisted in identifying sub-topics to be addressed at the conference. The FSIS Technical Service Center staff, which is the Agency's primary resource for addressing technical questions, will host the meeting.

DATES: The public meeting will be held August 17–18, 1999, from 8 a.m. until 4:30 p.m. each day.

ADDRESSES: The public meeting will be held at the Embassy Suites Omaha Downtown/Old Market, 555 South 10th Street, Omaha, Nebraska 68102, Telephone (402) 346–9000, FAX (402) 345–6156. The meeting is open to the public on a space-available basis. To register for the meeting, contact Ms. Deborah Arthur of the Food Safety and Inspection Service's Technical Service Center on or before August 10, 1999, by TELEPHONE (402) 221–7400, FAX (402) 221–7438, or e-mail deborah.arthur@usda.gov Attendees who require a sign language interpreter or other special accommodation should contact Ms. Arthur at the above numbers. Send an original and two copies of comments to: FSIS Docket Clerk, Docket #99–037N, U.S. Department of Agriculture, Food Safety and Inspection Service, Room 102, Cotton Annex, 300 12th Street, SW, Washington, DC 20250–3700. All comments submitted in response to this notice will be available for public inspection in the Docket Clerk's Office between 8:30 a.m. and 4:30 p.m., Monday through Friday. Transcripts from the meeting will be on file for viewing in the FSIS Docket Clerk's Office.

FOR FURTHER INFORMATION CONTACT: Ms. Karlease Kelly, Technical Service Center, Office of Field Operations, Food Safety and Inspection Service, U.S. Department of Agriculture, Suite 300 Landmark Center, 1299 Farnam Street, Omaha, Nebraska 68102, TELEPHONE 402–221–7400, FAX 402–221–7421 or e-mail karlease.kelly@usda.gov.

SUPPLEMENTARY INFORMATION: The purpose of the meeting is to address technical issues that have emerged during the implementation of the Agency's Pathogen Reduction/Hazard Analysis and Critical Control Point (PR/HACCP) Systems Final Rule, which published on July 25, 1996. The PR/HACCP rule calls for federally inspected establishments to develop a HACCP-based food safety system to reduce the risk of foodborne illnesses from livestock and poultry products. The PR/HACCP Systems Final Rule has been implemented in large and small establishments with a high degree of success. The final phase of implementation will take place in January 2000, with the implementation by very small establishments.

It is envisioned that the meeting will be useful for the establishments that have already implemented HACCP as well as for those establishments that will be implementing HACCP.

Done at Washington, DC on: July 13, 1999.

Thomas J. Billy,

Administrator.

[FR Doc. 99–18661 Filed 7–21–99; 8:45 am]

BILLING CODE 3410–DM–U

DEPARTMENT OF AGRICULTURE

Forest Service

Mill-Key-Wey Timber Sales; Superior Ranger District, Lolo National Forest; Mineral County, Montana

AGENCY: Forest Service, USDA.

ACTION: Notice; intent to prepare environmental impact statement.

SUMMARY: The Forest Service will prepare an environmental impact statement (EIS) for timber harvesting, prescribed burning, road access changes, and watershed rehabilitation in a 25,000-acre area near Superior, Montana. Lands affected are within the Mill, Fourmile, Slowey Gulch, Keystone and Pardee Creek drainages, tributary to the Clark Fork River, between Superior and St. Regis, Montana. The project area is bounded by Interstate 90 to the south and west and the Ninemile divide between Plains/Thompson Falls and Superior Ranger Districts to the north.

DATES: Initial comments concerning the scope of the analysis should be received in writing no later than August 23, 1999. Comments received during the previous scoping will be considered in the analysis and do not need to be resubmitted during this comment time period.

ADDRESSES: Send written comments to Cindy Champman Enstrom, District Ranger, Superior Ranger District, Box 460, Superior, MT 59872.

FOR FURTHER INFORMATION CONTACT: Tom Martin, Mill-Key-Wey Interdisciplinary Team Leader, Superior Ranger District, as above, or phone: (406) 822–4233.

SUPPLEMENTARY INFORMATION: Public involvement was initiated in September 1996 on the Mill-Key-Wey proposal. Additional public involvement was conducted in November of that year during alternative development. An open house hosted by the Superior Ranger District was held on January 1997, where additional comments were solicited. A follow-up letter was sent in April 1997 to the open house attendees notifying them of the project status and projected timelines.

The environmental analysis has indicated that significant effects may occur. Accordingly, we are now in the process of developing a draft Environmental Impact Statement (DEIS). The DEIS proposes the following:

The Proposed Action would harvest about 25.2 million board feet of timber from about 5812 acres (about 5180 of those acres to be burned after harvest), to underburn an additional 1348 acres, to construct 10.6 miles of new road (5.1 miles of this total will be temporary or short term access roads, reclaimed after use), to reconstruct or recondition about 13.1 miles of road and rehabilitate about 7.7 miles of existing road (primarily to mitigate existing water quality and fish habitat impacts), and to change travel management on 10.5 miles of existing roads, including 2.7 miles from open yearlong to closed yearlong, 3.6 miles from seasonal to year long closure and 4.2 miles open yearlong to a seasonal closure.

The purpose of this proposal is to carry out the goals and direction given in the Lolo National Forest Land and Resource Management Plan with ecosystem management principles. Key elements of the purpose and need are:

(1) Maintain and restore ecosystem health through timber harvesting and prescribe burning that would develop sustainable plant communities;

(2) Improve and maintain big game winter range and elk security conditions which are declining due to current plant successional trends and existing open road access;

(3) Reduce existing sediment impacts to water and fish resources caused by existing roads;

(4) Provide a more favorable and safe access to an existing electronic site;

(5) Improve the visual quality of several old harvest units and create scenic vistas to improve viewing opportunities, and

(6) Provide a sustained yield of timber to help support the economic structure of the local communities.

The decision to be made is to what extent, if at all, the Forest Service should conduct timber harvest, prescribed burning, road construction or reconstruction, road reclamation, and road closures in the Mill, Fourmile, Slowey Gulch, Keystone and Pardee Creek drainages, given the above purpose and need. This is a site-specific project decision, not a general management plan nor a programmatic analysis.

While quite a number of issues have been identified for environmental effects analysis during scoping, the following issues have been found significant enough to guide alternative development and provide focus for the EIS:

(1) Wildlife habitat effects (including hunting season bull elk security) resulting from timber harvest and road construction and rehabilitation activities; and

(2) Visual quality effects due to proposed harvesting and road building;

(3) Road management changes that affect accessibility to national forest lands;

(4) Water quality and fish habitat which are affected by existing roads;

(5) Forest Health effects in fire dependent ecosystems.

The proposed action could have both beneficial and adverse effects on these resources. In addition to the proposed action, a range of alternatives has been developed in response to issues identified during scoping that meet or partially fulfill the purpose and need. Other alternatives that have been given detailed study are:

(1) No action;

(2) Harvest only from existing roads (no new roads or temporary roads), reconstruct 13.1 miles of existing road, rehabilitate 5.9 miles of road, add year-round road closures to one mile of existing road and change access from seasonal restrictions to open yearlong on 3.6 miles; and

(3) Use prescribed burning only (no timber harvest), rehabilitate 5.9 miles of existing road and change access on 2.7 miles of road from open yearlong to closed yearlong and 3.6 miles from seasonal closure to open yearlong; and,

(4) Harvest timber similar to the proposed action, construct 10 miles of new road (6.1 miles of this total would be temporary or short term roads, reclaimed after use), reconstruct 13.1 miles of existing road with no new road restrictions.

Public participation is important to the analysis. People may visit with Forest Service officials at any time during the analysis and prior to the decision. No additional formal scoping meetings are planned. Another formal opportunity for response will be provided following completion of a draft EIS.

The draft EIS should be available for review in August, 1999. The final EIS is scheduled for completion in December, 1999.

The comment period on the draft EIS will be 45 days from the date the Environmental Protection Agency publishes the notice of availability in the **Federal Register**.

The responsible official who will make decisions based on this EIS is, Forest Supervisor, Lolo National Forest, Building 24, Fort Missoula, Missoula, MT 59804. She will decide on this proposal after considering comments and responses, environmental consequences discussed in the Final EIS, and applicable laws, regulations, and policies. The decision and reasons for the decision will be documented in a Record of Decision.

The Forest Service believes it is important, at this early stage, to give reviewers notice of several court rulings related to public participation in the environmental review process. First, reviewers of draft environmental impact statements must structure their participation in the environmental review of the proposal so it is meaningful and alerts the agency to the reviewer's position and contentions. *Vermont Yankee Nuclear Power Corp.* v. *NRDC,* 435 U.S. 519, 553 (1978). Also, environmental objections that could be raised at the draft environmental impact statement stage but are not raised until after completion of the final environmental impact statement may be waived or dismissed by the courts. *City of Angoon* v. *Hodel,* 803 F.2d 1016, 1022 (9th Cir. 1986) and *Wisconsin Heritages* v. *Harris,* 490 F. Supp. 1334, 1338 (E.D. Wis. 1980). Because of these court rulings, it is very important those interested in this proposed action participate by the close of the 45-day comment period so substantive comments and objections are made available to the Forest Service at a time when it can meaningfully consider them and respond to them in the final environmental impact statement.

To assist the Forest Service in identifying and considering issues and concerns on the proposed action, comments on the draft environmental impact statement should be as specific as possible. It is also helpful if comments refer to specific pages or chapters of the draft statement. Comments may also address the adequacy of the draft environmental impact statement or the merits of the alternatives formulated and discussed in the statement. Reviewers may wish to refer to the Council on Environmental Quality Regulations for implementing the procedural provisions of the National Environmental Policy Act at 40 CFR 1503.3 in addressing these points.

I am the responsible official for this environmental impact statement. My address is Lolo National Forest, Building 24, Fort Missoula, Missoula MT 59804.

Authority: 40 CFR 1508.22.

Dated: July 12, 1999.

Deborah L.R. Austin,

Forest Supervisor.

[FR Doc. 99–18759 Filed 7–21–99; 8:45 am]

BILLING CODE 3410–11–M

DEPARTMENT OF AGRICULTURE

Forest Service

Oregon Coast Provincial Advisory Committee Meeting

AGENCY: Forest Service, USDA.

ACTION: Notice of meeting.

SUMMARY: The Oregon Coast Provincial Advisory Committee (PAC) will meet on August 5, 1999, at the LaSells Stewart Center (Agriculture Production Room), 875 SW 26th St., Corvallis, OR. The meeting will begin at 9:00 a.m. and continue until 3:30 p.m. Agenda items to be covered include: (1) Information sharing among PAC Members, and (2) Strategic Thinking Workshop for PAC Members. Committee meetings are open to the public. One 30-minute open public forum in scheduled for 3 p.m. Interested citizens are encouraged to attend. The committee welcomes the public's written comments on committee business at any time.

FOR FURTHER INFORMATION CONTACT: Direct questions regrading this meeting to Joni Quarnstrom, Public Affairs Specialist, Siuslaw National Forest (541–750–7075), or write to the Acting Forest Supervisor, Siuslaw National Forest, P.O. Box 1148, Corvallis, Oregon 97339.

Dated: July 15, 1999.

Jose L. Linares,

Acting Forest Supervisor.

[FR Doc. 99–18761 Filed 7–21–99; 8:45 am]

BILLING CODE 3410–11–M

DEPARTMENT OF COMMERCE

Foreign-Trade Zones Board

[Docket 36–99]

Proposed Foreign-Trade Zone—Decatur, IL, Application and Public Hearing

An application has been submitted to the Foreign-Trade Zones (FTZ) Board (the Board) by the Board of Park Commissioners, Decatur Park District, to establish a general-purpose foreign-trade zone in Decatur, Illinois, adjacent to the Peoria Customs port of entry. In addition, the Decatur Airport is a U.S. Customs Service user fee airport facility. The application was submitted pursuant to the provisions of the FTZ Act, as amended (19 U.S.C. 81a–81u), and the regulations of the Board (15 CFR part 400). It was formally filed on July 14, 1999. The applicant is authorized to make the proposal under Illinois Public Act 85–471.

The proposed zone would be the second general-purpose zone in the Peoria Customs port of entry area. The existing zone is FTZ 114 at sites in the Peoria, Illinois, area (Grantee: Economic Development Council, Inc., Board Order 288, 50 FR 1606, January 11, 1985).

The proposed new zone would be located at the Decatur Airport complex, including the airport terminal facility and adjacent airport property (1,822 acres) located at 910 Airport Road, 4 miles east of downtown Decatur. The airport is owned and operated by the applicant. The site consists of a passenger terminal, a private aircraft storage facility and an airfreight facility being utilized by UPS. The site also has 6,000 square feet of space which is to be utilized by the U.S. Customs Service for passenger processing of international passenger arrivals of corporate aircraft under the auspices of a Customs user fee airport.

The application indicates a need for zone services in the Decatur, Illinois, area. Several firms have indicated an interest in using zone procedures for warehousing/distribution activity. Specific manufacturing approvals are not being sought at this time. Requests would be made to the Board on a case-by-case basis.

In accordance with the Board's regulations, a member of the FTZ Staff has been designated examiner to investigate the application and report to the Board.

As part of the investigation, the Commerce examiner will hold a public hearing on August 25, 1999, 2 p.m., at the Decatur Airport, 910 Airport Road, Decatur, Illinois 62521.

Public comment on the application is invited from interested parties. Submissions (original and 3 copies) shall be addressed to the Board's Executive Secretary at the address below. The closing period for their receipt is September 20, 1999. Rebuttal comments in response to material submitted during the foregoing period may be submitted during the subsequent 15-day period (to October 5, 1999).

A copy of the application and accompanying exhibits will be available during this time for public inspection at the following locations:

Decatur Airport, 910 Airport Road, Decatur, IL 62521

Office of the Executive Secretary, Foreign-Trade Zones Board, Room 3716, U.S. Department of Commerce, 14th and Pennsylvania Avenue, NW, Washington, DC 20230

Dated: July 15, 1999.

Dennis Puccinelli,

Acting Executive Secretary.

[FR Doc. 99–18751 Filed 7–21–99; 8:45 am]

BILLING CODE 3510–DS–P

DEPARTMENT OF COMMERCE

National Oceanic and Atmospheric Administration

Coastal Zone Management: Federal Consistency Appeal by Chevron U.S.A. From an Objection by the State of Florida

AGENCY: National Oceanic and Atmospheric Administration.

ACTION: Notice of Appeal and Public Hearing and Request for Comments.

Chevron U.S.A. Production Company (Appellant), filed with the Secretary of Commerce (Secretary) a notice of appeal pursuant to section 307(c)(3)(B) of the Coastal Zone Management Act of 1972 (CZMA), as amended, 16 U.S.C. 1451 *et seq.*, and the Department of Commerce's implementing regulations, 15 CFR. Part 930, Subpart H. The appeal is taken from an objection by the State of Florida (State) to the Appellant's consistency certification for a Development and Production Plan to produce up to 21 natural gas wells in the Destin Dome 56 Unit, some 15 miles from Florida waters and approximately 25 miles from Pensacola. The Appellant has certified that the project is consistent with the State's coastal management program.

The CZMA provides that a timely objection by a state precludes any federal agency from issuing licenses or permits for the activity unless the Secretary finds that the activity is either ''consistent with the objectives'' of the CZMA (Ground I) or ''necessary in the interest of national security'' (Ground II). Section 307(c)(3)(A). To make such a determination, the Secretary must find that the proposed project satisfies the requirements of 15 CFR 930.121 or 930.122.

The Appellant requests that the Secretary override the State's consistency objections based on Ground I and Ground II. To make the determination that the proposed activity is ''consistent with the objectives'' of the CZMA, the Secretary must find that: (1) the proposed activity furthers one or more of the national objectives or purposes contained in §§ 302 or 303 of the CZMA, (2) the adverse effects of the proposed activity do not outweigh its contribution to the national interest, (3) the proposed activity will not violate the Clean Air Act or the Federal Water

Pollution Control Act, and (4) no reasonable alternative is available that would permit the activity to be conducted in a manner consistent with the State's coastal management program. 15 CFR 930.121. To make the determination that the proposed activity is ''necessary in the interest of national security,'' the Secretary must find that a national defense or other national security interest would be significantly impaired if the proposed activity is not permitted to go forward as proposed. 15 CFR 930.122.

A public hearing has been scheduled to address the findings the Secretary must make for each appeal as set forth in the regulations at 15 CFR 930.121 and 930.122. The public hearing will be held on September 27, 1999, from 6:00 p.m. until 10:00 p.m. at the New World Landing, 600 South Palafox Street, Pensacola, FL. Persons interested in speaking at the hearing regarding any of the above criteria are required to register on the day of the hearing at New World Landing. Registration of speakers will begin at 5:00 p.m. Oral comments from public interest/lobbyist groups will be recognized on a first-come-first serve basis and will be limited to five minutes. Oral comments from the general public will be recognized on a first-come-first-serve basis and will be limited to three minutes. Written comments will be accepted at the public hearing.

In addition, written comments on the findings the Secretary must make for each appeal may be sent to Karl Gleaves, Assistant General Counsel for Ocean Services, National Oceanic and Atmospheric Administration, U.S. Department of Commerce, 1305 East-West Highway, Room 6111, Silver Spring, MD 20910. Copies comments will also be forewarded to the Appellant and the State. Comments are due by October 27, 1999.

All nonconfidential documents submitted in this appeal are available for public inspection during business hours at the offices of the State and the Office of the Assistant General Counsel for Ocean Services, NOAA.

FOR ADDITIONAL INFORMATION CONTACT: Karl Gleaves, Assistant Counsel for Ocean Services, National Oceanic and Atmospheric Administration, U.S. Department of Commerce, 1305 East-West Highway, Room 6111, Silver Spring, MD 20910, (301) 713–2967.

(Federal Domestic Assistance Catalog No. 11.419 Coastal Zone Management Program Assistance)

Dated: July 8, 1999.

Monica Medina,

General Counsel.

[FR Doc. 99–18758 Filed 7–21–99; 8:45 am]

BILLING CODE 3510–08–M

DEPARTMENT OF COMMERCE

National Oceanic and Atmospheric Administration

[I.D. 071699D]

Western Pacific Fishery Management Council; Public Meetings

AGENCY: National Marine Fisheries Service (NMFS), National Oceanic and Atmospheric Administration (NOAA), Commerce.

ACTION: Notice of public meeting and public scoping hearing.

SUMMARY: The Western Pacific Fishery Council (Council) will hold a public meeting of its Ecosystem and Habitat Panel (EHAP). The Council also will hold a public scoping hearing.

DATES: The meeting and hearing will be held on August 4–5, 1999, from 8:30 a.m. to 5:00 p.m. each day. See **SUPPLEMENTARY INFORMATION** for the meeting and hearing agenda.

ADDRESSES: The meeting and hearing will be held at the Council office's conference room, 1164 Bishop Street, Suite 1400, Honolulu, Hawaii; telephone: (808) 522–8220.

FOR FURTHER INFORMATION CONTACT: Kitty M. Simonds, Executive Director; Western Pacific Fishery Management Council; telephone (808) 522–8220.

SUPPLEMENTARY INFORMATION: The EHAP will discuss and may make recommendations to the Council on the agenda items below. The order in which agenda items will be addressed may change. The meeting also will serve as a public scoping hearing on management alternatives to be analyzed in a Draft Environmental Impact Statement (DEIS) for the Coral Reef Ecosystem Fishery Management Plan (CRE-FMP).

Agenda

Wednesday, August 4, 8:30 a.m.

I. Summary of progress to date on the CRE-FMP.

II. Implementation of plan/timetable for completion of the

CRE-FMP.

III. Review of a draft CRE-FMP:

(A) Review of fishery management units (fish, invertebrates, other); (B) Review of initial proposed measures/alternatives/ impacts: (1) permit and reporting requirements: (2) designation of marine protected areas (criteria, specific candidate sites); (3) allowable harvest gear/prohibited practices; (4) framework regulatory process: (i) aquaculture/possession permit for live rock/coral; (ii) prohibition of anchoring by fishing vessels on Guam's offshore banks; (iii) designation of zones for mooring buoy installation and anchoring requirement and (iv) requirement for permanent marking of passive fishing gear; (C) Proposed non-regulatory management measures: (1) facilitation of local management; (2) creation of incentives for sustainable use; and (3) public education outreach.

Thursday, August 5, 8:30 a.m.

A public scoping hearing will be convened regarding proposed preparation of an EIS for the CRE-FMP under the National Environmental Policy Act (NEPA) process. Additional matters are as follows:

(A) Suggestions for addressing existing laws and policies:

(1) Endangered Species Act; (2) Marine Mammal Protection Act;

(3) Administrative Procedure Act; (4) Coastal Zone Management Act; (5) Regulatory Flexibility Act; (6) Paperwork Reduction Act; (7) Executive Orders; (8) Magnuson-Stevens Fishery Conservation and Management Act, Sustainable Fisheries Act, and Essential Fish Habitat; B. Preliminary draft regulations; C. Additional concerns regarding CRE-FMP development; D. Review of draft report from the Coral Reef Ecosystem Plan Team meeting; E. Review of public comments received; F. Public comment; and G. Scheduling of next Coral Reef Ecosystem Plan Team meeting.

Although other issues not contained in this agenda may come before the EHAP for discussion, in accordance with the Magnuson-Stevens Fishery Conservation and Management Act, those issues may not be the subject of formal action during this meeting. Action will be restricted to those issues specifically identified in this agenda.

Special Accommodations

This meeting is physically accessible to people with disabilities. Requests for sign language interpretation or other auxiliary aids should be directed to Kitty M. Simonds (808) 522–8220 (voice) or (808) 522–8226 (fax), at least 5 days prior to the meeting date.

Dated: July 16, 1999.

Richard W. Surdi,

Acting Director, Office of Sustainable Fisheries, National Marine Fisheries Service.

[FR Doc. 99–18738 Filed 7–21–99; 8:45 am]

BILLING CODE 3510–22–F

CORPORATION FOR NATIONAL AND COMMUNITY SERVICE

AmeriCorps Information Technology Initiative

AGENCY: Corporation for National and Community Service.

ACTION: Notice of availability of funds to support the AmeriCorps Information Technology Initiative Through Grants to AmeriCorps National Programs.

SUMMARY: The Corporation for National Service (Corporation) announces the availability of approximately $2,225,000 in grant funds to support information technology activities in selected cities in AmeriCorps programs operating on a national or multi-state basis.

DATES: Applications must be received by September 9, 1999.

ADDRESSES: Applications must be submitted to Box ACDR, Corporation for National Service, 1201 New York Avenue, N.W., Washington, DC 20525. Applications may not be submitted by facsimile or electronic mail.

FOR FURTHER INFORMATION CONTACT: For an application or further information, contact Adin C. Miller, Corporation for National Service, 1201 New York Avenue, N.W., Washington, DC, 20525, (202) 606–5000, extension 428, acmiller@cns.gov. TDD (202) 565–2799. To request a copy of this Notice in an alternative format for persons with disabilities, contact Adin C. Miller at the contact information listed above.

SUPPLEMENTARY INFORMATION:

Background

The Corporation is a federal government corporation that encourages Americans of all ages and backgrounds to engage in community-based service. This service addresses the nation's educational, public safety, environmental and other human needs to achieve direct and demonstrable results. In doing so, the Corporation fosters civic responsibility, strengthens the ties that bind us together as a people, and provides educational opportunity for those who make a substantial commitment to service. Each year, the Corporation supports approximately 40,000 AmeriCorps members who perform substantial service in communities across the country. For more information about national service activities supported by the Corporation, go to *http://www.nationalservice.org.*

This Notice concerns funds that have been earmarked by Congress to support AmeriCorps National programs funded directly by the Corporation and operated by national nonprofit organizations in at least two states. Under the AmeriCorps National program, each national organization that serves as a parent organization provides subgrants to local chapters or affiliates, referred to as operating sites. For general information about applying for Corporation grants, you may obtain the *1999 Guide to Programs and Grants* at the Corporation's Website listed above.

This Notice concerns programs to be carried out over a period not to exceed three years. Applications must include a detailed proposed budget and proposed activities for the first year of operation, estimated funds required in the second and third years of operation, and program objectives for the entire award period. If the Corporation approves an application and enters into a multi-year award agreement, it will provide funding at the onset only for the first year of the program. The Corporation has no obligation to provide additional funding in connection with the award in subsequent years. Funding for the second and third years of an approved program is contingent upon satisfactory progress in relation to the approved objectives, submission of a detailed budget and budget narrative for the applicable program year, the availability of funds, and any other criteria established in the award agreement. Up to $2,225,000 is available for the initial one-year budget period. The Corporation anticipates awarding between one and seven grants in this competition.

Existing Parent Organizations that receive funding under the AmeriCorps Information Technology Initiative may submit future continuation proposals along the same timeline of the already approved AmeriCorps National grant. A successful Parent Organization should plan to include the AmeriCorps Information Technology Initiative in its next AmeriCorps National continuation submission through the end of the three-year funding cycle, at which point the AmeriCorps Information Technology Initiative should be included in its re-competition submission.

Eligible Applicants

Nonprofit organizations whose mission, membership, activities, or constituencies are national in scope and whose proposal involves AmeriCorps activities in more than one state may apply for funds under this Notice. An organization described in section 501(c)(4) of the Internal Revenue Code of 1986, 26 U.S.C. 501(c)(4), that engages in lobbying activities, is not eligible for these funds.

Program Overview and Requirements

The funds will support AmeriCorps National programs that propose to increase access to information technologies in K–12 school clusters located in federally-designated Round 1 Empowerment Zones, in conjunction with NextDay, a program of NetDay, a grassroots school wiring initiative.

The goal of NextDay—a coalition of Empowerment-Zone leaders, education and technology specialists, and national partners—is to develop K–12 high-tech school clusters in sixteen communities (10 urban Empowerment Zones, 3 rural Empowerment Zones, and 3 Enhanced Enterprise Zones). Each school cluster consists of an elementary and middle or junior high school feeding into a high school. Successful applicants under this Notice will aim to provide AmeriCorps activities designed to place these targeted school clusters among the top 15% of public American schools in classroom use of information technologies and digital resources. These model schools will acquire and install current-generation technologies, integrate digital information technologies into school curricula, and prepare teachers to use and teach technology. Additionally, successful applicants under this Notice will reinforce school technology training at students' homes and assist in the placement of government surplus computers in family homes. For more information about NextDay, please contact Michael Kaufman, NetDay, 240 Tamal Vista, Suite 200, Corte Madera, California, 94925, (415) 927–6850, extension 200, michael@netday.org.

At each targeted Empowerment Zone, NextDay places a Local Coordinator charged with ensuring that the goals and benchmarks for the targeted community are met and partners each school cluster with a Higher Education Institution. In addition, NextDay and its coalition of local partners plan to provide each cluster with an Education Integration Specialist and a Technology Support Specialist. The Corporation envisions an arrangement in which AmeriCorps members serve at each school throughout the implementation phases of the project. The Stanford Research Institute will evaluate the overall NextDay project with a specific focus on the educational outcome impact of the

project and how information technology affects teaching.

National partners for the NextDay project include:

- Cisco Systems, which will provide access to its Networking Academy/ Network Administrator School;
- The 3M Corporation, which will provide $1,800,000 in fiber optic cables along with technical support;
- AT&T, which will provide on-line teacher training via its Virtual Academy; and
- The University of California at Berkeley, which will serve as the lead institution of Higher Education partners. Additional Higher Education partners include Michigan State University, University of California at Los Angeles, Delta State University, Howard University, and Texas A & M.

Through an existing arrangement with the Corporation, up to thirty-two AmeriCorps VISTA members will assist the school clusters and local NextDay partners. The AmeriCorps VISTA members will implement strategies to ensure that the school clusters sustain programmatic efforts, while working with school systems and local partners to find existing and develop new local resources. The AmeriCorps VISTA members will also engage in local community relations and outreach.

The Corporation expects that successful applicants under this Notice will work in cooperation with the NextDay AmeriCorps VISTA projects. Additionally, as part of the preparation for submission of the AmeriCorps Information Technology Initiative application and as outlined on page 59 of the *1999 Guide to Programs and Grants*, Parent Organizations are required to communicate and coordinate with the State Commission in each state where Operating Sites will be located.

By design, NextDay and its AmeriCorps Information Technology Initiative will initiate activities in the Empowerment Zones in the following order:

1. Mississippi Delta (1 Cluster)
2. Oakland (1 Cluster)
3. Washington, DC (2 Clusters)
4. Detroit (2 Clusters)
5. Los Angeles (3 Clusters)
6. Rio Grande Valley (1 Cluster)
7. New York (2 Clusters)
8. Chicago (3 Clusters)
9. Baltimore (2 Clusters)
10. Atlanta (2 Clusters)
11. Cleveland (2 Clusters)
12. Philadelphia/Camden (2 Clusters)
13. Kentucky Highlands (1 Cluster)
14. Houston (2 Clusters)
15. Kansas City (2 Clusters)
16. Boston (2 Clusters)

In the first year of the AmeriCorps Information Technology Initiative, AmeriCorps activities will target only the first six Empowerment Zones listed above. NextDay has already selected the specific cluster schools in the Mississippi Delta, Oakland, Washington, DC, Detroit, and Los Angeles to participate in the project. The pre-selected cluster schools include:

1. Mississippi Delta:
   - Cluster 1: West Bolivar Elementary, Middle and High schools
2. Oakland:
   - Cluster 1: Garfield Elementary, Roosevelt Middle, Fremont High
3. Washington, DC
   - Cluster 1: Walker-Jones Elementary, Terrell Middle, Dunbar High
4. Detroit:
   - Cluster 1: Edmonson Elementary, Pelham Middle, Murray Wright High
   - Cluster 2: Webster Elementary, Earhart Middle, Western International High
5. Los Angeles:
   - Cluster 1: Barrett Elementary, Gompers Middle, Locke High

Additional cluster schools for the second and third cluster in Los Angeles and the cluster in the Rio Grande Valley will be identified by August 31, 1999. Successful applicants for funding under the AmeriCorps Information Technology Initiative must support activities at these pre-selected schools.

Applicants must propose to operate in more than one state in order to qualify for funding under this AmeriCorps National grant competition. As such, applications must propose AmeriCorps activities that serve all targeted schools in at least *one* cluster in at least two states. Applicants also must demonstrate experience in an educational setting or with technology information based curriculum. In addition, applications submitted must provide a programmatic design detailing how the AmeriCorps program will:

- Integrate digital information technologies and resources in the academic curricula at K–12 school clusters located in Empowerment Zones;
- Prepare teachers at K–12 school clusters located in Empowerment Zones to use digital resources in classroom lesson plans;
- Assist teachers and students at K–12 school clusters located in Empowerment Zones in the implementation of digital lessons;
- Assist in the implementation of digital information technology training programs for teachers at K–12 school clusters located in Empowerment Zones;
- Assist the NextDay Education Integration Specialist and Technology Support Specialist, which includes locating resources, such as teaching modules, to assist teachers in creating digital lessons;
- Provide project assessment support; and
- Integrate digital technologies into the homes of students at K–12 school clusters located in Empowerment Zones.

Because this initiative requires concentrated service, applicants may only request either full-time members who serve at least 1700 hours in a nine to twelve month period or part-time members who serve at least 900 hours in one year or less.

Review Process

The Corporation expects to receive fewer than ten applications for funding under this Notice. Applications received for this competition will be evaluated through a multi-stage process that includes reviews by peers and Corporation staff, and approval by the Corporation's Board of Directors. During the peer review process, a panel of community service practitioners and policy experts will evaluate the quality of the proposals. During the staff review, the quality of proposals is evaluated along with other Corporation preferences, statutory requirements, and additional considerations. The Corporation may also conduct interviews with semi-finalists, in person or through teleconference. The Corporation anticipates awarding between one and seven grants in this competition. The grant award size may vary by circumstance, need and program model.

Evaluation Criteria

As outlined on page 15 of the *1999 Guide to Programs and Grants*, the following three categories constitute the criteria by which the AmeriCorps Information Technology Initiative applications will be evaluated and selected:

Program Design (60%)
  Getting Things Done
  Participant Development
  Strengthening Communities
Organizational Capacity (25%)
Budget/Cost-Effectiveness (15%).

The three subcategories under Program Design constitute the criteria by which the Corporation will evaluate Operating Sites narratives. The Organization Capacity and Budget/Cost-Effectiveness categories constitute the

criteria by with the Corporation will evaluate the Parent Organization narrative. The Operating Site narratives are averaged and account collectively for 60% of the total score while the Parent Organization narrative accounts for the remaining 40% of the total score.

Additional information about the selection criteria may be found on page 15 in the *1999 Guide to Programs and Grants.*

Application Overview

To assist in planning the peer review process, the Corporation requests that potential applicants submit a one-page letter indicating intent to apply. The letter does not constitute a commitment to apply. Please submit letters of intent by facsimile to the attention of Milinda Jefferson at 202–565–2787 by August 17, 1999.

Applicants must submit one unbound single-sided original and two copies of the application. Submissions must arrive no later than 3:30 p.m., Eastern Daylight Time, September 9, 1999, and should be sent to Box ACDR, Corporation for National Service, 1201 New York Avenue, N.W., Washington, DC, 20525. Applications submitted by facsimiles or electronic mail will not be accepted.

The entire request must be typed and double-spaced in not less than 12-point font size, with one-inch margins. Page limits, as specified below, must be followed. No appendices will be reviewed. Except under extenuating circumstances as determined by the Corporation, any submission that does not comply with the above requirements will not be reviewed.

The AmeriCorps Information Technology Initiative application consists of three major components: the Parent Organization application (8 pages maximum), the budget forms and budget narratives (no page limits), and the Operating Site application(s) (3 pages maximum per site). If a Parent Organization intends to also serve as an Operating Site then, in addition to the Parent Organization narrative and budget, it must submit an Operating Site narrative and include this Operating Site in the aggregate Operating Site budget.

The Parent Organization narrative must describe:

- The number of AmeriCorps members requested;
- The program concept and design;
- The Parent Organization's capacity to plan, implement, and manage the program including staff roles and fiscal oversight;
- For current Corporation grantees, how the proposed program relates to the organization's existing program (e.g., how the Parent Organization will integrate AmeriCorps Information Technology Initiative members into an already existing site, how the Parent Organization will integrate the proposed new activities into current monitoring and supervision systems, etc.);
- Experience in an educational setting and/or with information-based technology curricula;
- Cost-effectiveness plans and resources leveraged in support of the program;
- Rationale for selection of proposed Operating Sites; and
- The process for monitoring progress and assuring quality at the Parent Organization and across Operating Sites, including a plan for evaluation.

The budget forms and budget narratives must include:

- A proposed Parent Organization operating budget and a proposed aggregate Operating Site operating budget for the entire award period with detailed operating budgets for the first year of the program, as described in the AmeriCorps*National Application Forms and Instructions; and
- A Parent Organization budget narrative and aggregate Operating Site budget narrative. The AmeriCorps*National Application Forms and Instructions describes the structure of these narratives, which should also identify projected operating costs for the second and third years of the proposed program and identify any deviation from the operating budget for the first year of the program.

Each Operating Site narrative must describe:

- AmeriCorps member activities with measurable goals and objectives;
- The process for community input and support;
- Plans for recruitment, development, and training of AmeriCorps members;
- Supervision of AmeriCorps members including a qualifications of the individual responsible, frequency of contact with members, and previous supervisory experience;
- Anticipated community challenges and proposed continuous improvement strategies; and
- The plan for coordinating efforts with the State Commission, the State Corporation Office, and other Corporation programs in the area.

Applications must abide by the Corporation's cost per full-time equivalent AmeriCorps member guideline of $11,250 as outlined on page 47 the *1999 Guide to Programs and Grants.*

The application must conform to the following format:

Parent Organization

1. Parent Organization Title Page;
2. Copies of Each Operating Site Title Page (included behind the Parent Organization Title Page in the original document only);
3. Funding Request Chart;
4. Parent Organization Narrative (maximum 8 pages); and
5. Parent Organization Budget and Budget Narrative, which includes aggregate Operating Site budget information related to the AmeriCorps Information Technology Initiative expenses and projected expenses for the second and third year of program implementation.

Operating Sites

(Each Operating Site submission should follow the same format.)

1. Operating Site Title Page; and
2. Operating Site Narrative describing site, service activities, supervision (maximum 3 pages).

Technical Assistance

Prospective applicants with questions related to this initiative may contact Adin Miller at 202–606–5000, extension 428. In addition, the Corporation will hold a conference call of up to 90 minutes on Tuesday, August 24, 1999, at 1:30 p.m. Eastern Daylight Time for those organizations that intend to apply for funding under this Notice. If you wish to register for the call, please contact Milinda Jefferson at 202–606–5000, extension 483.

Authority: 42 U.S.C. 12571–12585. CFDA No. 94.006 AmeriCorps.

Dated: July 16, 1999.

Deborah Jospin,

Director, AmeriCorps, Corporation for National and Community Service.

[FR Doc. 99–18654 Filed 7–21–99; 8:45 am]

BILLING CODE 6050–28–U

CORPORATION FOR NATIONAL AND COMMUNITY SERVICE

Availability of Funds for Grants To Support the Martin Luther King, Jr. Service Day Initiative

AGENCY: Corporation for National and Community Service.

ACTION: Notice of availability of funds.

SUMMARY: The Corporation for National and Community Service (the Corporation), in consultation with the King Center on Nonviolent Social Change, Inc. in Atlanta, invites applications for grants to pay for the federal share of the cost of planning and carrying out service opportunities in conjunction with the federal legal

holiday honoring the birthday of Martin Luther King, Jr. on January 17, 2000.

The grants are intended to mobilize more Americans to observe the Martin Luther King, Jr. federal holiday as a day of service in communities and to bring people together around the common focus of service to others. To achieve this, the Corporation will make approximately $500,000 in grant funds available to support approved service opportunities. Eligible organizations may apply for a grant in one of the following two categories. The first category of grants, in amounts of up to $3,500, will support national service and community volunteering projects of a relatively smaller scale and limited geographical scope. The second category of grants, in amounts of up to $10,000, will support large-scale (e.g., state-wide, city-wide, county-wide, or regional) service projects. By large-scale, we mean that the service involves a large number of participants in a geographic area. The Corporation expects that it will make more smaller scale grants than larger scale grants.

DATES: The deadline for submission of applications is August 26, 1999, no later than 5:00 p.m. local time.

ADDRESSES: Applications should be obtained from and returned to the Corporation state office in the applicant's state unless otherwise noted. See Supplementary Information section for Corporation state office addresses. The application should be addressed to: Martin Luther King, Jr. Day of Service, Corporation for National Service (Appropriate State Address).

FOR FURTHER INFORMATION CONTACT: For further information, contact the person listed for the Corporation office in your state, unless otherwise noted. This notice may be requested in an alternative format for the visually impaired by calling (202) 606–5000, ext. 262. The Corporation's T.D.D. number is (202) 565–2799 and is operational between the hours of 9 a.m. and 5 p.m. Eastern Daylight Time.

SUPPLEMENTARY INFORMATION:

Background

The Corporation is a federal government corporation, established by Congress in 1993 amendments to the National and Community Service Act of 1990 (the Act) that engages Americans of all ages and backgrounds in community-based service. This service addresses the nation's education, public safety, environmental, or other human needs to achieve direct and demonstrable results with special consideration to service that affects the needs of children. In doing so, the Corporation fosters civic responsibility, strengthens the ties that bind us together as a people, and provides educational opportunity for those who make a substantial commitment to service. The Corporation supports a range of national service programs including AmeriCorps, Learn and Serve America, and the National Senior Service Corps. In providing grants to support service in connection with the Martin Luther King, Jr. federal holiday, the Corporation acts in consultation with the King Center on Nonviolent Social Change, Inc. For more information about the Corporation and the programs it supports, go to http://www.nationalservice.org. For more information about the King Center, go to http://www.thekingcenter.com.

Section 12653(s) of the Act, as amended in 1994, authorizes the Corporation to make grants to share the cost of planning and carrying out service opportunities in conjunction with the federal legal holiday honoring the birthday of Martin Luther King, Jr. The Corporation intends that the activities supported by these grants will: (1) Get necessary things done in communities, (2) strengthen the communities engaged in the service activity, (3) reflect the life and teaching of Martin Luther King, Jr., (4) respond to one or more of the goals set forth at the President's Summit for America's Future and include young people as service providers, not just recipients of service, and (5) begin or occur in significant part on the federal legal holiday (January 17, 2000).

Getting things done means that projects funded under the Martin Luther King Jr. holiday grant will help communities meet education, public safety, environmental, or other human needs through direct service and effective citizen action. Accordingly, the Corporation expects well designed activities that meet compelling community needs and lead to measurable outcomes and impact.

Strengthening communities means bringing people together in pursuit of a common objective that is of value to the community. On Martin Luther King, Jr. Day in 1998, President Clinton said ''* * * to achieve one America, we must go beyond words to deeds. Serving together on the King holiday—and everyday—will bring our nation closer together and help meet some of our toughest challenges.'' Projects should seek to engage a wide range of local partners in the communities served. Projects should be designed, implemented, and evaluated with these partners, including local and state King Holiday Commissions, national service programs (AmeriCorps, Learn and Serve America, and the National Senior Service Corps), state and local organizations affiliated with the campaign for children and youth launched at the President's Summit for America's Future and carried forward by America's Promise—the Alliance for Youth, community-based agencies, schools and school districts, Volunteer Centers of the Points of Light Foundation and other volunteer organizations, local United Ways, communities of faith, businesses, foundations, state and local governments, labor organizations, and colleges and universities.

Reflecting the life and teaching of Martin Luther King means demonstrating his proposition that, ''Everybody can be great because anybody can serve.'' Service opportunities to be considered for this program should foster cooperation and understanding among racial and ethnic groups, nonviolent conflict resolution, equal economic and educational opportunities, and social justice.

Respond to one or more of the goals of the President's Summit and include young people as service providers, not just recipients of service means that service projects should be designed to help achieve five basic goals necessary for all children and youth declared at the President's Summit for America's Future and carried forward by America's Promise—the Alliance for Youth, the organization set up to pursue the Summit's goals. Those five ''fundamental resources'' are: an ongoing relationship with a caring adult—mentor, tutor, coach; safe spaces and structured activities during non-school hours; a healthy start; an effective education that provides marketable skills; and an opportunity to give back to their communities through their own service. Particularly important is the fifth goal: to challenge and inspire young people to give at least one hundred hours of service a year. All young people must see themselves—and be seen by others—as resources and leaders, not just as problems or victims. Therefore, young people should be included as service providers and resources in project planning, not just as the recipients of service, realizing Dr. King's assertion that, ''Everybody can be great because anybody can serve.''

Begin or occur in significant part on the federal legal holiday means that a significant portion of the community service activities supported by the grant should occur on the holiday itself to strengthen the link between the observance of Martin Luther King, Jr.'s birthday, the federal legal holiday

(January 17, 2000), and service that reflects his life and teaching.

The direct service to be done on and in connection with the King holiday may include, but is not limited to, the following types of activities: tutoring children or adults, feeding the hungry, packing lunches, delivering meals, stocking a food or clothing pantry, repairing a school and adding to its resources, translating books and documents into other languages, recording books for the visually impaired, restoring a public space, organizing a blood drive, registering bone marrow and organ donors, renovating low-income or senior housing, building a playground, removing graffiti and painting a mural, arranging safe spaces for children who are out of school and whose parents are working, collecting oral histories of elders, running health fairs, gleaning and distributing fruits and vegetables, etc.

Although celebrations, parades, and recognition ceremonies may be a part of the activities planned on the holiday and lead to or celebrate a commitment to service, for the purposes of this grant those activities themselves do not constitute direct service and may not be supported by this grant.

Other service outcomes for which grant applications will be considered include, but are not limited to, the following: a day-of-service that is designed to produce a sustained long-term service commitment; community-wide servathons that bring a broad cross-section together in a burst of energy on one day of service, including schools or school districts that seek to involve all students and teachers in joint service; service-learning projects that link student service in schools and universities with community-based organizations; faith-based service collaborations that bring together communities of faith and secular human service programs (subject to the limitations listed below); and service projects that include a pledge or commitment for continued service throughout the year.

Grant funding will be available on a one-time, non-renewable basis for a budget period not to exceed seven months, beginning not sooner than November 1, 1999 and ending not later than June 30, 2000. By statute, grants provided for this program, together with all other federal funds used to plan or carry out the service opportunity, may not exceed 30 percent of the cost of planning and carrying out the service opportunity.

For example, if you request $3,500 in federal dollars you must have a non-federal match of at least $8,167 (cash and/or in-kind contributions) and a total projected cost of at least $11,667. If you request $10,000 in federal dollars you must have a non-federal match of at least $23,333 (cash and/or in-kind contributions) and a total projected cost of at least $33,333. In other words the total dollars requested from the federal government should be divided by .30 to determine the total cost of the project (and total project cost minus federal dollars requested equals the required match). It may assist in the calculation to apply the formula as follows:

Federal Dollars Requested ÷.30 = Total Project Cost

Total Project Cost − Federal Dollars Requested = Non-Federal Match.

The non-federal match may include cash and in-kind contributions (including, but not limited to, supplies, staff time, trainers, food, transportation, facilities, equipment, and services) necessary to plan and carry out the service opportunity. Grants under this program constitute federal assistance and therefore may not be used primarily to inhibit or advance religion in a material way. No part of an award from the Corporation may be used to fund religious instruction, worship or proselytization. No part of an award may be used to pay honoraria or fees for speakers. Federal funds should not be requested to support a celebration banquet or other activity not connected to the actual service.

The total amount of grant funds provided under this Notice will depend on the quality of applications and the availability of appropriated funds for this purpose.

Eligible Applicants

By law, any entity otherwise eligible for assistance under the national service laws shall be eligible to receive a grant under this announcement. The applicable laws include the National and Community Service Act of 1990, as amended, and the Domestic Volunteer Service Act of 1973, as amended.

Eligible applicants include, but are not limited to: nonprofit organizations, State Commissions, volunteer centers, institutions of higher education, local education agencies, educational institutions, local or state governments, and private organizations that intend to utilize volunteers in carrying out the purposes of this program.

The Corporation especially invites applications from organizations with experience in—and commitment to—fostering service on Martin Luther King, Jr. Day, including state and local Martin Luther King, Jr. Commissions, local education agencies, faith-based partnerships, Volunteer Centers of the Points of Light Foundation, and United Ways and other community-based agencies.

Any grant recipient from the 1997, 1998, and 1999 Martin Luther King, Jr., Day of Service Initiatives will be ineligible if it has been determined to be noncompliant with the terms of those grant awards.

Pursuant to the Lobbying Disclosure Act of 1995, an organization described in section 501(c)(4) of the Internal Revenue Code of 1986, 26 U.S.C. 501(c)(4), which engages in lobbying activities, is not eligible.

Overview of Application Requirements

To be considered for funding applicants should submit the following standard components for federal grants:

1. An Application for Federal Assistance, Standard Form 424.

2. A Project Narrative describing:

a. Clearly-defined service activities (that lead to measurable outcomes) being planned in observance of Martin Luther King, Jr. Day, which must take place significantly on the legal federal holiday (January 17, 2000), but which may extend for the budget period (November 1, 1999 through June 30, 2000).

b. The partnerships in the local community, city, state or region that are being engaged in support of the service activities.

c. The organization's background and capacity to carry out this program.

d. The proposed staffing of the activity.

The project narrative portion of the application may be no longer than 7 single sided pages for applications not to exceed $3,500 and 15 single-sided pages for applications not to exceed $10,000 and must be typed double-spaced in a font no smaller than 12 point, with each page numbered.

3. A Budget Narrative (specific instructions will be provided in the application materials).

4. The Budget Form supplied with the application package.

5. A signed Certification and Assurances form incorporating conditions attendant to the receipt of federal funding.

6. Three complete copies (one original and two copies) of the application.

All applications must be received by 5:00 p.m. local time, August 26, 1999 at the Corporation office in the applicant's state, unless otherwise noted, addressed as follows: Martin Luther King, Jr. Day of Service, Corporation for National Service, (appropriate state office address; see list of addresses provided

below). Applications may not be submitted by facsimile.

To ensure fairness to all applicants, the Corporation reserves the right to take action, up to and including disqualification, in the event an application fails to comply with the requirements relating to page limits, line-spacing, font size, and application deadlines.

Budget

Detailed instructions about the budget information required will be provided in the application materials.

Selection Process and Criteria

The applications will be reviewed initially to confirm that the applicant is an eligible recipient and to ensure that the application contains the information required and otherwise complies with the requirements of this notice. The Corporation will assess the quality of the applications based on their responsiveness to the objectives included in this announcement based on the following criteria listed below (in descending order of importance):

1. Program Design. The proposal must demonstrate the applicant's ability to get necessary things done, strengthen communities, reflect the life and teaching of Martin Luther King Jr., respond to one or more of the goals set forth at the Presidents' Summit for America's Future and include young people as service providers, not just recipients of service, and begin or occur in significant part on the federal legal holiday, January 17, 2000.

2. Organizational Capacity. The application must demonstrate the organization's ability to carry out the activities described in the proposal, including the use of highly qualified staff.

3. Cost. The applicant must demonstrate how this grant will be used effectively, including the sources and uses of matching support.

Awards

The Corporation anticipates making selections under this announcement no later than November 1, 1999.

Corporation for National Service State Offices

Alabama

Roktabija Abdul-Azeez, Acting Director/CNS, Medical Forum, 950 22nd St., N., Suite 428, Birmingham, AL 35203; Phone: (205) 731–0027, FAX: (205) 731–0031

Alaska

Billie Caldwell, Director/CNS, Jackson Federal Building, 915 Second Avenue, Suite 3190, Seattle, WA 98174–1103; Phone: (206) 220–7736, FAX: (206) 553–4415

Arkansas

Opal Sims, Director/CNS, Federal Building, Room 2506, 700 West Capitol Street, Little Rock, AR 72201; Phone: (501) 324–5234, FAX: (501) 324–6949

Arizona

Richard Persely, Director/CNS, 522 North Central, Room 205A, Phoenix, AZ 85004–2190; Phone: (602) 379–4825, FAX: (602) 379–4030

California

Javier LaFianza, Director/CNS, Federal Building, Room 11221, 11000 Wilshire Boulevard, Los Angeles, CA 90024–3671; Phone: (310) 235–7421, FAX: (310) 235–7422

Colorado

James Byrnes, Director/CNS, 999 Eighteenth Street, Suite 1440 South, Denver, CO 80202; Phone: (303) 312–7952, FAX: (303) 312–7954

Connecticut

Romero Cherry, Director/CNS, 1 Commercial Plaza, 21st Floor, Hartford, CT 06103–3510; Phone: (860) 240–3237, FAX: (860) 240–3238

Delaware/Maryland

Jerry Yates, Director/CNS, One Market Center, Suite 703, Box 5300, W. Lexington St., Baltimore, MD 21201–3418; Phone: (410) 962–4443, FAX: (410) 962–3201

District of Columbia/Virginia

Thomas Harmon, Director/CNS, 400 North 8th Street, Suite 446, P. O. Box 10066, Richmond, VA 23240–1832; Phone: (804) 771–2197, FAX: (804) 771–2157

Florida

Warren Smith, Director/CNS, 3165 McCrory Street, Suite 115, Orlando, FL 32803–3750; Phone: (407) 648–6117, FAX: (407) 648–6116

Georgia

David Dammann, Director/CNS, 75 Piedmont Avenue, N.E., Room 902, Atlanta, GA 30303–2587; Phone: (404) 331–4646, FAX: (404) 331–2898

Hawaii

Lynn Dunn, Director/CNS, 300 Ala Moana Blvd., Room 6326, Honolulu, HI 96850–0001; Phone: (808) 541–2832, FAX: (808) 541–3603

Iowa

Joel Weinstein, Director/CNS, Federal Building, Room 917 210 Walnut Street, DeMoines, IA 50309–2195; Phone: (515) 284–4816, FAX: (515) 284–6640

Idaho

V. Kent Griffitts, Director/CNS, 304 North 8th Street, Room 344, Boise, ID 83702–5835; Phone: (208) 334–1707, FAX: (208) 334–1421

Illinois

Timothy Krieger, Director/CNS, 77 West Jackson Boulevard, Suite 442, Chicago, IL 60604–3511; Phone: (312) 353–3622, FAX: (312) 353–5343

Indiana

Thomas Haskett, Director/CNS, 46 East Ohio Street, Room 457, Indianapolis, IN 46204–1922; Phone: (317) 226–6724, FAX: (317) 226–5437

Kentucky

Betsy Wells, Director/CNS, 600 Martin L. King Place, Room 372-D, Louisville, KY 40202–2230; Phone: (502) 582–6384, FAX: (502) 582–6386

Louisiana

Willard Labrie, Director/CNS, 707 Florida Street, Suite 316, Baton Rouge, LA 70801; Phone: (504) 389–0471, FAX: (504) 389–0510

Maine/New Hampshire

Kathleen Ferguson, Director/CNS, 1 Pillsbury Street, Suite 201, Concord, NH 03301–3556; Phone: (603) 225–1450, FAX: (603) 225–1459

Massachusetts/Vermont

Malcolm Coles, Director/CNS, 10 Causeway Street, Room 473, Boston, MA 02222–1038; Phone: (617) 565–7001, FAX: (617) 565–7011

Maryland/Delaware

Jerry Yates, Director/CNS, One Market Center, Suite 703, Box 5300, W. Lexington St., Baltimore, MD 21201–3418; Phone: (410) 962–4443, FAX: (410) 962–3201

Michigan

Mary Pfeiler, Director/CNS, 211 West Fort Street, Suite 1408, Detroit, MI 48226–2799; Phone: (313) 226–7848, FAX: (313) 226–2557

Minnesota

Robert Jackson, Director/CNS, 431 South 7th Street, Room 2480, Minneapolis, MN 55415–1854; Phone: (612) 334–4083, FAX: (612) 334–4084

Missouri

John McDonald, Director/CNS, 801 Walnut Street, Suite 504, Kansas City, MO 64106–2009; Phone: (816) 374–6300, FAX: (816) 374–6305

Mississippi

R. Abdul-Azeez, Director/CNS, 100 West Capitol Street, Room 1005A, Jackson, MS 39269–1092; Phone: (601) 965–5664, FAX: (601) 965–4671

Montana

John Allen, Director/CNS, 208 North Montana Avenue, Suite 206, Helena, MT 59601–3837; Phone: (406) 449–5404, FAX: (406) 449–5412

North Dakota/South Dakota

John Pohlman, Director/CNS, 225 S. Pierre Street, Room 225, Pierre, SD 57501–2452; Phone: (605) 224–5996, FAX: (605) 224–9201

North Carolina

Robert Winston, Director/CNS, 300 Fayetteville Street Mall, Room 131, Raleigh, NC 27601–1739; Phone: (919) 856–4731, FAX: (919) 856–4738

Nebraska

Anne Johnson, Director/CNS, Federal Building, Room 156, 100 Centennial Mall North, Lincoln, NE 68508–3896, Phone: (402) 437–5493, FAX: (402) 437–5495

Nevada

Craig Warner, Director/CNS, 4600 Kietzke Lane, Suite E–141, Reno, NV 89502–5033, Phone: (775) 784–5314, FAX: (775) 784–5026

New Hampshire/Maine

Kathleen Ferguson, Director/CNS, 1 Pillsbury Street, Suite 201, Concord, NH 03301–3556, Phone: (603) 225–1450, FAX: (603) 225–1459

New Jersey

Stanley Gorland, Director/CNS, 44 South Clinton Ave., Room 702, Trenton, NJ 08609–1507, Phone: (609) 989–2243, FAX: (609) 989–2304

New York

Donna Smith, Director/CNS, Clinton Ave. & Pearl St., Room 818, Albany, NY 12207, Phone: (518) 431–4150, FAX: (518) 431–4154

Ohio

Paul Schrader, Director/CNS, 51 North High Street, Suite 451, Columbus, OH 43215, Phone: (614) 469–7441, FAX: (614) 469–2125

Oklahoma

Zeke Rodriguez, Director/CNS, 215 Dean A. McGee, Suite 324, Oklahoma City, OK 73102, Phone: (405) 231–5201, FAX: (405) 231–4329

Oregon

Robin Sutherland, Director/CNS, 2010 Lloyd Center, Portland, OR 97232, Phone: (503) 231–2103, FAX: (503) 231–2106

Pennsylvania

Jorina Ahmed, Director/CNS, Robert N.C. Nix Federal Bldg., 900 Market St., Suite 229, Philadelphia, PA 19107, Phone: (215) 597–2806, FAX: (215) 597–2807

Puerto Rico/Virgin Islands

Loretta Cordova, Director/CNS, 150 Carlos Chardon Ave., Suite 662, San Juan, PR 00918–1737, Phone: (787) 766–5314, FAX: (787) 766–5189

Rhode Island

Vincent Marzullo, Director/CNS, 400 Westminster Street, Room 203, Providence, RI 02903, Phone: (401) 528–5426, FAX: (401) 528–5220

South Carolina

Jerome Davis, Director/CNS, 1835 Assembly Street, Suite 872, Columbia, SC 29201–2430, Phone: (803) 765–5771, FAX: (803) 765–5777

South Dakota/North Dakota

John Pohlman, Director/CNS, 225 S. Pierre Street, Room 225, Pierre, SD 57501–2452, Phone: (605) 224–5996, FAX: (605) 224–9201

Tennessee

Jerry Herman, Director/CNS, 265 Cumberland Bend Drive, Nashville, TN 37228; Phone: (615) 736–5561, FAX: (615) 736–7937

Texas

Jerry Thompson, Director/CNS, 903 San Jacinto, Suite 130, Austin, TX 78701–3747; Phone: (512) 916–5671, FAX: (512) 916–5806

Utah

Rick Crawford, Director/CNS, 350 S. Main Street, Room 504, Salt Lake City, UT 84101–2198; Phone: (801) 524–5411, FAX: (801) 524–3599

Vermont/Massachusetts

Malcolm Coles, Director/CNS, 10 Causeway Street, Room 473, Boston, MA 02222–1038; Phone: (617) 565–7001, FAX: (617) 565–7011

Virginia/District of Columbia

Thomas Harmon, Director/CNS, 400 North 8th Street, Suite 446, P. O. Box 10066, Richmond, VA 23240–1832; Phone: (804) 771–2197, FAX: (804) 771–2157

Virgin Islands/Puerto Rico

Loretta Cordova, Director/CNS, 150 Carlos Chardon Ave., Suite 662, San Juan, PR 00918–1737; Phone: (787) 766–5314, FAX: (787) 766–5189

Washington

John Miller, Director/CNS, Jackson Federal Bldg., Suite 3190, 915 Second Ave., Seattle, WA 98174–1103; Phone: (206) 220–7745, FAX: (206) 553–4415

West Virginia

Judith Russell, Director/CNS, 10 Hale Street, Suite 203, Charleston, WV 25301–1409; Phone: (304) 347–5246, FAX: (304) 347–5464

Wyoming

Patrick Gallizzi, Director/CNS, Federal Building, Room 1110, 2120 Capitol Avenue, Cheyenne, WY 82001–3649; Phone: (307) 772–2385, FAX: (307) 772–2389

Authority: 42 U.S.C. 12653(s).

Dated: July 14, 1999.

Gary Kowalczyk,

Coordinator of National Service Programs, Corporation for National and Community Service.

[FR Doc. 99–18756 Filed 7–21–99; 8:45 am]

BILLING CODE 6050–28–U

DEPARTMENT OF DEFENSE

GENERAL SERVICES ADMINISTRATION

NATIONAL AERONAUTICS AND SPACE ADMINISTRATION

[OMB Control No. 9000–0144]

Submission for OMB Review; Comment Request Entitled Payment by Electronic Fund Transfer

AGENCIES: Department of Defense (DOD), General Services Administration (GSA), and National Aeronautics and Space Administration (NASA).

ACTION: Notice of request for an extension to an existing OMB clearance.

SUMMARY: Under the provisions of the Paperwork Reduction Act of 1995 (44 U.S.C. Chapter 35), the Federal Acquisition Regulation (FAR) Secretariat has submitted to the Office of Management and Budget (OMB) a request to review and approve an extension of a currently approved information collection requirement concerning Payment by Electronic Fund Transfer. A request for public comments was published at 64 FR 26367, May 14, 1999. No comments were received.

DATES: Comments may be submitted on or before August 23, 1999.

ADDRESSES: Comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden should be submitted to: FAR Desk Officer, OMB, Room 10102, NEOB, Washington, DC 20503, and a copy to the General Services Administration, FAR Secretariat, 1800 F Street, NW, Room 4035, Washington, DC 20405.

FOR FURTHER INFORMATION CONTACT: Jeremy F. Olson, Federal Acquisition Policy Division, GSA (202) 501–3221.

SUPPLEMENTARY INFORMATION:

A. Purpose

The FAR requires certain information to be provided by contractors which would enable the Government to make payments under the contract by electronic fund transfer (EFT). The information necessary to make the EFT transaction is specified in clause 52.232–33, Payment by Electronic Fund Transfer-Central Contractor Registration, which the contractor is required to provide prior to award, and clause 52.232–34, Payment by Electronic Fund Transfer-Other Than Central Contractor Registration, which requires EFT information to be provided as specified by the agency to enable payment by EFT.

B. Annual Reporting Burden

Public reporting burden for this collection of information is estimated to average *30* minutes per response including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

The annual reporting burden is estimated as follows: Respondents, *14,000;* responses per respondent, *10;* total annual responses, *140,000;* preparation hours per response, *.5;* and total response burden hours, *70,000.*

Obtaining Copies of Proposals

Requester may obtain a copy of the justification from the General Services Administration, FAR Secretariat (MVRS), Room 4035, 1800 F Street, NW, Washington, DC 20405, telephone (202) 208–7312. Please cite OMB Control No. 9000–0144, Payment by Electronic Fund Transfer, in all correspondence.

Dated: July 16, 1999.

Edward C. Loeb,

Director, Federal Acquisition Policy Division.

[FR Doc. 99–18662 Filed 7–21–99; 8:45 am]

BILLING CODE 6820–34–P

DEPARTMENT OF DEFENSE

GENERAL SERVICES ADMINISTRATION

NATIONAL AERONAUTICS AND SPACE ADMINISTRATION

[OMB Control No. 9000–0010]

Submission for OMB Review; Comment Request Entitled Progress Payments

AGENCIES: Department of Defense (DOD), General Services Administration (GSA), and National Aeronautics and Space Administration (NASA).

ACTION: Notice of request for an extension to an existing OMB clearance.

SUMMARY: Under the provisions of the Paperwork Reduction Act of 1995 (44 U.S.C. Chapter 35), the Federal Acquisition Regulation (FAR) Secretariat has submitted to the Office of Management and Budget (OMB) a request to review and approve an extension of a currently approved information collection requirement concerning Progress Payments. A request for public comments was published at 64 FR 26368, May 14, 1999. No comments were received.

DATES: Comments may be submitted on or before August 23, 1999.

ADDRESSES: Comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, should be submitted to: FAR Desk Officer, OMB, Room 10102, NEOB, Washington, DC 20503, and a copy to the General Services Administration, FAR Secretariat (MVRS), 1800 F Street, NW, Room 4035, Washington, DC 20405.

FOR FURTHER INFORMATION CONTACT: Jeremy F. Olson, Federal Acquisition Policy Division, GSA (202) 501–3221.

SUPPLEMENTARY INFORMATION:

A. Purpose

Certain Federal contracts provide for progress payments to be made to the contractor during performance of the contract. The requirement for certification and supporting information are necessary for the administration of statutory and regulatory limitation on the amount of progress payments under a contract. The submission of supporting cost schedules is an optional procedure that, when the contractor elects to have a group of individual orders treated as a single contract for progress payments purposes, is necessary for the administration of statutory and regulatory requirements concerning progress payments.

B. Annual Reporting Burden

The annual reporting burden estimates in the May 14, 1999, **Federal Register** notice were based on a proposed rule published in the **Federal Register** on February 10, 1999 (64 FR 6759) (FAR Case 98–400). The estimates in this notice are currently approved by OMB and will be reduced at the final rule stage of FAR Case 98–400.

Public reporting burden for this collection of information is estimated to average *.55* hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

The annual reporting burden is estimated as follows: Respondents, *27,000;* responses per respondent, *32*; total annual responses, *864,000;* preparation hours per response, *.55*; and total response burden hours, *475,200.*

Obtaining Copies of Proposals

Requester may obtain a copy of the justification from the General Services Administration, FAR Secretariat (MVRS), Room 4035, 1800 F Street, NW, Washington, DC 20405, telephone (202) 208–7312. Please cite OMB Control No. 9000–0010, Progress Payment, in all correspondence.

Dated: July 16, 1999.

Edward C. Loeb,

Director, Federal Acquisition Policy Division.

[FR Doc. 99–18663 Filed 7–21–99; 8:45 am]

BILLING CODE 6820–34–P

DEPARTMENT OF DEFENSE

GENERAL SERVICES ADMINISTRATION

NATIONAL AERONAUTICS AND SPACE ADMINISTRATION

[OMB Control No. 9000–0082]

Submission for OMB Review; Comment Request Entitled Economic Purchase Quantities—Supplies

AGENCIES: Department of Defense (DOD), General Services Administration (GSA), and National Aeronautics and Space Administration (NASA).

ACTION: Notice of request for an extension to an existing OMB clearance.

SUMMARY: Under the provisions of the Paperwork Reduction Act of 1995 (44 U.S.C. Chapter 35), the Federal Acquisition Regulation (FAR) Secretariat has submitted to the Office of Management and Budget (OMB) a request to review and approve an

extension of a currently approved information collection requirement concerning Economic Purchase Quantities—Supplies. A request for public comments was published at 64 FR 26367, May 14, 1999. No comments were received.

DATES: Comments may be submitted on or before August 23, 1999.

ADDRESSES: Comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, should be submitted to: FAR Desk Officer, OMB, Room 10102, NEOB, Washington, DC 20503, and a copy to the General Services Administration, FAR Secretariat (MVRS), 1800 F Street, NW, Room 4035, Washington, DC 20405.

FOR FURTHER INFORMATION CONTACT: Jeremy F. Olson, Federal Acquisition Policy Division, GSA (202) 501–3221.

SUPPLEMENTARY INFORMATION:

A. Purpose

The provisions at 52.207–4, Economic Purchase Quantities—Supplies, invites offerors to state an opinion on whether the quantity of supplies on which bids, proposals, or quotes are requested in solicitations is economically advantageous to the Government. Each offeror who believes that acquisitions in different quantities would be more advantageous is invited to (1) recommend an economic purchase quantity, showing a recommended unit and total price, and (2) identify the different quantity points where significant price breaks occur. This information is required by Public Law 98–577 and Public Law 98–525.

B. Annual Reporting Burden

Public reporting burden for this collection of information is estimated to average *50* minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

The annual reporting burden is estimated as follows: Respondents, *1,524;* responses per respondent, *25;* total annual responses, *38,100;* preparation hours per response, *.83;* and total response burden hours, *31,623.*

Obtaining Copies of Proposals

Requester may obtain a copy of the justification from the General Services Administration, FAR Secretariat (MVRS), Room 4035, 1800 F Street, NW, Washington, DC 20405, telephone (202) 208–7312. Please cite OMB Control No. 9000–0082, Economic Purchase Quantities— Supplies, in all correspondence.

Dated: July 16, 1999.

Edward C. Loeb,

Director, Federal Acquisition Policy Division.

[FR Doc. 99–18664 Filed 7–21–99; 8:45 am]

BILLING CODE 6820–34–P

DEPARTMENT OF DEFENSE

GENERAL SERVICES ADMINISTRATION

NATIONAL AERONAUTICS AND SPACE ADMINISTRATION

[OMB Control No. 9000–0080]

Submission for OMB Review; Comment Request Entitled Integrity of Unit Prices

AGENCIES: Department of Defense (DOD), General Services Administration (GSA), and National Aeronautics and Space Administration (NASA).

ACTION: Notice of request for an extension to an existing OMB clearance.

SUMMARY: Under the provisions of the Paperwork Reduction Act of 1995 (44 U.S.C. Chapter 35), the Federal Acquisition Regulation (FAR) Secretariat has submitted to the Office of Management and Budget (OMB) a request to review and approve an extension of a currently approved information collection requirement concerning Integrity of Unit Prices. A request for public comments was published at 64 FR 26366, May 14, 1999. No comments were received.

DATES: Comments may be submitted on or before August 23, 1999.

ADDRESSES: Comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, should be submitted to: FAR Desk Officer, OMB, Room 10102, NEOB, Washington, DC 20503, and a copy to the General Services Administration, FAR Secretariat (MVRS), 1800 F Street, NW, Room 4035, Washington, DC 20405.

FOR FURTHER INFORMATION CONTACT: Jeremy F. Olson, Federal Acquisition Policy Division, GSA (202) 501–3221.

SUPPLEMENTARY INFORMATION:

A. Purpose

FAR 15.408(f) and the clause at FAR 52.215–14, Integrity of Unit Prices, require offerors and contractors under Federal contracts that are awarded without adequate price competition to identify in their proposals those supplies which they will not manufacture or to which they will not contribute significant value. The policies included in the FAR are required by section 501 of Public Law 98–577 (for the civilian agencies) and section 927 of Public Law 99–500 (for DOD and NASA). The rule eliminates reporting requirements on contracts with civilian agencies for commercial items.

B. Annual Reporting Burden

Public reporting burden for this collection of information is estimated to average *5* minutes per line item, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

The annual reporting burden is estimated as follows: Respondents, *1,000;* responses per respondent, *10;* total annual responses, *10,000;* preparation hours per response, *1* hour; and total response burden hours, *10,000*.

Obtaining Copies of Proposals

Requester may obtain a copy of the justification from the General Services Administration, FAR Secretariat (MVRS), Room 4035, 1800 F Street, NW, Washington, DC 20405, telephone (202) 208–7312. Please cite OMB Control No. 9000–0080, Integrity of Unit Prices, in all correspondence.

Dated: July 16, 1999.

Edward C. Loeb,

Director, Federal Acquisition Policy Division.

[FR Doc. 99–18665 Filed 7–21–99; 8:45 am]

BILLING CODE 6820–34–P

DEPARTMENT OF DEFENSE

Department of the Army

ARMS Initiative Implementation; Meeting

AGENCY: Department of the Army, DoD.

ACTION: Notice of meeting.

SUMMARY: Pursuant to Pub. L. 92–463, notice is hereby given of the next meeting of the Armament Retooling and Manufacturing Support (ARMS) Executive Advisory Committee (EAC). The EAC charters the development of new and innovative methods to optimize the asset value of the Government-Owned, Contractor-Operated ammunition industrial base for peacetime and national emergency requirements, while ensuring—economical and efficient processes at minimal operating costs, matching critical skills, balancing community

economic benefits, and becoming a ''model'' for defense conversion. This meeting will update the EAC and public on the status of ongoing actions, new items of interests, and suggested future direction/actions. Topics for this meeting will include—percentage of sales minimum requirement for consideration of third party work; lessons learned from excess plant process; stronger community involvement; ARMS Strategic Plan revised from input stemming from the last EAC meeting; program metrics; Industrial Operations Command's proposed ''Future State Briefing; and various related topics. This meeting is open to the public.

DATE OF MEETING: August 10–11, 1999.

PLACE OF MEETING: Doubletree Hotel, 1150 Ninth Street, Modesto, California 95354.

TIME OF MEETING: 8 AM–5 PM on August 10 and 11.

FOR FURTHER INFORMATION CONTACT: Mr. Elwood H. Weber, ARMS Task Force, HQ Army Materiel Command, 5001 Eisenhower H. Weber, ARMS Task Force, HQ Army Materiel Command, 5001 Eisenhower Avenue, Alexandria Virginia 22333; Phone (703) 617–9788.

SUPPLEMENTARY INFORMATION: Reservations must be made directly by calling the Doubletree Hotel (209) 526–6000. To assist in the EAC Meeting administrative support requirements, request that *all* attendees contact the ARMS Team via telephone (309) 782–3360/4090 or email to perezm@ioc.army.mil. Previously registered EAC attendees will confirm database information and new attendees will register at the door. Meeting dress will be corporate casual.

Gregory D. Showalter,

Army Federal Register Liaison Officer.

[FR Doc. 99–18741 Filed 7–21–99; 8:45 am]

BILLING CODE 3710–08–M

DEPARTMENT OF DEFENSE

Department of the Army

Armed Forces Epidemiological Board (AFEB); Meeting

AGENCY: Department of the Army, DoD.

ACTION: Notice of meeting.

SUMMARY: In accordance with section 10(a)(2) of Pub. L. 92–463, The Federal Advisory Committee Act, this announces the forthcoming AFEB subcommittee meeting. This Board will meet form 0730–1600 on Wednesday, August 18, 1999. The purpose of the meeting is to review the Rand Report on Pyridostigmine Bromide. The meeting location will be at the Uniformed Services University of Health Services (USUHS), Bethesda, Maryland.

FOR FURTHER INFORMATION CONTACT: COL Benedict Diniega, AFEB Executive Secretary, Armed Forces Epidemiological Board, Skyline Six, 5109 Leesburg Pike, Room 682, Falls Church, Virginia 22041–3258, (703) 681–8012/4.

SUPPLEMENTARY INFORMATION: None.

Gregory D. Showalter,

Army Federal Register Liaison Officer.

[FR Doc. 99–18744 Filed 7–21–99; 8:45 am]

BILLING CODE 3710–08–M

DEPARTMENT OF DEFENSE

Department of the Army

Committee Meeting Notice

AGENCY: Department of Army, DOD.

ACTION: Notice of meeting.

SUMMARY: In accordance with section 10(a)(2) of the Federal Advisory Committee Act (Pub. L. 92–463), announcement is made of the following committee meeting:

Name of Committee: USARSA Subcommittee of the Army Education Advisory Committee.

Dates of Meeting: 9–11 August 1999.

Place: USARSA, Building 35, Fort Benning, Georgia.

Time: 0900–1700 on 9 and 10 August, 0900–1200 on 11 August 1999.

FOR FURTHER INFORMATION CONTACT: All communications regarding this subcommittee should be addressed to Lieutenant Colonel Jerardo Reyes, Designated Federal Office, U.S. Army School of the Americas, ATTN: ATZB–SAZ–CS, Fort Benning, Georgia, 31905–6245.

SUPPLEMENTARY INFORMATION:

Proposed Agenda: Presentation by the Commanding General, Training and Doctrine Command on the Subcommittee's report of the previous meeting and issues requested from that meeting.

1. *Purpose of Meeting:* This is the Sixth USARSA Subcommittee meeting. The subcommittee will receive a report from the Commander, Training and Doctrine Command, and briefings they requested as a result of the fifth subcommittee meeting.

2. Meeting of Advisory Committee is open to the public. Due to space limitations, attendance may be limited to those persons who have notified the Committee Management Office in writing at least 5 days prior to the meeting date of their intent to attend.

3. Any member of the public may file a written statement with the committee before, during or after the meeting. To the extent that time permits, the subcommittee chairman may allow public presentations of oral statements at the meeting.

Gregory D. Showalter,

Army Federal Reigster Liaison Officer.

[FR Doc. 99–18740 Filed 7–21–99; 8:45 am]

BILLING CODE 3710–08–M

DEPARTMENT OF DEFENSE

Department of the Army

Intent To Grant an Exclusive or Partially Exclusive License to BONTEX

AGENCY: U.S. Army Research Laboratory, Department of the Army, DoD.

ACTION: Notice of Intent.

SUMMARY: In compliance with 37 CFR Part 404 *et seq.*, the Department of the Army hereby gives notice of its intent to grant to BONTEX, a corporation having its principle place of business at One BONTEX Drive, Buena Vista, VA 24416–0751, an exclusive or partially exclusive license relative to an ARL patented elastomeric compound (U.S. patent no. 4, 848,114). Anyone wishing to object to the granting of this license has 60 days from the date of this notice to file written objections along with supporting evidence, if any.

FOR FURTHER INFORMATION CONTACT: Michael D. Rausa, U.S. Army Research Laboratory, Office of Research and Technology Applications, ATTN: AMSRL–CS–TT/Bldg. 433, Aberdeen Proving Ground, Maryland 21005–5425, Telephone: (410) 278–5028.

SUPPLEMENTARY INFORMATION: None.

Gregory D. Showalter,

Army Federal Register Liaison Officer.

[FR Doc. 99–18739 Filed 7–21–99; 8:45 am]

BILLING CODE 3710–08–M

DEPARTMENT OF DEFENSE

Department of the Army

Prospective Grant of Exclusive Patent License

AGENCY: Department of the Army, DoD.

ACTION: Notice.

SUMMARY: In accordance with the provisions of 15 U.S.C. 209 (c)(1) and 37 CFR 404.7 (a)(1)(i), SBCCOM hereby gives notice that it is contemplating the grant of an exclusive license in the United States to practice the invention embodied in U.S. Provisional Patent

Application Number 60/102,144 filed 9/29/98, entitled, ''Environmental Material Ticket Reader (EMTR) and Environmental Material Ticket (EMT)'' to Dycor, U.S.A., Inc. having a place of business in Harve de Grace, Maryland .

FOR FURTHER INFORMATION CONTACT: Mr. Roy Albert, Technology, Transfer Office, U.S. Army SBCOM, ATTN: SCBRD–ASC, 5183 Blackhawk Road (Bldg E3330/245), APG, MD 21010–5423, Phone: (410) 436–4438 or E-mail: recalbert@cbdcom.apgea.army.mil.

SUPPLEMENTARY INFORMATION: The prospective exclusive license will be royalty bearing and will comply with the terms and conditions of 35 U.S.C. 209 and 37 CFR 404.7. The prospective exclusive license may be granted, unless within sixty days from the date of this published Notice, SBCCOM receives written evidence and argument to establish that the grant of the license would not be consistent with the requirements of 35 U.S.C. 209 and 37 CFR 404.7.

U.S. Provisional Patent Application 60/102,144 pertains to the detection of chemical agents in the vapor phase with an improved operational knowledge base and by applying envolving technological advances in chemistry, engineered materials, and engineering production.

Gregory D. Showalter,

Army Federal Register Liaison Officer.

[FR Doc. 99–18742 Filed 7–21–99; 8:45 am]

BILLING CODE 3710–08–M

DEPARTMENT OF DEFENSE

Department of the Army

Availability of Non-Exclusive, Exclusive, or Partially Exclusive Licensing of a U.S. Provisional Patent Application Concerning the Detection of Chemical Agents

AGENCY: Department of the Army.

ACTION: Notice.

SUMMARY: In accordance with 37 CFR 404.6 announcement is made of the availability for licensing of U.S. Pending Provisional Patent Application 60/102,144, entitled: Environmental Material Ticket Reader (EMTR) and Environmental Material Ticket (EMT)'' filed September 29, 1998 and assigned to the United States Government as represented by the Secretary of the Army.

FOR FURTHER INFORMATION CONTACT: Mr. Roy Albert, Technology Transfer Office, U.S. Army SBCCOM, ATTN: SCBRD–ASC, 5183 Blackhawk Road (Bldg. E3330/245), APG, MD 21010–5423, Phone: (410) 436–4438 or E-mail: rcalbert@cbdcom.apgea.army.mil.

SUPPLEMENTARY INFORMATION: The present invention pertains to the detection of chemical agents in the vapor phase with an improved operation knowledge base and by applying evolving technological advances in chemistry, engineered materials, and engineering production.

Gregory D. Showalter,

Army Federal Register Liaison Officer.

[FR Doc. 99–18743 Filed 7–21–99; 8:45 am]

BILLING CODE 3710–08–M

DEPARTMENT OF EDUCATION

Notice of Proposed Information Collection Requests

AGENCY: Department of Education.

SUMMARY: The Acting Leader, Information Management Group, Office of the Chief Information Officer, invites comments on the proposed information collection requests as required by the Paperwork Reduction Act of 1995.

DATES: Interested persons are invited to submit comments on or before September 20, 1999.

SUPPLEMENTARY INFORMATION: Section 3506 of the Paperwork Reduction Act of 1995 (44 U.S.C. Chapter 35) requires that the Office of Management and Budget (OMB) provide interested Federal agencies and the public an early opportunity to comment on information collection requests. OMB may amend or waive the requirement for public consultation to the extent that public participation in the approval process would defeat the purpose of the information collection, violate State or Federal law, or substantially interfere with any agency's ability to perform its statutory obligations. The Acting Leader, Information Management Group, Office of the Chief Information Officer, publishes that notice containing proposed information collection requests prior to submission of these requests to OMB. Each proposed information collection, grouped by office, contains the following: (1) Type of review requested, e.g. new, revision, extension, existing or reinstatement; (2) Title; (3) Summary of the collection; (4) Description of the need for, and proposed use of, the information; (5) Respondents and frequency of collection; and (6) Reporting and/or Recordkeeping burden. OMB invites public comment.

The Department of Education is especially interested in public comment addressing the following issues: (1) Is this collection necessary to the proper functions of the Department; (2) will this information be processed and used in a timely manner; (3) is the estimate of burden accurate; (4) how might the Department enhance the quality, utility, and clarity of the information to be collected; and (5) how might the Department minimize the burden of this collection on the respondents, including through the use of information technology.

Dated: July 16, 1999.

Hazel Fiers,

Director, Office of the Chief Information Officer.

Office of the Under Secretary

Type of Review: Revision.
Title: 21st Century Community Learning Centers Annual Performance Report.
Frequency: Recordkeeping.
Reporting and Recordkeeping Hour Burden:
Responses: 233,877
Burden Hours: 71,963
Abstract: 21st Century Community Learning Centers grantees must annually submit the report so the Department can evaluate the performance of grantees prior to awarding continuation grants and to assess a grantee's prior experience at the end of each budget period. The Department will aggregate the data to provide descriptive information and analyze program impact. These data will also be used for annual GPRA-required reports.

Written comments and requests for copies of the proposed information collection request should be addressed to Vivian Reese, Department of Education, 400 Maryland Avenue, S.W., Room 5624, Regional Office Building 3, Washington, DC 20202–4651, or should be electronically mailed to the internet address *Vivian Reese@ed.gov*, or should be faxed to 202–708-9346.

For questions regarding burden and/or the collection activity requirements, contact, Kathy Axt at 703–426–9692. Individuals who use a telecommunications device for the deaf (TDD) may call the Federal Information Relay Service (FIRS) at 1–800–877–8339.

[FR Doc. 99–18674 Filed 7–21–99; 8:45 am]

BILLING CODE 4000–01–P

DEPARTMENT OF EDUCATION

Office of Student Financial Assistance; William D. Ford Federal Direct Loan Program and Federal Family Education Loan Program

AGENCY: Department of Education.

ACTION: Notice of interest rates for the period October 1, 1998, through June 30, 1999, for new loans made under the William D. Ford Federal Direct Loan (Direct Loan) Program and the Federal Family Education Loan (FFEL) Program; Correction.

SUMMARY: The Chief Operating Officer for the Office of Student Financial Assistance Programs announces the interest rates for the period October 1, 1998, through June 30, 1999, for loans first disbursed on or after October 1, 1998, under the William D. Ford Federal Direct Loan (Direct Loan) Program and the Federal Family Education Loan (FFEL) Program. This notice corrects the notice published in the **Federal Register** on April 30, 1999 (64 FR 23287).

FOR FURTHER INFORMATION CONTACT: For the Federal Family Education Loan Program: Brian Smith, Program Specialist. For the William D. Ford Federal Direct Loan Program: Barbara F. Grayson, Program Specialist. Mailing address: Policy Development Division, Office of Student Financial Assistance, U.S. Department of Education, Room 3045, ROB–3, 400 Maryland Avenue, SW, Washington, DC 20202–5345. Telephone: (202) 708–8242. Individuals who use a telecommunications device for the deaf (TDD) may call the Federal Information Relay Service (FIRS) at 1–800–877–8339.

Individuals with disabilities may obtain this document in an alternate format (e.g., Braille, large print, audiotape, or computer diskette) on request to the contact person.

SUPPLEMENTARY INFORMATION:

General

The formulas for determining the interest rates for Direct Loan and FFEL Program loans are provided in sections 455(b), 427A, and 428C of the Higher Education Act of 1965, as amended (HEA). These provisions are amended by sections 452 and 416 of the Higher Education Amendments of 1998 (Pub. L.105–244), which were enacted on October 7, 1998. The 1998 Amendments extend to July 1, 2003, the interest rate formulas for student and parent loans that have been in effect since July 1, 1998.

The interest rate calculations for all student and parent loans in the Direct Loan and FFEL programs for which the first disbursement is made on or after October 1, 1998, are based on the bond equivalent rate of the 91-day Treasury bills auctioned at the final auction held before June 1.

The Amendments change the formulas for setting interest rates on Consolidation loans under both the Direct Loan and the FFEL programs. However, the bill sets different effective dates for each program. The interest rate for new Consolidation loans is calculated by taking the weighted average of the loans being consolidated, and rounding up to the nearest higher ⅛th of 1 percent. Except as noted below under Federal Family Education Loan Program, it is a fixed rate and may not exceed 8.25 percent. This interest rate formula applies to FFEL Consolidation loans for which the application is received by an eligible lender on or after October 1, 1998, and before July 1, 2003. The same formula applies to Direct Loan Consolidation loans for which the application is received on or after February 1, 1999, and before July 1, 2003. The 1998 Amendments establish temporary rules for calculating the interest rate for Direct Loan Consolidation loans (both student and parent) for which the application is received on or after October 1, 1998, and before February 1, 1999. For these loans, the interest rate is determined annually and equals the bond equivalent rate of 91-day Treasury bills auctioned at the final auction held before June 1st plus 2.3 percent. The interest rate is capped at 8.25 percent.

The bond equivalent rate of 91-day Treasury bills auctioned on May 26, 1998, is 5.155 percent, which rounds to 5.16 percent.

William D. Ford Federal Direct Loan Program

1. Direct Subsidized and Direct Unsubsidized loans, first disbursed on or after October 1, 1998:

(a) During the in-school, grace, and deferment periods:

The interest rate for the period October 1, 1998, through June 30, 1999, is 6.86 percent (5.16 percent plus 1.7 percent equals 6.86 percent).

(b) During all other periods:

The interest rate for the period October 1, 1998, through June 30, 1999, is 7.46 percent (5.16 percent plus 2.3 percent equals 7.46 percent).

2. Direct PLUS loans first disbursed on or after October 1, 1998:

The interest rate for the period October 1, 1998, through June 30, 1999, is 8.26 percent (5.16 percent plus 3.1 percent equals 8.26 percent).

3. Direct Consolidation loans for which the application is received on or after October 1, 1998, and before February 1, 1999:

The interest rate for the period October 1, 1998, through June 30, 1999, is 7.46 percent (5.16 percent plus 2.3 percent equals 7.46 percent).

4. Direct Consolidation loans for which the application is received on or after February 1, 1999:

The interest rate is the weighted average of the interest rates on the loans being consolidated, rounded to the nearest higher ⅛th of 1 percent, but may not exceed 8.25 percent. The rate does not vary annually; it is established for the life of the loan.

Federal Family Education Loan Program

1. FFEL Stafford loans, first disbursed on or after October 1, 1998:

(a) During the in-school, grace, and deferment periods:

The interest rate for the period October 1, 1998, through June 30, 1999, is 6.86 percent (5.16 percent plus 1.7 percent equals 6.86 percent).

(b) During all other periods:

The interest rate for the period October 1, 1998, through June 30, 1999, is 7.46 percent (5.16 percent plus 2.3 percent equals 7.46 percent).

2. FFEL PLUS loans first disbursed on or after October 1, 1998:

The interest rate for the period October 1, 1998, through June 30, 1999, is 8.26 percent (5.16 percent plus 3.1 percent equals 8.26 percent).

3. FFEL Consolidation loans for which the consolidation loan application was received by the lender on or after October 1, 1998:

The interest rate is the weighted average of the interest rates on the loans being consolidated, rounded to the nearest higher ⅛th of one percent, but may not exceed 8.25 percent. This rate does not vary annually. It is established for the life of the loan, unless a portion of the Consolidation loan is attributable to a loan made under subpart I of part A of title VII of the Public Health Service Act. The interest rate on that portion of a Consolidation loan is determined annually, and equals the average of the bond equivalent rates of the 91-day Treasury bills auctioned for the quarter prior to July 1st plus 3 percent. For the period October 1, 1998, through June 30, 1998, the interest rate for that portion of a Consolidation loan is 8.13 percent (5.13 percent plus 3.0 percent equals 8.13 percent)

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Note: The official version of this document is the document published in the **Federal Register**.

Program Authority: 20 U.S.C. 1077a, 20 U.S.C. 1087e, and Pub. L. 105–244.

Dated: July 16, 1999.

Candace M. Kane,

Acting Chief Operating Officer, Office of Student Financial Assistance.

[FR Doc. 99–18726 Filed 7–21–99; 8:45 am]

BILLING CODE 4000–01–U

DEPARTMENT OF ENERGY

Federal Energy Regulatory Commission

[Docket No. RP99–420–000]

Iroquois Gas Transmission System, L.P.; Notice of Fuel Calculations

July 16, 1999.

Take notice that on July 1, 1999, pursuant to Section 2.27 of the General Terms and Conditions of its FERC Gas Tariff, Iroquois Gas Transmission System, L.P. (Iroquois) tendered for filing its schedules which reflect calculations supporting the Measurement Variance/Fuel Use Factors utilized by Iroquois during the period January 1, 1999 through June 30, 1999.

Iroquois states that data from the data base during this period has to be verified to ensure accurate and complete information. Iroquois states that the schedules attached to the filing include calculations supporting each of the following three components of Iroquois' composite Measurement Variance/Fuel Use Factor:

(1) Lost and unaccounted-for gas (Measurement Variance Factor);

(2) Fuel use associated with the transportation of gas by others on behalf of Iroquois (Account 858 Fuel Use Factor); and

(3) Fuel use associated with the transportation of gas on Iroquois' pipeline system (Account 854 Fuel Use Factor).

Any person desiring to be heard or to protest said filing should file a motion to intervene or a protest with the Federal Energy Regulatory Commission, 888 First Street, N.E., Washington, D.C. 20426, in accordance with Sections 385.214 or 385.211 of the Commission's Rules and Regulations. All such motions or protests must be filed on or before July 23, 1999. Protests will be considered by the Commission in determining the appropriate action to be taken, but will not serve to make protestants parties to the proceedings. Any person wishing to become a party must file a motion to intervene. Copies of this filing are on file with the Commission and are available for public inspection in the Public Reference Room. This filing may be viewed on the web at http://www.ferc.fed.us/online/rims.htm (call 202–208–2222 for assistance).

David P. Boergers,

Secretary.

[FR Doc. 99–18710 Filed 7–21–99; 8:45 am]

BILLING CODE 6717–01–M

DEPARTMENT OF ENERGY

Federal Energy Regulatory Commission

[Docket No. RP99–431–000]

Koch Gateway Pipeline Company; Notice of Tariff Filing

July 16, 1999.

Take notice that on July 1, 1999, Koch Gateway Pipeline Company (Koch) tendered for filing a request to implement Version 1.4 of the Gas Industry Standards Board (GISB) Standard 4.3.29 on August 1, 1999.

Koch states that the Notice Task Force has revised GISB Standard 4.3.29, Version 1.3 by separating the ''Press Release, Company News or Phone List'' category into two categories—''Press Release, Company News'' and ''Phone List.'' The Task Force also added a new category of notice type, ''Intraday Bump.''

Any person desiring to be heard or to protest said filing should file a motion to intervene or a protest with the Federal Energy Regulatory Commission, 888 First Street, N.E., Washington, D.C. 20426, in accordance with Sections 385.214 or 385.211 of the Commission's Rules and Regulations All such motions or protests must be filed on or before July 23, 1999. Protests will be considered by the Commission in determining the appropriate action to be taken, but will not serve to make protestants parties to the proceedings. Any person wishing to become a party must file a motion to intervene. Copies of this filing are on file with the Commission and are available for public inspection in the Public Reference Room. This filing may be viewed on the web at http://www.ferc.fed.us/online/rims.htm (call 202–208–2222 for assistance).

David P. Boergers,

Secretary.

[FR Doc. 99–18711 Filed 7–21–99; 8:45 am]

BILLING CODE 6717–01–M

DEPARTMENT OF ENERGY

Federal Energy Regulatory Commission

[Project No. 201–000 AK]

Petersburg Municipal Power and Light; Notice of Petersburg Municipal Power and Light's Request To Use Alternative Procedures in Filing a License Application

July 16, 1999.

On July 7, 1999, the existing licensee, Petersburg Municipal Power and Light Petersburg), filed a request to use alternative procedures in submitting an application for a new license for the existing Blind Slough Hydroelectric Project No. 201. The 2.0-megawatt project is located on Crystal Creek, and Mitkof Island, about 16 miles from the City of Petersburg, Alaska. Petersburg has demonstrated that it has made an effort to contact all resource agencies, Indian Tribes, nongovernmental organizations (NGOs), and others affected by the proposal, and that a consensus exists that the use of alternative procedures is appropriate in this case. Petersburg has also submitted a communications protocol that is supported by most interested entities.

The purpose of this notice is to invite comments on Petersburg's request to use the alternative procedures, pursuant to Section 4.34(i) of the Commission's regulations.[1] Additional notices seeking comments on the specific project proposal, interventions and protests, and recommended terms and conditions will be issued at a later date.

The alternative procedures being requested here combine the prefiling consultation process with the environmental review process, allowing the applicant to complete and file an Environmental Assessment (EA) in lieu of Exhibit E of the license application. This differs from the traditional process, in which the applicant consults with agencies, Indian tribes, NGOs during preparation of the application for the license and before filing it, but the Commission staff performs the environmental review after the application is filed. The alternative procedures are intended to simply and

[1] Order No. 596, Regulations for the Licensing of Hydroelectric Projects, 81 FERC ¶ 61,103 (1997).

expedite the licensing process combining the prefiling consultation and environmental review processes into a single process, to facilitate greater participation, and to improve communication and cooperation among the participants.

Applicant Prepared EA Process and Blind Slough Project Schedule

Petersburg has submitted a proposed schedule for the APEA process that leads to the filing of a new license application by August 2002. Study plans would be developed this summer, with National Environmental Policy Act scoping being conducted in the fall. Field-work would be conducted over two seasons, summer 2000 and 2001 (if needed), with a draft application and draft APEA to be issued for comment in the fall of 2001.

Comments

Interested parties have 30 days from the date of this notice to file with the Commission, any comments on Petersburg's proposal to use the alternative procedures to file an application for the Blind Slough Hydroelectric Project.

Filing Requirements

The comments must be filed by providing an original and 8 copies as required by the Commission's regulations to: Federal Energy Regulatory Commission, Office of the Secretary, Dockets—Room 1A, 888 First Street, NE, Washington, DC 20416.

All comments filings must bear the heading ''Comments on the Alternative Procedures,'' and include the project name and number (Blind Slough Hydroelectric Project No. 201).

For further information on this process, please contact Vince Yearick of the Federal Energy Regulatory Commission at 202–219–2938 or E-mail vince-yearick@ferc.fed.us.

David P. Boergers,

Secretary.

[FR Doc. 99–18713 Filed 7–21–99; 8:45 am]

BILLING CODE 6717–01–M

DEPARTMENT OF ENERGY

Federal Energy Regulatory Commission

[Docket No. CP99–576–000]

Williams Gas Pipelines Central, Inc.; Notice of Application

July 16, 1999.

Take notice that on July 12, 1999, Williams Gas Pipelines Central, Inc. (Williams), Post Office Box 3288, Tulsa, Oklahoma 74101, filed in Docket No. CP99–576–000, an application pursuant to Section 7(c) of the Natural Gas Act (NGA), for authorization to uprate the Blackwell-Cotton Valley 16-inch pipeline, to construct approximately 36.8 miles of 20–inch loop pipeline and additional measurement facilities. This filing may be viewed on the web at http://www.ferc.fed.us/online/rims.htm (call 202–208–2222 for assistance).

Williams proposes to uprate the Blackwell-Cotton Valley 16-inch pipeline from 500 psig to 690 psig, to extend the Southern Trunk 20-inch pipeline loop by constructing an additional 36.8 miles of pipeline loop, and to construct additional measurement facilities to serve new turbines at the Empire District Electric Company State Line plant in Jasper County, Missouri. The total project cost is estimated to be approximately $19,717,524.

Any questions regarding the application should be directed to either Bart Wherritt at (918) 573–4369 or John Cary (918) 573–4212, Williams Gas Pipelines Central, Inc., P.O. Box 3288, Tulsa, Oklahoma 74101.

Any persons desiring to be heard to protest said filing should on or before August 6, 1999, file with the Federal Energy Regulatory Commission, 888 First Street, NE, Washington, DC 20426, a petition to intervene or a protest in accordance with the requirements of the Commission's Rules of Practice and Procedure (18 CFR 385.214 or 385.211) and the regulations under the Natural Gas Act (18 CFR 157.10). All protests filed with the Commission will be considered by it in determining the appropriate action to be taken but will not serve to make the protestants parties to the proceeding. Any person wishing to become a party to the proceeding or to participate as a party in any hearing therein, must file a petition to intervene in accordance with the Commission's Rules.

Take further notice that, pursuant to the authority contained in and subject to the jurisdiction conferred upon the Federal Energy Regulatory Commission by Sections 7 and 15 of the Natural Gas Act and the Commission's Rules of Practice and Docket No. CP99–576–000 Procedure, a hearing will be held without further notice before the Commission on this application if no petition to intervene is filed within the time required herein, and if the Commission on its own review of the matter finds that the abandonment is required by the public convenience and necessity. If a petition for leave to intervene is timely filed, or if the Commission on its motion believes that a formal hearing is required, further notice of such hearing will be duly given.

Under the procedure herein provided for, unless otherwise advised, it will be unnecessary for Williams to appear or be represented at the hearing.

David P. Boergers,

Secretary.

[FR Doc. 99–18712 Filed 7–21–99; 8:45 am]

BILLING CODE 6712–01–M

DEPARTMENT OF ENERGY

Federal Energy Regulatory Commission

[Docket No. EC96–19–047, et al.]

California Independent System Operator Corporation, et al.; Electric Rate and Corporate Regulation Filings

July 15, 1999.

Take notice that the following filings have been made with the Commission:

1. California Independent System Operator Corporation

[Docket Nos. EC96–19–047 and ER96–1663–049]

Take notice that on July 8, 1999, the California Independent System Operator Corporation (ISO) tendered for filing a supplemental compliance filing in the above-identified dockets. The filing consists of an amendment to the ISO's Bylaws that would extend the initial term of the ISO's Board of governors to March 31, 2000.

The ISO states that this filing has been served upon all persons on the official service list in the above-identified dockets.

Comment date: August 9, 1999, in accordance with Standard Paragraph E at the end of this notice.

2. Texas-New Mexico Power Company and SW Acquisition, L.P.

[Docket No. EC99–92–000]

Take notice that on July 9, 1999, Texas-New Mexico Power Company (TNMP) and SW Acquisition, L.P. (together, Joint Applicants) tendered for filing a request that the Commission approve a disposition of facilities and/or grant any other authorization the Commission may deem to be needed under section 203 of the Federal Power Act as a result of the forthcoming merger between TNP Enterprises, Inc. (TNP), TNMP's parent, and SW Acquisition, L.P. Joint Applicants submit that the planned merger of TNP with SW Acquisition, L.P., will have no effect on the jurisdictional facilities, rates or services of TNMP and will be consistent with the public interest.

Joint Applicants request expeditious action on the application in order that there be no delay in the merger of TNP and SW Acquisition, L.P.

Comment date: August 9, 1999, in accordance with Standard Paragraph E at the end of this notice.

3. Central Hudson Gas & Electric Corporation; Consolidated Edison Company of New York, Inc.; Long Island Lighting Company; New York State Electric & Gas Corporation; Niagara Mohawk Power Corporation; Orange and Rockland Utilities, Inc.; Rochester Gas and Electric Corporation; Power Authority of the State of New York; New York Power Pool

[Docket Nos. ER97–1523–004, OA97–470–005 and ER97–4234–003 (not consolidated)]

Take notice that on July 12, 1999, the Member Systems of the New York Power Pool (Member Systems), tendered for filing an errata to the Member Systems' compliance filing on April 30, 1999 (April 30 Filing).

A copy of this filing was served upon all persons on the Commission's official service list(s) in the captioned proceeding(s), and the respective electric utility regulatory agencies in New York, New Jersey and Pennsylvania.

Comment date: July 30, 1999, in accordance with Standard Paragraph E at the end of this notice.

4. Cinergy Services, Inc.

[Docket No. ER99–3236–000]

Take notice that on July 12, 1999, Cinergy Services, Inc. (Cinergy), on behalf of its operating affiliates PSI Energy, Inc. and The Cincinnati Gas & Electric Company, filed an executed Service Agreement between Cinergy and the Blue Ridge Power Agency (BRPA) as a supplement to its filing in the above-captioned docket.

Copies of this filing have been served upon all parties on the official service list, the public utility commissions of Indiana, Ohio, Kentucky, and Virginia, the BRPA and the American Electric Power Company.

Comment date: July 30, 1999, in accordance with Standard Paragraph E at the end of this notice.

5. Southern Company Services, Inc.

[Docket No. ER99–3531–000]

Take notice that on July 9, 1999, Southern Company Services, Inc. (SCS) filed with the Federal Energy Regulatory Commission a Generator Backup Service Agreement between Mobile Energy Services Company L.L.C. and Alabama Power Company, Georgia Power Company, Gulf Power Company, Mississippi Power Company, Savannah Electric and Power Company and Southern Company Services, Inc. SCS states that pursuant to the Agreement it will provide regulation service, spinning reserve service, supplemental reserve service and generator backup capacity and energy service for the generating facility of Mobile Energy Services Company L.L.C., located near Mobile, Alabama.

Pursuant to the Agreement, SCS seeks an effective date of July 7, 1999.

Comment date: July 29, 1999, in accordance with Standard Paragraph E at the end of this notice.

6. Sierra Pacific Power Company

[Docket No. ER99–3532–000]

Take notice that on July 9, 1999, Sierra Pacific Power Company (Sierra) tendered for filing Service Agreements (Service Agreements) with The Los Angeles Department of Water and Power Wholesale Marketing Group and TransAlta Energy Marketing (U.S.) Inc. for both Short-Term Firm and Non-Firm Point-to-Point Transmission Service under Sierra's Open Access Transmission Tariff (Tariff):

Sierra filed the executed Service Agreements with the Commission in compliance with sections 13.4 and 14.4 of the Tariff and applicable Commission regulations. Sierra also submitted revised Sheet No. 148B (Attachment E) to the Tariff, which is an updated list of all current subscribers.

Sierra requests waiver of the Commission's notice requirements to permit and effective date of July 10, 1999 for Attachment E, and to allow the Service Agreements to become effective according to their terms.

Copies of this filing were served upon the Public Service Commission of Nevada, the Public Utilities Commission of California and all interested parties.

Comment date: July 29, 1999, in accordance with Standard Paragraph E at the end of this notice.

7. Northern States Power Company (Minnesota Company)

[Docket No. ER99–3533–000]

Take notice that on July 9, 1999, Northern States Power Company (Minnesota) (NSP) tendered for filing an Agreement dated June 24, 1999, between NSP and the City of Shakopee (City). In a previous agreement dated June 15, 1998, between the two parties, City agreed to continue paying NSP the current wholesale distribution substation rate of $0.47/kW-month until June 30, 1999. Since the June 15, 1998, agreement has terminated, this new Agreement has been executed to continue the current wholesale distribution substation rate of $0.47/kW-month until December 31, 1999.

NSP requests the Agreement be accepted for filing effective July 1, 1999, and requests waiver of the Commission's notice requirements.

Comment date: July 29, 1999, in accordance with Standard Paragraph E at the end of this notice.

8. PP&L, Inc.

[Docket No. ER99–3534–000]

Take notice that on July 9, 1999, PP&L, Inc. (PP&L) filed a Service Agreement dated June 7, 1999, with Energetix (Energetix) under PP&L's Market-Based Rate and Resale of Transmission Rights Tariff, FERC Electric Tariff, Revised Volume No. 5. The Service Agreement adds Energetix as an eligible customer under the Tariff.

PP&L requests an effective date of July 9, 1999 for the Service Agreement.

PP&L states that copies of this filing have been supplied to Energetix and to the Pennsylvania Public Utility Commission.

Comment date: July 29, 1999, in accordance with Standard Paragraph E at the end of this notice.

9. Dunkirk Power LLC

[Docket No. ER99–3535–000]

Take notice that on July 9, 1999, Dunkirk Power LLC tendered for filing under its market-based rate tariff two long-term service agreements with Niagara Mohawk Power Corporation and one long-term service agreement with NRG Power Marketing, Inc.

Comment date: July 29, 1999, in accordance with Standard Paragraph E at the end of this notice.

10. Electric Clearinghouse, Inc.

[Docket No. ER99–3536–000]

Take notice that on July 9, 1999, Electric Clearinghouse, Inc. (ECI), tendered for filing pursuant to rule 205, 18 CFR 385.205, revisions to its rate schedule related to sales of ancillary services and replacement reserves in California.

ECI requests waiver of the Commission's 60-day prior notice requirement in order to permit their respective revisions to become effective on July 10, 1999.

Comment date: July 29, 1999, in accordance with Standard Paragraph E at the end of this notice.

11. Niagara Mohawk Power Corporation and New York State Electric & Gas Corporation

[Docket No. ER99–3537–000]

Take notice that on July 9, 1999, Niagara Mohawk Power Corporation and New York State Electric & Gas Corporation tendered for filing, under sections 205 and 206 of the Federal Power Act, amendments to New York State Electric & Gas Rate Schedule No. 115 and Niagara Mohawk Power Corporation Rate Schedule No. 165. These amendments reflect the proposed implementation of the New York State Independent System Operator, as well as the transfer by NYSEG of one of its generating stations.

A copy of this filing has been served upon the Public Service Commission of the State of New York.

Comment date: July 29, 1999, in accordance with Standard Paragraph E at the end of this notice.

12. Huntley Power LLC

[Docket No. ER99–3538–000]

Take notice that on July 9, 1999, Huntley Power LLC tendered for filing under its market-based rate tariff four long-term service agreements with Niagara Mohawk Power Corporation and one long-term service agreement with NRG Power Marketing, Inc.

The effective date of each agreement is June 11, 1999.

Comment date: July 29, 1999, in accordance with Standard Paragraph E at the end of this notice.

13. Niagara Mohawk Power Corporation and Rochester Gas and Electric Corporation

[Docket No. ER99–3539–000]

Take notice that on July 9, 1999, Niagara Mohawk Power Corporation and Rochester Gas and Electric Corporation tendered for filing, under sections 205 and 206 of the Federal Power Act, amendments to Niagara Mohawk Power Corporation rate Schedule No. 176. These amendments reflect the proposed implementation of the New York State Independent System Operator, as well as the transfer by the parties of a jointly owned generating station.

A copy of this filing has been served upon the Public Service Commission of the State of New York.

Comment date: July 29, 1999, in accordance with Standard Paragraph E at the end of this notice.

14. Otter Tail Power Company

[Docket No. ER99–3543–000]

Take notice that Otter Tail Power Company (OTP) on July 12, 1999, tendered for filing a transmission service agreement between itself and Ameren Energy. The agreement establishes Ameren Energy as a customer under OTP's transmission service tariff (FERC Electric Tariff, Original Volume No. 7).

OTP respectfully requests an effective date sixty days after filing. OTP is authorized to state that Ameren Energy joins in the requested effective date.

Copies of the filing have been served on the Ameren Energy, Missouri Public Service Commission, Minnesota Public Utilities Commission, North Dakota Public Service Commission, and the South Dakota Public Utilities Commission.

Comment Date: July 30, 1999, in accordance with Standard Paragraph E at the end of this notice.

15. Calpine Power Services Company

[Docket No. ER99–3544–000]

Take notice that on July 12, 1999, Calpine Power Services Company (Calpine Power Services), petitioned the Commission to amend its Revised Rate Schedule No. 1 to provide authority to sell certain ancillary services within the California Independent System Operator control area and replacement reserves at market-based rates, to waive Commission policy to make the amendments to the rate schedule to be effective as of May 7, 1999, to waive application of the Central Maine Policy to Calpine Power Services to waive the sixty-day prior notice requirement in section 35.11 of the Commission's regulations, 18 CFR 35.11, to permit those rates to become effective as of May 7, 1999, and to conform that the waivers and blanket authorizations previously granted to Calpine Power Services for market-based rate authority for wholesale sales of energy and capacity also apply to the market-based sales of ancillary services and replacement reserves. Calpine Power Services is an indirect wholly owned subsidiary of Calpine Corporation.

Comment date: July 30, 1999, in accordance with Standard Paragraph E at the end of this notice.

16. Southern Company Services, Inc.

[Docket No. ER99–3545–000]

Take notice that on July 12, 1999, Southern Company Services, Inc. (SCS), acting on behalf of Alabama Power Company (APC), filed the Interconnection Agreement (Agreement) between Mobile Energy Services, L.L.C. and APC. The Agreement allows Mobile Energy to interconnect to and operate in parallel with the Southern Company electric system. The Agreement was executed on July 7, 1999 and terminates on September 30, 1999.

Comment date: July 30, 1999, in accordance with Standard Paragraph E at the end of this notice.

17. Delmarva Power & Light Company and Atlantic City Electric Company

[Docket No. ER99–3546–000]

Take notice that on July 12, 1999, Delmarva Power & Light Company (Delmarva) and Atlantic City Electric Company (Atlantic), filed their 1st and 2nd quarterly reports for 1999 for transactions under the Agreement Between Atlantic and Delmarva for Sales of Capacity Credits, under Atlantic's Rate Schedule FERC No. 73 and Delmarva's Rate Schedule FERC No. 121. Delmarva Power & Light Co., et al. 87 FERC ¶ 61,289 (1999).

Comment date: July 30, 1999, in accordance with Standard Paragraph E at the end of this notice.

18. PP&L, Inc.

[Docket No. ER99–3547–000]

Take notice that on July 12, 1999, PP&L, Inc. (PP&L), filed a Service Agreement dated June 28, 1999, with Tractebel Energy Marketing, Inc. (Tractebel), under PP&L's Market-Based Rate and Resale of Transmission Rights Tariff, FERC Electric Tariff, Revised Volume No. 5. The Service Agreements adds Tractebel as an eligible customer under the Tariff.

PP&L requests an effective date of July 12, 1999, for the Service Agreement.

PP&L states that copies of this filing have been supplied to Tractebel and to the Pennsylvania Public Utility Commission.

Comment date: July 30, 1999, in accordance with Standard Paragraph E at the end of this notice.

19. PP&L, Inc.

[Docket No. ER99–3548–000]

Take Notice that on July 12, 1999, PP&L, Inc. (PP&L), filed a Service Agreement dated June 29, 1999, with New Energy Partners, L.L.C. (New Energy), under PP&L's Market-Based Rate and Resale of Transmission Rights Tariff, FERC Electric Tariff, Revised Volume No. 5. The Service Agreement adds New Energy as an eligible customer under the Tariff.

PP&L requests an effective date of July 12, 1999 for the Service Agreement.

PP&L states that copies of this filing have been supplied to New Energy and to the Pennsylvania Public Utility Commission.

Comment date: July 30, 1999, in accordance Standard Paragraph E at the end of this notice.

20. Louisville Gas and Electric Company/Kentucky Utilities Company

[Docket No. ER99–3549–000]

Take notice that on July 12, 1999, Louisville Gas and Electric Company/Kentucky Utilities (LG&E/KU), tendered for filing an executed Service Agreement for Firm Point-To-Point Transmission Service between LG&E/KU and The Dayton Power and Light Company under LG&E/KU's Open Access Transmission Tariff.

Comment date: July 30, 1999, in accordance Standard Paragraph E at the end of this notice.

21. The United Illuminating Company

[Docket No. ER99–3550–000]

Take notice that on July 12, 1999, The United Illuminating Company (UI), tendered for filing a Service Agreement for Network Integration Transmission Service and a Network Operating Agreement between UI and Connecticut Light and Power Company executed pursuant to UI's Open Access Transmission Tariff, FERC Electric Tariff, Original Volume No. 4, as amended.

Comment date: July 30, 1999, in accordance Standard Paragraph E at the end of this notice.

22. Delmarva Power & Light Company

[Docket No. ER99–3551–000]

Take notice that on July 12, 1999, Delmarva Power & Light Company (Delmarva) for filing an executed umbrella service agreement with Ameren Services Company, as agent for Union Electric Company and Central Illinois Public Service Company, under Delmarva's market rate sales tariff. Delmarva requests an effective date of July 12, 1999.

Comment date: July 30, 1999, in accordance Standard Paragraph E at the end of this notice.

23. Rockland Electric Company

[Docket No. ES99–46–000]

Take notice that on July 2, 1999, Rockland Electric Company submitted an application under section 204 of the Federal Power Act seeking authorization to issue not more than $15 million of unsecured obligations through December 31, 2001, which have a maturity of less than one year after the date of issuance.

Comment date: August 4, 1999, in accordance Standard Paragraph E at the end of this notice.

Standard Paragraph

E. Any person desiring to be heard or to protest such filing should file a motion to intervene or protest with the Federal Regulatory Commission, 888 First Street, NE, Washington, DC 20426, in accordance with rules 211 and 214 of the Commission's rules of Practice and procedure (18 CFR 385.211 and 385.214). All such motions or protests should be filed on or before the comment date. Protests will be considered by the Commission in determining the appropriate action to be taken, but will not serve to make protestants parties to the proceeding. Any person wishing to become a party must file a motion to intervene. Any person wishing to become a party must file a motion to intervene. Copies of these filings are on file with the Commission and are available for public inspection. This filing may also be viewed on the Internet at http://www.ferc.fed.us/online/rims.htm (call 202–208–2222 for assistance).

David P. Boergers,

Secretary.

[FR Doc. 99–18704 Filed 7–21–99; 8:45 am]

BILLING CODE 6717–01–M

DEPARTMENT OF ENERGY

Federal Energy Regulatory Commission

Notice of Application Accepted for Filing and Soliciting Motions To Intervene and Protests

July 16, 1999.

Take notice that the following hydroelectric application has been filed with the Commission and is available for public inspection:

a. *Type of Application:* Preliminary Permit.

b. *Project No.:* P–11757–000.

c. *Date Filed:* June 11, 1999.

d. *Applicant:* Universal Electric Power Corporation.

e. *Name of Project:* Mississippi L&D #8.

f. *Location:* On the Mississippi River, near the city of Genoa, Vernon County, Wisconsin, utilizing federal lands administered by the U.S. Army Corps of Engineers.

g. *Filed Pursuant to:* Federal Power Act, 16 U.S.C. §§ 791(a)–825(r).

h. *Applicant Contact:* Mr. Ronald S. Feltenberger, Universal Electric Power Corp., 1145 Highbrook Street, Akron, OH 44301, (330) 535–7115.

i. *FERC Contact:* Charles T. Raabe, E-mail address, Charles.Raabe@ferc.fed.us, or telephone (202) 219–2811.

j. *Deadline Date:* 60 days from the issuance date of this notice.

All documents (original and eight copies) should be filed with: David P. Boergers, Secretary, Federal Energy Regulatory Commission, 888 First Street, NE., Washington, DC 20426.

The Commission's Rules of Practice and Procedure require all intervenors filing documents with the Commission to serve a copy of that document on each person whose name appears on the official service list for the project. Further, if an intervenor files comments or documents with the Commission relating to the merits of an issue that may affect the responsibilities of a particular resource agency, they must also serve a copy of the document on that resource agency.

k. The proposed project would utilize the existing U.S. Army Corps of Engineers' Mississippi L&D #8 and would consist of: (1) 10 new 80-foot-long, 108-inch-diameter steel penstocks; (2) a new 500-foot-long, 30-foot-wide, 30-foot-high powerhouse containing 10 generating units having a total installed capacity of 10,500-kW; (3) a new exhaust apron; (4) a new 400-foot-long, 14.7-kv transmission line; and (5) appurtenant facilities.

Applicant estimates that the average annual generation would be 64 GWh and that the cost of the studies to be performed under the terms of the permit would be $2,000,000. Project energy would be sold to utility companies, corporations, municipalities, aggregators, or similar entities.

1. A copy of the application is available for inspection and reproduction at the Commission's Public Reference Room, located at 888 First Street, NE., Washington, DC 20426, or by calling (202) 208–1371. This filing may be viewed on the web at http://www.ferc.fed.us/online/rims.htm (call (202) 208–2222 for assistance). A copy is also available for inspection and reproduction at the address in item h above.

Preliminary Permit—Anyone desiring to file a competing application for preliminary permit for a proposed project must submit the competing application itself, or a notice of intent to file such an application, to the Commission on or before the specified comment date for the particular application (see 18 CFR 4.36). Submission of a timely notice of intent allows an interested person to file the competing preliminary permit application no later than 30 days after the specified comment date for the particular application. A competing preliminary permit application must conform with 18 CFR 4.30(b) and 4.36.

Preliminary Permit—Any qualified development applicant desiring to file a competing development application must submit to the Commission, or or before a specified comment date for the

particular application, either a competing development application or a notice of intent to file such an application. Submission of a timely notice of intent to the file a development application no later than than 120 days after the specified comment date for the particular application. A competing license application must conform with 18 CFR 4.30(b) and 4.36.

Notice of Intent—A notice of intent must specify the exact time, business address, and telephone number of the prospective applicant, and must include an unequivocal statement of intent to submit, if such an application may be filed, either a preliminary permit application or a development application (specify which type of application). A notice of intent must be served on the applicant(s) names in this public notice.

Proposed Scope of Studies under Permit—A preliminary permit, if issued, does not authorize construction. The term of the proposed preliminary permit would be 36 months. The work proposed under the preliminary permit would include economic analysis, preparation of preliminary engineering plans, and a study of environmental impacts. Based on the results of these studies, the Applicant would decide whether to proceed with the preparation of a development application to construct and operate the project.

Comments, Protests, or Motions to Intervene—Anyone may submit comments, a protest, or a motion to intervene in accordance with the requirements of Rules of Practice and Procedure, 18 CFR 385.210, .211, .214. In determining the appropriate action to take, the Commission will consider all protests or other comments filed, but only those who file a motion to intervene in accordance with the Commission's Rules may become a party to the proceeding. Any comments, protests, or motions to intervene must be received on or before the specified comment date for the particular application.

Filing and Service of Responsive Documents—Any filings must bear in all capital letters the title ''COMMENTS'', ''NOTICE OF INTENT TO FILE COMPETING APPLICATION'', ''COMPETING APPLICATION'', ''PROTEST'', ''MOTION TO INTERVENE'', as applicable, and the Project Number of the particular application to which the filing refers. Any of the above-named documents must be filed by providing the original and the number of copies provided by the Commission's regulations to: The Secretary, Federal Energy Regulatory Commission, 888 First Street, N.E., Washington, D.C. 20426. An additional copy must be sent to Director, Division of Project Review, Federal Energy Regulatory Commission, at the above-mentioned address. A copy of any notice of intent, competing application or motion to intervene must also be served upon each representative of the Applicant specified in the particular application.

Agency Comments—Federal, state, and local agencies are invited to file comments on the described application. A copy of the application may be obtained by agencies directly from the Applicant. If an agency does not file comments within the time specified for filing comments, it will be presumed to have no comments. One copy of an agency's comments must also be sent to the Applicant's representatives.

David P. Boergers,

Secretary.

[FR Doc. 99–18705 Filed 7–21–99; 8:45 am]

BILLING CODE 6717–01–M

DEPARTMENT OF ENERGY

Federal Energy Regulatory Commission

Notice of Application Accepted For Filing and Soliciting Motions To Intervene, Protests, and Comments

July 16, 1999.

Take notice that the following hydroelectric application has been filed with the Commission and is available for public inspection:

a. *Type of Application:* Preliminary Permit.

b. *Project No.:* 11762–000.

c. *Dated filed:* June 14, 1999.

d. *Applicant:* Universal Electric Power Corporation.

e. *Name of Project:* Mississippi Lock and Dam #12 Hydroelectric Project.

f. *Location:* On Mississippi River in Jackson County, Iowa. The project would utilize the Corps of Engineers' Mississippi Lock and Dam # 12.

g. *Filed Pursuant to:* Federal Power Act, 16 U.S.C. 791(a)–825(r).

h. *Applicant Contact:* Gregory S. Feltenberger, Universal Electric Power Corporation, 1145 Highbrook Street, Akron, OH 44301, (330) 535–7115.

i. *FERC Contact:* Héctor M. Pérez, hector.perez@ferc.fed.us, (202) 219–2843, or Robert Bell, *robert.bell@ferc.fed.us.* (202) 219–2806.

j. *Deadline for filing motions to intervene, protest and comments:* 60 days from the issuance date of this notice.

All documents (original and eight copies) should be filed with: David P. Boergers, Secretary, Federal Energy Regulatory Commission, 888 First Street, NE, Washington, DC 20426.

The Commission's Rules of Practice and Procedure require all interveners filing documents with the Commission to serve a copy of that document on each person in the official service list for the project. Further, if an intervener files comments or documents with the Commission relating to the merits of an issue that may affect the responsibilities of a particular resource agency, they must also serve a copy of the document on that resource agency.

k. The project would consist of: (1) ten 80-foot-long and 114-inch-diameter steel penstocks at the outlet works; (2) a powerhouse with ten turbine generator units with a total installed capacity of 19.25 megawatts; (3) a tailrace consisting of an exhaust apron; (4) 14.7-kV, 1.5-mile-long transmission lines; and (5) other appurtenances.

l. A copy of the application is available for inspection and reproduction at the Commission's Public Reference Room, located at 888 First Street, NE, Room 2A, Washington, DC 20426, or by calling (202) 208–1371. The application may be viewed on http://www.ferc.fed.us/rims.htm (call (202) 208–2222 for assistance). A copy is also available for inspection and reproduction at the address in item h above.

Preliminary Permit—anyone desiring to file a competing application for preliminary permit for a proposed project must submit the competing application itself, or a notice of intent to file such an application, to the Commission on or before the specified comment date for the particular application (see 18 CFR 4.36). Submission of a timely notice of intent allows an interested person to file the competing preliminary permit application no later than 30 days after the specified comment date for the particular application. A competing preliminary permit application must conform with 18 CFR 4.30(b) and 4.36.

Preliminary Permit—Any qualified development applicant desiring to file a competing development application must submit to the Commission, on or before a specified comment date for the particular application, either a competing development application or a notice of intent to file such an application. Submission of a timely notice of intent to file a development application allows an interested person to file the competing application no later than 120 days after the specified comment date for the particular application. A competing license

application must conform with 18 CFR 4.30(b) and 4.36.

Notice of intent—A notice of intent must specify the exact name, business address, and telephone number of the prospective applicant, and must include an unequivocal statement of intent to submit, if such an application may be filed, either a preliminary permit application or a development application (specify which type of application). A notice of intent must be served on the applicant(s) names in this public notice.

Proposed Scope of Studies under Permit—A preliminary permit, if issued, does not authorize construction. The term of the proposed preliminary permit would be 36 months. The work proposed under the preliminary permit would include economic analysis, preparation of preliminary engineering plans, and a study of environmental impacts. Based on the results of these studies, the Applicant would decide whether to proceed with the preparation of a development application to construct and operate the project.

Comments, Protests, or Motions To Intervene—Anyone may submit comments, a protest, or a motion to intervene in accordance with the requirements of Rules of Practice and Procedure, 18 CFR 385.210, .211, .214. In determining the appropriate action to take, the Commission will consider all protests or other comments filed, but only those who file a motion to intervene in accordance with the Commission's Rules may become a party to the proceeding. Any comments, protests, or motions to intervene must be received on or before the specified comment date for the particular application.

Filing and Service of Responsive Documents—Any filings must bear in all capital letters the title ''COMMENTS'', ''NOTICE OF INTENT TO FILE COMPETING APPLICATION'', ''COMPETING APPLICATION'', ''PROTEST'', ''MOTION TO INTERVENE'', as applicable, and the Project Number of the particular application to which the filing refers. Any of the above-named documents must be filed by providing the original and the number of copies provided by the Commission's regulations to: The Secretary, Federal Energy Regulatory Commission, 888 First Street, NE, Washington, DC 20426. An additional copy must be sent to Director, Division of Project Review, Federal Energy Regulatory Commission, at the above-mentioned address. A copy of any notice of intent, competing application or motion to intervene must also be served upon each representative of the Applicant specified in the particular application.

Agency Comments—Federal, state, and local agencies are invited to file comments on the described application. A copy of the application may be obtained by agencies directly from the Applicant. If an agency does not file comments within the time specified for filing comments, it will be presumed to have no comments. One copy of an agency's comments must also be sent to the Applicant's representatives.

David P. Boergers,

Secretary.

[FR Doc. 99–18706 Filed 7–21–99; 8:45 am]

BILLING CODE 6717–01–M

DEPARTMENT OF ENERGY

Federal Energy Regulatory Commission

Notice of Application Accepted for Filing and Soliciting Motions To Intervene, Protests, and Comments

July 16, 1999.

Take notice that the following hydroelectric application has been filed with the Commission and is available for public inspection:

a. *Type of Application:* Preliminary Permit.

b. *Project No.:* 1171–000

c. *Date Filed:* June 14, 1999.

d. *Applicant:* Universal Electric Power Corporation.

e. *Name of Project:* Mississippi Lock and Dam #17 Hydroelectric Project.

f. *Location:* On the Mississippi River, Mercer County, Illinois and Louisa County, Iowa. The project would utilize the existing U.S. Army Corps of Engineers' Mississippi Lock and Dam #17.

g. *Filed Pursuant to:* Federal Power Act, 16 U.S.C. 791(a)–825(e).

h. *Applicant Contact:* Gregory S. Feltenberger, Universal Electric Power Corporation, 1145 Highbrook Street, Akron, OH 44301, (330) 535–7115.

i. *FERC Contact:* Héctor M. Pérez, hector.perez@ferc.fed.us, 202–219–2843, or Robert Bell, robert.bell@ferc.fed.us, 202–219–2806.

j. *Deadline for Filing Motions to Intervene, Protest and Comments:* 60 days from the issuance date of this notice.

All documents (original and eight copies) should be filed with: David P. Boergers, Secretary, Federal Energy Regulatory Commission, 888 First Street, NE, Washington, DC 20426.

The Commission's Rules of Practice and Procedure require all interveners filing documents with the Commission to serve a copy of that document on each person in the official service list for the project. Further, if an intervener files comments or documents with the Commission relating to the merits of an issue that may affect the responsibilities of a particular resource agency, they must also serve a copy of the document on that resource agency.

k. The proposed project would consist of the following facilities: (1) five 80-foot-long, 114-inch-diameter penstocks at the outlet works; (2) a powerhouse containing 5 generating units having a total installed capacity of 10.5–MW; (3) a tailrace; (4) 200-foot-long, 14.7–KV transmission lines; and (5) other appurtenances.

The project would have an annual generation of 64,000 MWh and the project power would be sold to a local utility.

l. A copy of the application is available for inspection and reproduction at the Commission's Public Reference Room, located at 888 First Street, NE, Room 2A, Washington, DC 20426, or by calling (202) 208–1371. The application may be viewed on http://www.ferc.fed.us/rims.htm (call (202)208–2222 for assistance). A copy is also available for inspection and reproduction at the address in item h above.

Preliminary Permit—Anyone desiring to file a competing application for a preliminary permit for a proposed project must submit the competing application itself, or a notice of intent to file such an application, to the Commission on or before the specified comment date for the particular application (see 18 CFR 4.36). Submission of a timely notice of intent allows an interested person to file the competing preliminary permit application no later than 30 days after the specified comment date for the particular application. A competing preliminary permit application must conform with 18 CFR 4.30(b) and 4.36.

Preliminary Permit—Any qualified development applicant desiring to file a competing development application must submit to the Commission, on or before a specified comment date for the particular application, either a competing development application or a notice of intent to file such an application. Submission of a timely notice of intent to file a development application allows an interested person to file the competing application no later than 120 days after the specified comment date for the particular application. A competing license application must conform with 18 CFR 4.30(b) and 4.36.

Notice of Intent—A notice of intent must specify the exact name, business address, and telephone number of the prospective applicant, and must include an unequivocal statement of intent to submit, if such an application may be filed, either a preliminary permit application or a development application (specify which type of application). A notice of intent must be served on the applicant(s) named in this public notice.

Proposed Scope of Studies Under Permit—A preliminary permit, if issued, does not authorize construction. The term of the proposed preliminary permit would be 36 months. The work proposed under the preliminary permit would include economic analysis, preparation of preliminary engineering plans, and a study of environmental impacts. Based on the results of these studies, the Applicant would decide whether to proceed with the preparation of a development application to construct and operate the project.

Comments, Protests, or Motions to Intervene—Anyone may submit comments, a protest, or a motion to intervene in accordance with the requirements of Rules of Practice and Procedure, 18 CFR 385.210, .211, .214. In determining the appropriate action to take, the Commission will consider all protests or other comments filed, but only those who file a motion to intervene in accordance with the Commission's Rules may become a party to the proceeding. Any comments, protests, or motions to intervene must be received on or before the specified comment date for the particular application.

Filing and Service of Responsive Documents—Any filings must bear in all capital letters the title ''COMMENTS'', ''NOTICE OF INTENT TO FILE COMPETING APPLICATION'', ''COMPETING APPLICATION'', ''PROTEST'', ''MOTION TO INTERVENE'', as applicable, and the Project Number of the particular application to which the filing refers. Any of the above-named documents must be filed by providing the original and the number of copies provided by the Commission's regulations to: The Secretary, Federal Energy Regulatory Commission, 888 First Street, NE, Washington, DC 20426. An additional copy must be sent to Director, Division of Project Review, Federal Energy Regulatory Commission, at the above-mentioned address. A copy of any notice of intent, competing application or motion to intervene must also be served upon each representative of the Applicant specified in the particular application.

Agency Comments—Federal, state, and local agencies are invited to file comments on the described application. A copy of the application may be obtained by agencies directly from the Applicant. If an agency does not file comments within the time specified for filing comments, it will be presumed to have no comments. One copy of an agency's comments must also be sent to the Applicant's representatives.

David P. Boergers,

Secretary.

[FR Doc. 99–18707 Filed 7–21–99; 8:45 am]

BILLING CODE 6717–01–M

DEPARTMENT OF ENERGY

Federal Energy Regulatory Commission

Notice of Application Accepted for Filing and Soliciting Motions to Intervene, Protests, and Comments

July 16, 1999.

Take notice that the following hydroelectric application has been filed with the Commission and is available for public inspection:

a. *Type of Application:* Preliminary Permit.

b. *Project No.:* 11777–000.

c. *Date filed:* June 28, 1999.

d. *Applicant:* Universal Electric Power Corporation.

e. *Name of Project:* Dillon Dam Hydroelectric Project.

f. *Location:* On Licking River, Muskingham County, Ohio. The project would utilize the U.S. Army Corps of Engineer's Dillon Dam.

g. *Filed Pursuant to:* Federal Power Act, 16 USC 791(a)–825(r).

h. *Applicant Contact:* Georgory S. Feltenberger, Universal Electric Power Corporation, 1145 Highbrook Street, Akron, OH 44301, (330) 535–7115.

i. *FERC Contact:* Héctor M. Pérez, hector.perez@ferc.fed.us, 202–219–2843, or Robert Bell, robert.bell@ferc.fed.us, 202–219–2806.

j. *Deadline for filing motions to intervene, protest and comments:* 60 days from the issuance date of this notice.

All documents (original and eight copies) should be filed with: David P. Boergers, Secretary, Federal Energy Regulatory Commission, 888 First Street, NE, Washington, DC 20426.

The Commission's Rules of Practice and Procedure require all interveners filing documents with the Commission to serve a copy of that document on each person in the official service list for the project. Further, if an intervener files comments or documents with the Commission relating to the merits of an issue that may affect the responsibilities of a particular resource agency, they must also serve a copy of the document on that resource agency.

k. The project would use the U.S. Army Corps of Engineer's Dillon Dam and would consist of the following facilities: (1) A new 50-foot-long, 96-inch-diameter penstock at the outlet works; (2) a new powerhouse containing one generating unit with an installed capacity of 1.59 MW; (3) a new tailrace; (4) a new 300-foot-long, 14.7–KV transmission line; and (5) other appurtenances.

The project would have an annual generation of 9,700 MWh and project power would be sold to a local utility.

l. A copy of the application is available for inspection and reproduction at the Commission's Public Reference Room, located at 888 First Street, NE, Room 2A, Washington, DC 20426, or by calling (202) 208–1371. The application may be viewed on http://www.ferc.fed.us/rims.htm (call (202) 208–2222 for assistance). A copy is also available for inspection and reproduction at the address in item h above.

Preliminary Permit—Anyone desiring to file a competing application for preliminary permit for a proposed project must submit the competing application itself, or a notice of intent to file such an application, to the Commission on or before the specified comment date for the particular application (see 18 CFR 4.36). Submission of a timely notice of intent allows an interested person to file the competing preliminary permit application no later than 30 days after the specified comment date for the particular application. A competing preliminary permit application must conform with 18 CFR 4.30(b) and 4.36.

Preliminary Permit—Any qualified development applicant desiring to file a competing development application must submit to the Commission, on or before a specified comment date for the particular application, either a competing development application or a notice of intent to file such an application. Submission of a timely notice of intent to file a development application allows an interested person to file the competing application no later than 120 days after the specified comment date for the particular application. A competing license application must conform with 18 CFR 4.30(b) and 4.36.

Notice of intent—A notice of intent must specify and the exact name, business address, and telephone number of the prospective applicant, and must

include an unequivocal statement of intent to submit, if such an application may be filed, either a preliminary permit application or a development application(specify which type of application). A notice of intent must be served on the applicant(s) named in this public notice.

Proposed Scope of Studies under Prmit—A preliminary permit, if issued, does not authorize construction. The term of the proposed preliminary permit would be 36 months. The work proposed under the preliminary permit would include economic analysis, preparation of preliminary engineering plans, and a study of environmental impacts. Based on the results of these studies, the Applicant would decide whether to proceed with the preparation of a development application to construct and operate the project.

Comments, Protests, or Motions to Intervene—Anyone may submit comments, a protest, or a motion to intervene in accordance with the requirements of Rules of Practice and Procedure, 18 CFR 385.210, .211, .214. In determining the appropriate action to take, the Commission will consider all protests or other comments filed, but only those who file a motion to intervene in accordance with the Commission's Rules may become a party to the proceeding. Any comments, protests, or motions to intervene must be received on or before the specified comment date for the particular application.

Filing and Service of Responsive Documents—Any filings must bear in all capital letters the title ''COMMENTS'', ''NOTICE OF INTENT TO FILE COMPETING APPLICATION'', ''COMPETING APPLICATION'', ''PROTEST'', ''MOTION TO INTERVENE'', as applicable, and the Project Number of the particular application to which the filing refers. Any of the above-named documents must be filed by providing the original and the number of copies provided by the Commission's regulations to: The Secretary, Federal Energy Regulatory Commission, 888 First Street, NE, Washington, DC 20426. An additional copy must be sent to Director, Division of Project Review, Federal Energy Regulatory Commission, at the above-mentioned address. A copy of any notice of intent, competing application or motion to intervene must also be served upon each representative of the Applicant specified in the particular application.

Agency Comments—Federal, state, and local agencies are invited to file comments on the described application. A copy of the application may be obtained by agencies directly from the Applicant. If an agency does not file comments within the time specified for filing comments, it will be presumed to have no comments. One copy of an agency's comments must also be sent to the Applicant's representatives.

David P. Boergers,

Secretary.

[FR Doc. 99–18708 Filed 7–21–99; 8:45 am]

BILLING CODE 6717–01–M

DEPARTMENT OF ENERGY

Federal Energy Regulatory Commission

Notice of Application Accepted for Filing and Soliciting Motions to Intervene, Protests, and Comments

July 16, 1999.

Take notice that the following hydroelectric application has been filed with the Commission and is available for public inspection:

a. *Type of Application:* Preliminary Permit.

b. *Project No.:* 11776–000.

c. *Date filed:* June 28, 1999.

d. *Applicant:* Universal Electric Power Corporation.

e. *Name of Project:* Rankin Lock and Dam Hydroelectric Project.

f. *Location:* On Tombigbee River, Itawamba County, Mississippi. The project would utilize the U.S. Army Corps of Engineer's Rankin Lock and Dam.

g. *Filed Pursuant to:* Federal Power Act, 16 U.S.C. §§ 791(a)–825(r).

h. *Applicant Contact:* Gregory S. Feltenberger, Universal Electric Power Corporation, 1145 Highbrook Street, Akron, OH 44301, (330) 535–7115.

i. *FERC Contact:* Héctor M. Pérez, hector.perez@ferc.fed.us, 202–219–2843, or Robert Bell, robert.bell@ferc.fed.us, 202–219–2806.

j. *Deadline for filing motions to intervene, protest and comments:* 60 days from the issuance date of this notice.

All documents (original and eight copies) should be filed with: David P. Boergers, Secretary, Federal Energy Regulatory Commission, 888 First Street, NE, Washington, DC 20426.

The Commission's Rules of Practice and Procedure require all interveners filing documents with the Commission to serve a copy of that document on each person in the official service list for the project. Further, if an intervener files comments or documents with the Commission relating to the merits of an issue that may affect the responsibilities of a particular resource agency, they must also serve a copy of the document on that resource agency.

k. The project would use the U.S. Army Corps of Engineer's Rankin Lock and Dam and would consist of the following facilities: (1) a new 200-foot-long, 72-inch-diameter penstock at the outlet works; (2) a new powerhouse containing one generating unit with an installed capacity of 900 kW; (3) a new tailrace; (4) a new 200-foot-long, 14.7–KV transmission line; and (5) other appurtenances.

l. A copy of the application is available for inspection and reproduction at the Commission's Public Reference Room, located at 888 First Street, NE, Room 2A, Washington, D.C. 20426, or by calling (202) 208–1371. The application may be viewed on http://www.ferc.fed.us/rims.htm (call (202) 208–222 for assistance). A copy is also available for inspection and reproduction at the address in item h above.

Preliminary Permit—Anyone desiring to file a competing application for preliminary permit for a proposed project must submit the competing application itself, or a notice of intent to file such an application, to the Commission on or before the specified comment date for the particular application (see 18 CFR 4.36). Submission of a timely notice of intent allows an interested person to file the competing preliminary permit application no later than 30 days after the specified comment date for the particular application. A competing preliminary permit application must conform with 18 CFR 4.30(b) and 4.36.

Preliminary Permit—Any qualified development applicant desiring to file a competing development application must submit to the Commission, on or before a specified comment date for the particular application, either a competing development application or a notice of intent to file such an application. Submission of a timely notice of intent to file a development application allows an interested person to file the competing application no later than 120 days after the specified comment date for the particular application. A competing license application must conform with 18 CFR 4.30(b) and 4.36.

Notice of intent—A notice of intent must specify the exact name, business address, and telephone number of the prospective applicant, and must include an unequivocal statement of intent to submit, if such an application may be filed, either a preliminary permit application or a development application (specify which type of application). A notice of intent must be

served on the applicant(s) named in this public notice.

Proposed Scope of Studies under Permit—A preliminary permit, if issued, does not authorize construction. The term of the proposed preliminary permit would be 36 months. The work proposed under the preliminary permit would include economic analysis, preparation of preliminary engineering plans, and a study of environmental impacts. Based on the results of these studies, the Applicant would decide whether to proceed with the preparation of a development application to construct and operate the project.

Comments, Protests, or Motions to Intervene—Anyone may submit comments, a protest, or a motion to intervene in accordance with the requirements of Rules of Practice and Procedure, 18 CFR 385.210, .211, .214. In determining the appropriate action to take, the Commission will consider all protests or other comments filed, but only those who file a motion to intervene in accordance with the Commission's Rules may become a party to the proceeding. Any comments, protests, or motions to intervene must be received on or before the specified comment date for the particular application.

Filing and Service of Responsive Documents—Any filings must bear in all capital letters the title ''COMMENTS'', ''NOTICE OF INTENT TO FILE COMPETING APPLICATION'', ''COMPETING APPLICATION'', ''PROTEST'', ''MOTION TO INTERVENE'', as applicable, and the Project Number of the particular application to which the filing refers. Any of the above-named documents must be filed by providing the original and the number of copies provided by the Commission's regulations to: The Secretary, Federal Energy Regulatory Commission, 888 First Street, N.E., Washington, D.C. 20426. An additional copy must be sent to Director, Division of Project Review, Federal Energy Regulatory Commission, at the above-mentioned address. A copy of any notice of intent, competing application or motion to intervene must also be served upon each representative of the Applicant specified in the particular application.

Agency Comments—Federal, state, and local agencies are invited to file comments on the described application. A copy of the application may be obtained by agencies directly from the Applicant. If an agency does not file comments within the time specified for filing comments, it will be presumed to have no comments. One copy of an agency's comments must also be sent to the Applicant's representatives.

David P. Boergers,

Secretary.

[FR Doc. 99–18709 Filed 7–21–99; 8:45 am]

BILLING CODE 6717–01–M

DEPARTMENT OF ENERGY

Federal Energy Regulatory Commission

Notice of Application Accepted for Filing and Soliciting Motions to Intervene and Protests

July 16, 1999.

a. *Type of Application:* Preliminary Permit.

b. *Project No.:* P–11740–000.

c. *Date filed:* May 7, 1999.

d. *Applicant:* Universal Electric Power Corp.

e. *Name of Project:* Enid Dam Project.

f. *Location:* At the Corps of Engineer's Enid Dam, on the Yocona River, near the Town of Crowder, Yolobusha County, Mississippi.

g. *Filed Pursuant to:* Federal Power Act 16 U.S.C. 791(a)–825(r).

h. *Applicant Contact:* Mr. Ronald Feltenberger, Universal Electric Power Corp., 1145 Highbrook Street, Akron, Ohio 44301, (330) 535–7115.

i. *FERC Contact:* Michael Spencer, Michael.Spencer@FERC.fed.us, (202) 219–2846.

j. *Deadline for filing motions to intervene and protest:* 60 days from the issuance date of this notice.

All documents (original and eight copies) should be filed with: David P. Boergers, Secretary, Federal Energy Regulatory Commission, 888 First Street, NE, Washington, DC 20426.

The Commission's Rules of Practice and Procedure require all intervenors filing documents with the Commission to serve a copy of that document on each person whose name appears on the official service list for the project. Further, if an intervenor files comments or documents with the Commission relating to the merits of an issue that may affect the responsibilities of a particular resource agency, they must also serve a copy of the document on that resource agency.

k. *Description of Project:* The proposed project would utilize the Corps of Engineer's Enid Dam and consist of the following: (1) a 114-inch-diameter, 80-foot-long steel penstock, constructed in the existing outlet works; (2) a powerhouse containing four generating units with a total capacity of 7.8 MW and an estimated average annual generation of 48.0 GWh; and (3) a 3.0-mile-long transmission line.

l. *Locations of the application:* A copy of the application is available for inspection and reproduction at the Commission's Public Reference and Files Maintenance Branch, located at 888 First Street, N.E., Room 2A, Washington, D.C. 20426, or by calling (202) 219–1371. This filing may be viewed on the web at http://www.ferc.fed.us/online/rims.htm (Call (202) 208–2222 for assistance). A copy is also available for inspection and reproduction at the address in item h above.

Preliminary Permit—Anyone desiring to file a competing application for preliminary permit for a proposed project must submit the competing application itself, or a notice of intent to file such an application, to the Commission on or before the specified comment date for a particular application (see 18 CFR 4.36). Submission of a timely notice of intent allows an interested person to file the competing preliminary permit application no later than 30 days after the specified comment date for the particular application. A competing preliminary permit application must conform with 18 CFR 4.30(b) and 4.36.

Preliminary Permit—Any qualified development applicant desiring to file a competing development application must submit to the Commission, on or before a specified comment date for the particular application, either a competing development application or a notice of intent to file such an application. Submission of a timely notice of intent to file a development application allows an interested person to file the competing application no later than 120 days after the specified comment date for the particular application. A competing license application must conform with 18 CFR 4.30(b) and 4.36.

Notice of intent—A notice of intent must specify the exact name, business address, and telephone number of the prospective applicant, and must include an unequivocal statement of intent to submit, if such an application may be filed, either a preliminary permit application or a development application (specify which type of application). A notice of intent must be served on the applicant(s) named in this public notice.

Proposed Scope of Studies under Permit—A preliminary permit, if issued, does not authorize construction. The term of the proposed preliminary permit would be 36 months. The work proposed under the preliminary permit would include economic analysis, preparation of preliminary engineering plans, and a study of environmental

impacts. Based on the results of these studies, the Applicant would decide whether to proceed with the preparation of a development application to construct and operate the project.

Comments, Protests, or Motions to Intervene—Anyone may submit comments, a protest, or a motion to intervene in accordance with the requirements of Rules of Practice and Procedure, 18 CFR 385.210, .211, .214. In determining the appropriate action to take, the Commission will consider all protests or other comments filed, but only those who file a motion to intervene in accordance with the Commission's Rules may become a party to the proceeding. Any comments, protests, or motions to intervene must be received on or before the specified comment date for the particular application.

Filing and Service of Responsive Documents—Any filings must bear in all capital letters the title ''COMMENTS'', ''NOTICE OF INTENT TO FILE COMPETING APPLICATION'', ''COMPETING APPLICATION'', ''PROTEST'', ''MOTION TO INTERVENE'', as applicable, and the Project Number of the particular application to which the filing refers. Any of the above-named documents must be filed by providing the original and the number of copies provided by the Commission's regulations to: The Secretary, Federal Energy Regulatory Commission, 888 First Street, NE., Washington, DC 20426. An additional copy must be sent to Director, Division of Project Review, Federal Energy Regulatory Commission, at the above-mentioned address. A copy of any notice of intent, competing application or motion to intervene must also be served upon each representative of the Applicant specified in the particular application.

Agency Comments—Federal, state, and local agencies are invited to file comments on the described application. A copy of the application may be obtained by agencies directly from the Applicant. If an agency does not file comments within the time specified for filing comments, it will be presumed to have no comments. One copy of an agency's comments must also be sent to the Applicant's representatives.

David P. Boergers,

Secretary.

[FR Doc. 99–18714 Filed 7–21–99; 8:45 am]

BILLING CODE 6717–01–M

DEPARTMENT OF ENERGY

Federal Energy Regulatory Commission

Notice of Application Accepted for Filing and Soliciting Motions To Intervene and Protests

July 16, 1999.

a. *Type of Application:* Preliminary Permit.

b. *Project No.:* P–11741–000.

c. *Date filed:* May 7, 1999.

d. *Applicant:* Universal Electric Power Corp.

e. *Name of Project:* Arkabutla Dam Project.

f. *Location:* At the Corps of Engineer's Arkabutla Dam, on the Coldwater River, near the Town of Tunica, Desoto County, Mississippi.

g. *Filed Pursuant to:* Federal Power Act 16 U.S.C. §§ 791(a)–825(r).

h. *Applicant Contact:* Mr. Ronald Feltenberger, Universal Electric Power Corp., 1145 Highbrook Street, Akron, Ohio 44301 (330) 535–7115.

i. *FERC Contact:* Michael Spencer, Michael.Spencer@FERC.fed.us, (202) 219–2846.

j. *Deadline for filing motions to intervene and protest:* 60 days from the issuance date of this notice.

All documents (original and eight copies) should be filed with: David P. Boergers, Secretary, Federal Energy Regulatory Commission, 888 First Street, NE., Washington, DC 20426.

The Commission's Rules and Practice and Procedure require all intervenors filing documents with the Commission to serve a copy of that document on each person whose name appears on the official service list for the project. Further, if an intervenor files comments or documents with the Commission relating to the merits of an issue that may affect the responsibilities of a particular resource agency, they must also serve a copy of the document on that resource agency.

k. *Description of Project:* The proposed project would utilize the Corps of Engineer's Arkabutla dam and consist of the following: (1) a 122-inch-diameter, 60-foot-long steel penstock, constructed in the existing outlet works; (2) a powerhouse containing five generating units with a total capacity of 7.5 MW and an estimated average annual generation of 46.0 GWh; and (3) a 300-foot-long transmission line.

l. *Locations of the application:* A copy of the application is available for inspection and reproduction at the Commission's Public Reference and Files Maintenance Branch, located at 888 First Street, NE., Room 2A, Washington, DC 20426, or by calling (202) 219–1371. This filing may be viewed on the web at http://www.ferc.fed.us/online/rims.htm (Call (202) 208–2222 for assistance). A copy is also available for inspection and reproduction at the address in item h above.

Preliminary Permit—Anyone desiring to file a competing application for preliminary permit for a proposed project must submit the competing application itself, or a notice of intent to file such an application, to the Commission on or before the specified comment date for the particular application (see 18 CFR 4.36). Submission of a timely notice of intent allows an interested person to file the competing preliminary permit application no later than 30 days after the specified comment date for the particular application. A competing preliminary permit application must conform with 18 CFR 4.30(b) and 4.36.

Preliminary Permit—Any qualified development applicant desiring to file a competing development application must submit to the Commission, on or before a specified comment date for the particular application, either a competing development application or a notice of intent to file such an application. Submission of a timely notice of intent to file a development application allows an interested person to file the competing application no later than 120 days after the specified comment date for the particular application. A competing license application must conform with 18 CFR 4.30(b) and 4.36.

Notice of Intent—A notice of intent must specify the exact name, business address, and telephone number of the prospective applicant, and must include an unequivocal statement of intent to submit, if such an application may be filed, either a preliminary permit application or a development application (specify which type of application). A notice of intent must be served on the applicant(s) named in this public notice.

Proposed Scope of Studies Under Permit—A preliminary permit, if issued, does not authorize construction. The term of the proposed preliminary permit would be 36 months. The work proposed under the preliminary permit would include economic analysis, preparation of preliminary engineering plans, and a study of environmental impacts. Based on the results of these studies, the Applicant would decide whether to proceed with the preparation of a development application to construct and operate the project.

Comments, Protests, or Motions to Intervene—Anyone may submit comments, a protest, or a motion to intervene in accordance with the requirements of Rules of Practice and Procedure, 18 CFR 385.210, .211, .214. In determining the appropriate action to take, the Commission will consider all protests or other comments filed, but only those who file a motion to intervene in accordance with the Commission's Rules may become a party to the proceeding. Any comments, protests, or motions to intervene must be received on or before the specified comment date for the particular application.

Filing and Service of Responsive Documents—Any filings must bear in all capital letters the title ''COMMENTS'', ''NOTICE OF INTENT TO FILE COMPETING APPLICATION'', ''COMPETING APPLICATION'', ''PROTEST'', ''MOTION TO INTERVENE'', as applicable, and the Project Number of the particular application to which the filing refers. Any of the above-named documents must be field by providing the original and the number of copies provided by the Commission's regulations to: The Secretary, Federal Energy Regulatory Commission, 888 First Street, NE, Washington, DC 20426. An additional copy must be sent to Director, Division of Project Review, Federal Energy Regulatory Commission, at the above-mentioned address. A copy of any notice of intent, competing application or motion to intervene must also be served upon each representative of the Applicant specified in the particular application.

Agency Comments—Federal, state, and local agencies are invited to file comments on the described application. A copy of the application may be obtained by agencies directly from the Applicant. If an agency does not file comments within the time specified for filing comments, it will be presumed to have no comments. One copy of an agency's comments must also be sent to the Applicant's representatives.

David P. Boergers,

Secretary.

[FR Doc. 99–18715 Filed 7–21–99; 8:45 am]

BILLING CODE 6717–01–M

DEPARTMENT OF ENERGY

Federal Energy Regulatory Commission

Notice of Application Accepted for Filing and Soliciting Motions To Intervene and Protests

July 16, 1999.

Take notice that the following hydroelectric application has been filed with the Commission and is available for public inspection:

a. Type of Application: Preliminary Permit.

b. Project No.: P–11756–000.

c. Date Filed: June 11, 1999.

d. Applicant: Universal Electric Power Corporation.

e. Name of Project: Morgantown L&D.

f. Location: On the Monongahela River, near the city of Morgantown, Monongalia County, West Virginia, utilizing federal lands administered by the U.S. Army Corps of Engineers.

g. Filed Pursuant to: Federal Power Act, 16 U.S.C. §§ 791(a)–825(r).

h. Applicant Contact: Mr. Ronald S. Feltenberger, Universal Electric Power Corp., 1145 Highbrook Street, Akron, OH 44301, (330) 535–7115.

i. FERC Contact: Charles T. Raabe, E-mail address, Charles.Raabe@ferc.fed.us, or telephone (202) 219–2811.

j. Deadline Date: 60 days from the issuance date of this notice.

All documents (original and eight copies) should be filed with: David P. Boergers, Secretary, Federal Energy Regulatory Commission, 888 First Street, NE, Washington, DC 20426.

The Commission's Rules of Practice and Procedure require all intervenors filing documents with the Commission to serve a copy of that document on each person whose name appears on the official service list for the project. Further, if an intervenor files comments or documents with the Commission relating to the merits of an issue that may affect the responsibilities of a particular resource agency, they must also serve a copy of the document on that resource agency.

k. The proposed project would utilize the existing U.S. Army Corps of Engineers' Morgantown L&D and would consist of: (1) 5 new 50-foot-long, 96-inch-diameter steel penstocks; (2) a new 342-foot-long, 30-foot-wide, 30-foot-high powerhouse containing 5 generating units having a total installed capacity of 5,500–kW; (3) a new exhaust apron; (4) a new 200-yard-long, 14.7–kV transmission line; and (5) appurtenant facilities.

Applicant estimates that the average annual generation would be 34 GWh and that the cost of the studies to be performed under the terms of the permit would be $1,500,000. Project energy would be sold to utility companies, corporations, municipalities, aggregators, or similar entities.

1. A copy of the application is available for inspection and reproduction at the Commission's Public Reference Room, located at 888 First Street, NE, Washington, DC 20426, or by calling (202) 208–1371. This filing may be viewed on the web at http://www.ferc.fed.us/online/rims.htm (call (202) 208–2222 for assistance). A copy is also available for inspection and reproduction at the address in item h above.

Preliminary Permit—Anyone desiring to file a competing application for preliminary permit for a proposed project must submit the competing application itself, or a notice of intent to file such an application, to the Commission on or before the specified comment date for the particular application (see 18 CFR 4.36). Submission of a timely notice of intent allows an interested person to file the competing preliminary permit application no later than 30 days after the specified comments date for the particular application. A competing preliminary permit application must conform with 18 CFR 4.30(b) and 4.36.

Preliminary Permit—Any qualified development applicant desiring to file a competing development application must submit to the Commission, on or before a specified comment date for the particular application, either a competing development application or a notice of intent to file such an application. Submission of a timely notice of intent to file a development application allows an interested person to file the competing application no later than 120 days after the specified comment date for the particular application. A competing license application must conform with 18 CFR 4.30(b) and 4.36.

Notice of intent—A notice of intent must specify the exact name, business address, and telephone number of the prospective applicant, and must include an unequivocal statement of intent to submit, if such an application may be filed, either a preliminary permit application or a development application (specify which type of application). A notice of intent must be served on the applicant(s) named in this public notice.

Proposed Scope of Studies under Permit—A preliminary permit, if issued, does not authorize construction. The term of the proposed preliminary permit would be 36 months. The work

proposed under the preliminary permit would include economic analysis, preparation of preliminary engineering plans, and a study of environmental impacts. Based on the results of these studies, the Applicant would decide whether to proceed with the preparation of a development application to construct and operate the project.

Comments, Protests, or Motions to Intervene—Anyone may submit comments, a protest, or a motion to intervene in accordance with the requirements of Rules of Practice and Procedure, 18 CFR 385.210, .211, .214. In determining the appropriate action to take, the Commission will consider all protests or other comments filed, but only those who file a motion to intervene in accordance with the Commission's Rules may become a party to the proceeding. Any comments, protests, or motions to intervene must be received on or before the specified comment date for the particular application.

Filing and Service of Responsive Documents—Any filings must bear in all capital letters the title ''COMMENTS'', ''NOTICE OF INTENT TO FILE COMPETING APPLICATION'', ''COMPETING APPLICATION'', ''PROTEST'', ''MOTION TO INTERVENE'', as applicable, and the Project Number of the particular application to which the filing refers. Any of the above-named documents must be filed by providing the original and the number of copies provided by the Commission's regulations to: The Secretary, Federal Energy Regulatory Commission, 888 First Street, N.E., Washington, D.C. 20426. An additional copy must be sent to Director, Division of Project Review, Federal Energy Regulatory Commission, at the above-mentioned address. A copy of any notice of intent, competing application or motion to intervene must also be served upon each representative of the Applicant specified in the particular application.

Agency Comments—Federal, state, and local agencies are invited to file comments on the described application. A copy of the application may be obtained by agencies directly from the Applicant. If an agency does not file comments within the time specified for filing comments, it will be presumed to have no comments. One copy of an agency's comments must also be sent to the Applicant's representatives.

David P. Boergers,

Secretary.

[FR Doc. 99–18716 Filed 7–21–99; 8:45 am]

BILLING CODE 6717–01–M

FEDERAL MARITIME COMMISSION

Notice of Agreement(s) Filed

The Commission hereby gives notice of the filing of the following agreement(s) under the Shipping Act of 1984. Interested parties can review or obtain copies of agreements at the Washington, DC offices of the Commission, 800 North Capitol Street, NW, Room 962. Interested parties may submit comments on an agreement to the Secretary, Federal Maritime Commission, Washington, DC 20573, within 10 days of the date this notice appears in the **Federal Register**.

Agreement No.: 224–201081

Title: San Francisco-Columbus Line Marine Terminal Agreement

Parties:

San Francisco Port Commission
Columbus Line USA, Inc.

Synopsis: The proposed agreement provides for the non-exclusive use of certain facilities at San Francisco's Pier 80. The agreement runs through July 31, 2004.

Dated: July 16, 1999.

By Order of the Federal Maritime Commission.

Bryant L. VanBrakle,

Secretary.

[FR Doc. 99–18652 Filed 7–21–99; 8:45 am]

BILLING CODE 6730–01–M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Disease, Disability and Injury Prevention and Control Special Emphasis Panel: National Immunization Program Cooperative Agreements for Competitive Immunization Prevention Research

In accordance with section 10(a)(2) of the Federal Advisory Committee Act (Pub. L. 92–463), the Centers for Disease Control and Prevention (CDC) announces the following meeting.

Name: Disease, Disability and Injury Prevention and Control Special Emphasis Panel: National Immunization Program Cooperative Agreements for Competitive Immunization Prevention Research, Program Announcements #99116 (Applied Research on New Vaccines) and #99118 (Applied Research on Surveillance of Vaccine Preventable Diseases in Managed Care Settings), meeting.

Times and Dates: 5 p.m.—7 p.m., August 3, 1999 (Open). 7 p.m.—9 p.m., August 3, 1999 (Closed). 9 a.m.—4:30 p.m., August 4, 1999 (Closed). 9 a.m.—3:30 p.m., August 5, 1999 (Closed).

Place: Westin Atlanta North at Perimeter, 7 Concourse Parkway, Atlanta, Ga 30328.

Status: Portions of the meeting will be closed to the public in accordance with provisions set forth in section 552b (c)(4) and (6), Title 5 U.S.C., and the Determination of the Associate Director for Management and Operations, CDC, pursuant to Public Law 92–463.

Matters to be Discussed: The meeting will include the review, discussion, and evaluation of applications received in response to Program Announcements #99116 and #99118.

Contact Person for More Information: Kimberly Lane, Deputy Associate Director for Management and Operations, National Immunization Program, CDC, 1600 Clifton Rd, m/s E05, Atlanta, Ga 30333. Telephone 404/639–8201, e-mail ksb1@cdc.gov.

The Director, Management Analysis and Services Office, has been delegated the authority to sign **Federal Register** Notices pertaining to announcements of meetings and other committee management activities, for the both the Centers for Disease Control and Prevention and the Agency for Toxic Substances and Disease Registry.

Dated: July 16, 1999.

Carolyn J. Russell,

Director, Management Analysis and Services Office, Centers for Disease Control and Prevention (CDC).

[FR Doc. 99–18685 Filed 7–19–99; 4:06 pm]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Disease, Disability and Injury Prevention and Control Special Emphasis Panel: Implementation of the National Occupational Research Agenda (NORA), RFA OH–99–002, Program Area #7, Asthma and Chronic Obstructive Pulmonary Disease

In accordance with section 10(a)(2) of the Federal Advisory Committee Act (Pub. L. 92–463), the Centers for Disease Control and Prevention (CDC) announces the following meeting.

Name: Disease, Disability and Injury Prevention and Control Special Emphasis Panel: Implementation of the National Occupational Research Agenda (NORA), RFA OH–99–002, Program Area ı7, Asthma and Chronic Obstructive Pulmonary Disease.

Times and Dates: 8 a.m.–8:30 a.m., August 5, 1999 (Open). 8:30 a.m.–1 p.m., August 5, 1999 (Closed).

Place: Embassy Suites Hotel, 1900 Diagonal Rd., Alexandria, Va. 22134.

Status: Portions of the meeting will be closed to the public in accordance with provisions set forth in section 552b(c)(4) and (6), Title 5 U.S.C., and the Determination of the Associate Director for Management and Operations, CDC, pursuant to Pub. L. 92–463.

Matters to be Discussed: The meeting will include the review, discussion, and evaluation of applications received in response to the NORA RFA OH–99–002.

Contact Person for More Information: Michael J. Galvin, Jr., Ph.D., Health Scientist Administrator, Office of Extramural Coordination and Special Projects, NIOSH, CDC, 1600 Clifton Rd., Atlanta, Ga. 30333. Telephone 404/639-3525, e-mail mtg3@cdc.gov.

The Director, Management Analysis and Services Office, has been delegated the authority to sign **Federal Register** Notices pertaining to announcements of meetings and other committee management activities, for the both the Centers for Disease Control and Prevention and the Agency for Toxic Substances and Disease Registry.

Dated: July 16, 1999.

Carolyn J. Russell,

Director, Management Analysis and Services Office, Centers for Disease Control and Prevention (CDC).

[FR Doc. 99–18686 Filed 7–19–99; 4:06 pm]

BILLING CODE 4163–19–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Citizens Advisory Committee on Public Health Service (PHS) Activities and Research at Department of Energy (DOE) Sites: Savannah River Site Health Effects Subcommittee

In accordance with section 10(a)(2) of the Federal Advisory Committee Act (Pub. L. 92–463), the Agency for Toxic Substances and Disease Registry (ATSDR) and the Centers for Disease Control and Prevention (CDC) announce the following meeting.

Name: citizens Advisory Committee on PHS Activities and Research at DOE Sites: Savannah River Site Health Effects Subcommittee.

Times and Dates: 8:30 a.m.–5 p.m., August 12, 1999. 8:30 a.m.–12 noon, August 13, 1999.

Place: Sheraton Buckhead Hotel, 3405 Lenox Road, Atlanta, Georgia 30326, telephone 404/261–9250, fax 404/848–7391.

Status: Open to the public, limited only by the space available. The meeting room accommodates approximately 75 people.

Background: Under a Memorandum of Understanding (MOU) signed in December 1990 with DOE and replaced by an MOU signed in 1996, the Department of Health and Human Services (HHS) was given the responsibility and resources for conducting analytic epidemiologic investigations of residents of communities in the vicinity of DOE facilities, workers at DOE facilities, and other persons potentially exposed to radiation or to potential hazards from non-nuclear energy production use. HHS delegated program responsibility to CDC.

In addition, a memo was signed in October 1990 and renewed in November 1992 between ATSDR and DOE. The MOU delineates the responsibilities and procedures for ATSDR's public health activities at DOE sites required under sections 104, 105, 107, and 120 of the Comprehensive Environmental Response, Compensation, and Liability Act (CERCLA or ''Superfund''). These activities include health consultations and public health assessments at DOE sites listed on, or proposed for, the Superfund National Priorities List and at sites that are the subject of petitions from the public; and other health-related activities such as epidemiologic studies, health surveillance, exposure and disease registries, health education, substance-specific applied research, emergency response, and preparation of toxicological profiles.

Purpose: This subcommittee is charged with providing advice and recommendations to the Director, CDC, and the Administrator, ATSDR, regarding community, American Indian Tribes, and labor concerns pertaining to CDC's and ATSDR's public health activities and research at this DOE site. Activities shall focus on providing a forum for community, American Indian Tribal, and labor interaction and serve as a vehicle for communities, American Indian Tribes, and labor to express concerns and provide advice and recommendations to CDC and ATSDR.

Matters To Be Discussed: Agenda items include presentations from the National Center for Environmental Health (NCEH), the National Institute for Occupational Safety and Health, and ATSDR, on updates regarding progress of current studies. Agenda items are subject to change as priorities dictate.

Contact Persons for More Information: Paul G. Renard, Radiation Studies Branch, Division of Environmental Hazards and Health Effects, NCEH, CDC, 4770 Buford Highway, NE, M/S F–35, Atlanta, Georgia 30341–3724, telephone 770/488–7040, fax 770/488–7040.

The Director, Management Analysis and Services Office, has been delegated the authority to sign **Federal Register** notices pertaining to announcements of meetings and other committee management activities for both the CDC and ATSDR.

Dated: July 14, 1999.

Carolyn J. Russell,

Director, Management Analysis and Services Office, Centers for Disease Control and Prevention.

[FR Doc. 99–18552 Filed 7–21–99; 8:45 am]

BILLING CODE 4163–18–M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Grant to Welfare Information Network

AGENCY: Office of Family Assistance, ACF, DHHS.

ACTION: Notice.

SUMMARY: Notice is hereby given that an award is being made to the Welfare Information Network of Washington, DC in the amount of $75,000 for information dissemination activities on Welfare Reform. After the appropriate reviews, it has been determined that this proposal qualifies as a sole source award. Over the past three years, the Welfare Information Network (WIN) has been one of the leading nonprofit organizations in disseminating information and materials on Welfare Reform. The WIN network is a very unique organization in the Welfare Reform community. It has created a database on the cutting edge of Welfare to Work promising strategies through a synthesis of the latest research, site visits, and surveys of practitioners and service providers. The WIN organization has been an extremely valuable partner with the Office of Family Assistance in several clearinghouse and networking activities. This partnership with the WIN Organization has proven to be invaluable to States and communities in obtaining the information, policy analysis, and technical assistance they need to develop and implement changes that have helped to reduce dependency and promote the well-being of children and families. The period of this funding will extend through May 31, 2000.

FOR FURTHER INFORMATION CONTACT: Paul Maiers, Office of Family Assistance, Administration for Children and Families, 370 L'Enfant Promenade, SW, Washington, DC 20447, Telephone: 202–401–5438.

Dated: July 13, 1999.

Alvin C. Collins,

Director, Office of Family Assistance.

[FR Doc. 99–18650 Filed 7–21–99; 8:45 am]

BILLING CODE 4184–01–M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration For Children and Families

Grant to Welfare to Work Partnership

AGENCY: Office of Family Assistance, ACF, DHHS.

ACTION: Notice.

SUMMARY: Notice is hereby given that an award is being to made to the Welfare to Work Partnership of Washington, DC in the amount of $50,000 to partner with DHHS/ACF/OFA on a Welfare to Work Conference. The conference will be held in Chicago, IL, August 2–4, 1999. After the appropriate reviews, it has been determined that this proposal qualifies as a sole source award. The Welfare to Work Partnership is the only organization like it in the country in the Welfare to Work community and this conference is the first of its kind forum. The Welfare to Work Partnership concentrates on energizing the business community to hire and retain welfare recipients and has recruited more than 10,000 business partners located in all States in the country. The conference in Chicago will have in attendance over 1,000 employers. The conference will serve those already involved in welfare reform and welfare to work as well as those who are interested in learning how to become involved. The period of this funding will extend through May 31, 2000.

FOR FURTHER INFORMATION CONTACT: Paul Maiers, Office of Family Assistance, Administration for Children and Families, 370 L'Enfant Promenade, SW, Washington, DC 20447, Telephone: 202–401–5438.

Dated: July 13, 1999.

Alvin C. Collins,

Director, Office of Family Assistance.

[FR Doc. 99–18651 Filed 7–21–99; 8:45 am]

BILLING CODE 4184–01–M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Food and Drug Administration

[Docket No. 99N–1392]

Agency Information Collection Activities: Proposed Collection; Comment Request; State Enforcement Notification; Correction

AGENCY: Food and Drug Administration, HHS.

ACTION: Notice; correction.

SUMMARY: The Food and Drug Administration (FDA) is correcting a notice that appeared in the **Federal Register** of June 8, 1999 (64 FR 30525). The document announced an opportunity for public comment on a proposed collection of information; specifically, comments on reporting requirements contained in existing FDA regulations governing State enforcement notifications.

FOR FURTHER INFORMATION CONTACT: Peggy Schlosburg, Office of Information Resources Management (HFA–250), Food and Drug Administration, 5600 Fishers Lane, Rockville, MD 20857, 301–827–1223.

SUPPLEMENTARY INFORMATION: In FR Doc. 99–14458, beginning on page 30525 in the **Federal Register** of Tuesday, June 8, 1999, the following correction is made:

1. On page 30526, in the first column, in the second paragraph, beginning in the fifth line, ''potential future need of a State or local government to petition for an exemption from preemption under the provisions of section 310(b) of the act.'' is corrected to read ''potential future obligation of a State to notify FDA of an enforcement action under the provisions of section 310(b) of the act.''

Dated: July 15, 1999.

William K. Hubbard,

Senior Associate Commissioner for Policy, Planning, and Legislation.

[FR Doc. 99–18695 Filed 7–21–99; 8:45 am]

BILLING CODE 4160–01–F

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Food and Drug Administration

[Docket No. 99N–0123]

Agency Information Collection Activities; Announcement of OMB Approval; Food Labeling: Notification Procedures for Statements on Dietary Supplements

AGENCY: Food and Drug Administration, HHS.

ACTION: Notice.

SUMMARY: The Food and Drug Administration (FDA) is announcing that a collection of information entitled ''Food Labeling: Notification Procedures for Statements on Dietary Supplements'' has been approved by the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995.

FOR FURTHER INFORMATION CONTACT: Peggy Schlosburg, Office of Information Resources Management (HFA–250), Food and Drug Administration, 5600 Fishers Lane, Rockville, MD 20857, 301–827–1223.

SUPPLEMENTARY INFORMATION: In the **Federal Register** of May 7, 1999 (64 FR 24659), the agency announced that the proposed information collection had been submitted to OMB for review and clearance under 44 U.S.C. 3507. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. OMB has now approved the information collection and has assigned OMB control number 0910–0331. The approval expires on July 31, 2002. A copy of the supporting statement for this information collection is available on the Internet at ''http://www.fda.gov/ohrms/dockets''.

Dated: July 15, 1999.

William K. Hubbard,

Senior Associate Commissioner for Policy, Planning and Legislation.

[FR Doc. 99–18694 Filed 7–21–99; 8:45 am]

BILLING CODE 4160–01–F

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Food and Drug Administration

[Docket No. 99N–0124]

Agency Information Collection Activities; Announcement of OMB Approval; Premarket Notification for a New Dietary Ingredient

AGENCY: Food and Drug Administration, HHS.

ACTION: Notice.

SUMMARY: The Food and Drug Administration (FDA) is announcing that a collection of information entitled ''Premarket Notification for a New Dietary Ingredient'' has been approved by the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995.

FOR FURTHER INFORMATION CONTACT: Peggy Schlosburg, Office of Information Resources Management (HFA–250), Food and Drug Administration, 5600 Fishers Lane, Rockville, MD 20857, 301–827–1223.

SUPPLEMENTARY INFORMATION: In the **Federal Register** of May 7, 1999 (64 FR 24660), the agency announced that the proposed information collection had been submitted to OMB for review and clearance under 44 U.S.C. 3507. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. OMB has now approved the

information collection and has assigned OMB control number 0910–0330. The approval expires on July 31, 2002. A copy of the supporting statement for this information collection is available on the Internet at ''http://www.fda.gov/ohrms/dockets''.

Dated: July 15, 1999.

William K. Hubbard,

Senior Associate Commissioner for Policy, Planning, and Legislation.

[FR Doc. 99–18696 Filed 7–21–99; 8:45 am]

BILLING CODE 4160–01–F

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Food and Drug Administration

Cooperative Agreement to Support a National Center for Food Safety and Technology; Notice of Intent to Renew a Cooperative Agreement

AGENCY: Food and Drug Administration, HHS.

ACTION: Notice.

SUMMARY: The Food and Drug Administration (FDA) is announcing its intention to accept and consider a single source application for the award of a cooperative agreement in fiscal year 1999. An estimated amount of $2 million per year, with an additional 4 years of support, is available to the Illinois Institute of Technology (IIT) to support the National Center for Food Safety and Technology (NCFST), which is located on IIT's Moffett Campus in Summit-Argo, IL. Competition is limited to IIT because IIT has the unique capability to bring together diverse perspectives on food safety; IIT has access to the exceptional combination of scientific expertise, pilot plants, and research facilities necessary to focus those perspectives on cooperative food safety programs; and IIT has underway a cooperative food safety research program and an academic degree program in food safety. This is the first American effort to join the resources of government, academia, and industry in a consortium to study issues of food safety.

DATES: Submit applications by August 23, 1999. If this date falls on a weekend, it will be extended to Monday; if this date falls on a holiday, it will be extended to the following workday.

ADDRESSES: An application is available from and should be submitted to: Maura C. Stephanos (address below). Applications hand carried or commercially delivered should be addressed to Maura C. Stephanos, 5630 Fishers Lane, rm. 2129, Rockville, MD 20852, FAX 301–827–7106, e-mail address: mstepha1@oc.fda.gov.

FOR FURTHER INFORMATION CONTACT:

Regarding the administrative and financial management aspects of this notice contact: Maura C. Stephanos, Senior Grants Management Specialist, Office of Regulatory Affairs Support and Assistance Management Branch (HFA–520), Food and Drug Administration, 5600 Fishers Lane, Rockville, MD 20857, 301–827–7183.

Regarding the programmatic aspects contact: Karen L. Carson, Center for Food Safety and Applied Nutrition (HFS–22), Food and Drug Administration, 200 C St. SW., Washington, DC 20204, 202–205–5140, FAX 202–205–4525, e-mail address: kcarson@bangate.fda.gov.

SUPPLEMENTARY INFORMATION: FDA is announcing its intention to accept and consider a single source application from IIT for a cooperative agreement to support the NCFST. FDA's authority to enter into grants and cooperative agreements is set out in section 301 of the Public Health Service Act (42 U.S.C. 241). FDA's research program is described in the Catalog of Federal Domestic Assistance No. 93.103. Before entering into cooperative agreements, FDA carefully considers the benefits such agreements will provide to the public.

IIT's application for this award will undergo dual peer review. An external review committee of experts in food science research will review and evaluate the application based on its scientific merit. A second level review will be conducted by the National Advisory Environmental Health Science Council.

I. Background

In the **Federal Register** of May 3, 1988 (53 FR 15736), FDA published a request for applications for a cooperative agreement to establish a National Center for Food Safety which would join the resources of government, academia, and industry in a consortium to study questions of food safety. FDA awarded the cooperative agreement to IIT in September 1988. Applications received were competitively reviewed by a panel of non-FDA food scientists, and the award approved by the National Advisory Environmental Health Science Council in September 1988.

In the **Federal Register** of September 10, 1991 (56 FR 46189) and in the **Federal Register** of May 12, 1994 (59 FR 24703), FDA published notice of its intention to limit consideration for the award of a cooperative agreement to IIT to support the NCFST. FDA awarded the cooperative agreement to IIT on September 30, 1991, and September 26, 1994, respectively, following competitive review of the application by a panel of non-FDA food scientists. The award was approved by the National Advisory Environmental Health Science Council in September 1991 and in September 1994, respectively.

Under the cooperative agreement, IIT has established and staffed the NCFST at IIT's Moffett Campus in Summit-Argo, IL. Other participants in this effort are the IIT Research Institute; the Food Science Department of the University of Illinois, Urbana-Champaign; FDA; and industry. The NCFST is structured so that representatives of participating organizations play a role in establishing policy and administrative procedures, as well as identifying long- and short-term research needs. With this organizational structure, the NCFST is able to build cooperative food safety programs on a foundation of knowledge about current industrial trends in food processing and packaging technologies, regulatory perspectives from public health organizations, and fundamental scientific expertise from academia. The structure and programs at the NCFST positioned the Center as a focal point of FDA's participation in research and risk assessment associated with the President's Food Safety Initiative (FSI). Specifically, the work at NCFST focuses on development of preventive technologies targeted to reduce or eliminate microbial contamination of foods that results in foodborne illness. The work at the NCFST complements and feeds into FSI risk assessment and other activities at the Joint Institute for Food Safety and Applied Nutrition at the University of Maryland.

II. Mechanism of Support

A. Award Instrument

Support for this program, if granted, will be in the form of a cooperative agreement. In 1999, FDA is providing $2 million for this award. The award will be subject to all policies and requirements that govern the research grant programs of the Public Health Service (PHS), including the provisions of 42 CFR part 52, 45 CFR part 74, and the PHS Grants Policy Statement.

B. Length of Support

The length of support will be 1 year with the possibility of an additional 4 years of noncompetitive support. Continuation, beyond the first year, will be based upon performance during the preceding year and the availability of Federal fiscal year appropriations.

III. Reasons for Single Source Selection

FDA believes that there is compelling evidence that IIT is uniquely qualified to fulfill the objectives of the proposed cooperative agreement. IIT's Moffett Campus, where the NCFST is located, is a unique research facility which includes an industrial-size pilot plant and smaller pilot plants for food processing and packaging equipment, a pathogen containment pilot plant, a biotechnology laboratory, a packaging laboratory, analytical laboratories, offices, containment facilities, classrooms, and support facilities which permit research from benchtop to industrial-scale. The industrial-size pilot plant is built to accommodate routine food processing and packaging research in a commercial atmosphere. The physical layout of the facility provides maximum versatility in the use and arrangement of equipment of both commercial and pilot size, and in the capability to operate simultaneously several different pieces of equipment without interference with each other. In addition to facilities to conduct routine processing research, there are facilities suitable for more complex research, notably a pathogen containment pilot plant research facility, funded by the State of Illinois, which can also accommodate biotechnology scaleup and downstream processing and purification research. Other facilities include smaller containment facilities in which research involving use of components that may be potentially hazardous, such as pathogens in pasteurization or modified atmosphere packaging research, may be conducted.

Since 1988, IIT has provided an environment in which scientists from diverse backgrounds—academia, government, and industry—have brought their unique perspectives to focus on contemporary issues of food safety. The NCFST functions as a neutral ground where scientific exchange about generic food safety issues occurs freely and is channeled into the design of cooperative food safety programs. The NCFST recently convened a meeting of national experts in aseptic processing of foods containing small particles to identify research required to establish the safety of the process and gain its approval in the United States. This process is used in other countries and has the advantages of providing consumers with shelf-stable, fresher tasting products. As a result of the research conducted by industry in response to the plan developed at NCFST, an aseptic process was approved by FDA. The NCFST has become a center of cutting edge technologies, such as high pressure processing, pulsed electric field processing, electrical resistance processing, and ultra violet processing. Ongoing research on packaging materials is focused on providing more alternatives for use with irradiation. A workshop, with participation by representatives of government, academia, and industry, was held to discuss the use of irradiation as an intervention to prevent microbial contamination of foods and the need for alternative packaging materials for use with this technology. This led to the development of cooperative research on the safety of polymeric packaging materials for in-package irradiation. This type of research fills existing gaps in knowledge and expertise associated with improving the safety of foods at a time when concern about food contamination and resultant illnesses is high.

This cooperative research will provide fundamental food safety information, in the public domain, for use by all segments of the food science community in product and process development, regulatory activities, academic programs, and consumer programs. A particular use of this type of data by both industry and public health agencies is in Hazard Analysis Critical Control Point (HACCP) programs. Food manufacturers will use the information in the design of HACCP programs, for use in their plants, which prevent food safety hazards before they occur and enhance the safety of the final product. Public health agencies can design specific investigational techniques to be applied to the HACCP systems used in manufacturing plants.

An academic degree program (which is not part of the cooperative agreement) in food safety science has been underway for 8 years at IIT. The program will produce graduates with a foundation in food science and technology with specialization in food safety. Graduates from this program will manage quality control, safety assurance, and HACCP programs in industry. They will design equipment and processes for use in the production and packaging of safe food products. In the public sector, regulatory and other public health organizations, these graduates will evaluate the adequacy of processing and packaging parameters to produce safe endproducts, and they will manage regulatory and information programs enhancing the safety of the food supply and consumer knowledge about the food supply. Graduate students from IIT and University of Illinois are gaining hands-on experience in food safety by participating in the cooperative food safety research program. Several Masters of Science degrees, which included research conducted on cooperative projects, have been granted in disciplines such as engineering by IIT since the inception of the NCFST.

Collaboration between the public and the private sector is an efficient means for both to remain current with scientific and technical accomplishments from a food safety perspective. These collaborative programs will produce generic knowledge and expertise to be used by all segments of the food processing and packaging industry, as well as by public health organizations, regulatory agencies, and academic institutions in the performance of their roles in the food science community. The trend toward use of HACCP in both the domestic and international food industry as a means of assuring safety of products and as a basis for harmonizing regulatory activities is but one example of the need for and use of this food safety knowledge and expertise. Technology transfer mechanisms, which are developing out of the cooperative food safety programs, will facilitate the movement of advanced food processing and packaging technologies into the marketplace, while assuring the safety of those products.

IV. Reporting Requirements

Program progress reports and financial status reports will be required annually, based on date of award. These reports will be due within 30 days after the end of the budget period. A final program progress report and financial status report will be due 90 days after expiration of the project period of the cooperative agreement.

V. Delineation of Substantive Involvement

Substantive involvement by the awarding agency is inherent in the cooperative agreement award. Accordingly, FDA will have substantial involvement in the program activities of the project funded by the cooperative agreement. Substantive involvement includes, but is not limited to, the following:

1. FDA will appoint a project officer or co-project officers who will actively monitor the FDA-supported program under this award.

2. FDA shall have prior approval on the appointment of all key administrative and scientific personnel proposed by the grantee.

3. FDA will be directly involved in the guidance and development of the

program and of the personnel management structure for the program.

4. FDA scientists will participate, with the grantee, in determining and carrying out the methodological approaches to be used. Collaboration will also include data analysis, interpretation of findings, and, where appropriate, coauthorship of publications.

Dated: July 15, 1999.

William K. Hubbard,

Senior Associate Commissioner for Policy, Planning, and Legislation.

[FR Doc. 99–18689 Filed 7–21–99; 8:45 am]

BILLING CODE 4160–01–F

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Food and Drug Administration

[Docket No. 99D–2145]

International Cooperation on Harmonisation of Technical Requirements for Registration of Veterinary Medicinal Products (VICH); VICH GL11 Draft Guidance on Impurities in New Veterinary Medicinal Products; Availability; Request for Comments

AGENCY: Food and Drug Administration, HHS.

ACTION: Notice; request for comments.

SUMMARY: The Food and Drug Administration (FDA) is announcing the availability for comment of a draft guidance developed by the International Cooperation on Harmonisation of Technical Requirements for Registration of Veterinary Medicinal Products (VICH). This VICH GL11 draft guidance for industry entitled ''Impurities in New Veterinary Medicinal Products'' provides guidance recommendations for applications for marketing authorizations on the content and qualification of impurities in new veterinary medicinal products produced from chemically synthesized new active substances not previously registered in a member state.

DATES: Submit written comments by August 23, 1999; FDA must receive comments before the deadline in order to ensure their consideration at the next VICH committee meeting, but the agency will accept comments after the deadline.

ADDRESSES: Submit written comments to the Dockets Management Branch (HFA–305), Food and Drug Administration, 5630 Fishers Lane, rm. 1061, Rockville, MD 20852. Comments should be identified with the full title of the draft guidance and the docket number found in brackets in the heading of this document.

Copies of the draft guidance entitled ''Impurities in New Veterinary Medicinal Products'' may be obtained on the Internet from the CVM home page at ''http://www.fda.gov/cvm/fda/TOCs/guideline.html''. Persons without Internet access may submit written requests for single copies of the draft guidance to the Communications Staff (HFV–12), Center for Veterinary Medicine, Food and Drug Administration, 7500 Standish Pl., Rockville, MD 20855. Send one self-addressed adhesive label to assist that office in processing your requests.

FOR FURTHER INFORMATION CONTACT:

Regarding the VICH: Sharon R. Thompson, Center for Veterinary Medicine (HFV–3), Food and Drug Administration, 7500 Standish Pl., Rockville, MD 20855, 301–594–1798, e-mail ''sthompso@cvm.fda.gov''.

Regarding the draft guidance: Kevin J. Greenlees, Center for Veterinary Medicine (HFV–150), Food and Drug Administration, 7500 Standish Pl., Rockville, MD 20855, 301–827–6977, e-mail ''kgreenle@cvm.fda.gov''.

SUPPLEMENTARY INFORMATION:

I. Background

In recent years, many important initiatives have been undertaken by regulatory authorities, industry associations, and individual sponsors to promote the international harmonization of regulatory requirements. FDA has participated in efforts to enhance harmonization and has expressed its commitment to seeking scientifically based harmonized technical requirements for the development of pharmaceutical products. One of the goals of harmonization is to identify and reduce the differences in technical requirements for drug development among regulatory agencies in different countries.

FDA has actively participated in the International Conference on Harmonisation of Technical Requirements for Registration of Pharmaceuticals for Human Use (ICH) for several years to develop harmonized technical requirements for the registration of human pharmaceutical products among the European Union, Japan, and the United States. The VICH is a parallel initiative for veterinary medicinal products. The VICH is concerned with developing harmonized technical requirements for the registration of veterinary medicinal products in the European Union, Japan, and the United States, and includes input from both regulatory and industry representatives.

The VICH meetings are held under the auspices of the Office International des Épizooties. The VICH Steering Committee is composed of member representatives from the European Commission; the European Medicines Evaluation Agency; the European Federation of Animal Health; the U.S. FDA; the U.S. Department of Agriculture; the Animal Health Institute; the Japanese Veterinary Pharmaceutical Association; and the Japanese Ministry of Agriculture, Forestry, and Fisheries.

Four observers are eligible to participate in the VICH Steering Committee: One representative from the Government of Australia/ New Zealand, one representative from the industry in Australia/ New Zealand, one representative from MERCOSUR (Argentina, Brazil, Uruguay, and Paraguay), and one representative from Federacion Latino-Americana de la Industria para la Salud Animal. The VICH Secretariat, which coordinates the preparation of documentation, is provided by the Confédération Mondiale de L'Industrie de la Santé Animale (COMISA). A COMISA representative participates in the VICH Steering Committee meetings.

At a meeting held on October 20 through 22, l998, the VICH Steering Committee agreed that the draft guidance entitled ''Impurities in New Veterinary Medicinal Products'' should be made available for public comment. Comments will be considered by FDA and the VICH Quality Working Group. Ultimately, FDA intends to adopt the VICH Steering Committee's final guidance and publish it as a future guidance.

This draft guidance, developed under the VICH process, has been revised to conform to FDA's good guidance practices regulations (62 FR 8961, February 27, l997) . For example, the document has been designated as a draft ''guidance'' rather than a draft ''guideline.'' Since guidance documents are not binding, mandatory words such as ''must,'' ''shall,'' and ''will'' in the original VICH document have been substituted with ''should,'' unless the reference is to a statutory or regulatory requirement. Additionally, the term(s) ''veterinary medicinal products'' and ''veterinary pharmaceutical products'' may require revision to be consistent with product terms used in other VICH guidance documents.

This draft guidance represents the agency's current thinking on impurities

in new veterinary medicinal products. The document does not create or confer any rights for or on any person and will not operate to bind FDA or the public. Alternate approaches may be used if they satisfy the requirements of applicable statutes, regulations, or both.

II. Comments

Interested persons should submit written comments on or before August 23, 1999, to the Dockets Management Branch (address above) regarding this draft guidance. Two copies of any comments are to be submitted, except that individuals may submit one copy. Comments should be identified with the docket number found in brackets in the heading of this document. A copy of the document and received comments are available for public examination in the Dockets Management Branch between 9 a.m. and 4 p.m., Monday through Friday.

Dated: July 15, 1999

Margaret M. Dotzel,

Acting Associate Commissioner for Policy.

[FR Doc. 99–18688 Filed 7–21–99; 8:45 am]

BILLING CODE 4160–01–F

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Food and Drug Administration

[Docket No. 99D–2249]

International Cooperation on Harmonisation of Technical Requirements for Registration of Veterinary Medicinal Products (VICH); Draft Guidance on Stability Testing for Medicated Premixes; Availability; Request for Comments

AGENCY: Food and Drug Administration, HHS.

ACTION: Notice; request for comments.

SUMMARY: The Food and Drug Administration (FDA) is announcing the availability for comment on the following draft guidance for industry document entitled ''Stability Testing for Medicated Premixes.'' This draft guidance document has been developed for veterinary use by the International Cooperation on Harmonisation of Technical Requirements for Registration of Veterinary Medicinal Products (VICH). This draft guidance document is an annex to the parent guidance VICH GL3 entitled ''Stability Testing of New Drug Substances and Products in the Veterinary Field.'' This draft guidance document is the annex and addresses the recommendations for stability testing of veterinary medicinal Type A medicated articles (referred to as medicated premix drug products in the draft guidance) intended for submission for approval to the European Union, Japan, and the United States.

DATES: Written comments should be submitted by August 23, 1999. NOTE: FDA will accept comments after the deadline, but to assure consideration, we must receive them by August 23, 1999.

ADDRESSES: Submit written comments on the draft guidance to the Dockets Management Branch (HFA–305), Food and Drug Administration, 5630 Fishers Lane, rm. 1061, Rockville, MD 20852. Comments should be identified with the full title of the draft guidance document and the docket number found in the heading of this document. Submit written requests for single copies of the draft guidance to the Communications Staff (HFV–12), Center for Veterinary Medicine, Food and Drug Administration, 7500 Standish Pl., Rockville, MD 20855. Send one self-addressed adhesive label to assist that office in processing your requests. See the **SUPPLEMENTARY INFORMATION** section of this document for electronic access to the draft guidance.

FOR FURTHER INFORMATION CONTACT:

Regarding VICH: Sharon Thompson (HFV–3), Center for Veterinary Medicine, Food and Drug Administration, 7500 Standish Pl., Rockville, MD 20855, 301–594–1798, e-mail ''sthompso@cvm.fda.gov''.

Regarding the guidance document: William G. Marnane (HFV–140), Center for Veterinary Medicine, Food and Drug Administration, 7500 Standish Pl., Rockville, MD 20855, 301–827–6966, e-mail ''wmarnane@cvm.fda.gov''.

SUPPLEMENTARY INFORMATION:

I. Background

In recent years, many important initiatives have been undertaken by regulatory authorities, industry associations, and individual sponsors to promote the international harmonization of regulatory requirements. FDA has participated in efforts to enhance harmonization and has expressed its commitment to seeking scientifically based harmonized technical requirements for the development of pharmaceutical products. One of the goals of harmonization is to identify and reduce the differences in technical requirements for drug development among regulatory agencies in different countries.

FDA has actively participated in the International Conference on Harmonisation of Technical Requirements for Registration of Pharmaceuticals for Human Use (ICH) for several years to develop harmonized technical requirements for the registration of human pharmaceutical products among the European Union, Japan, and the United States. The VICH is a parallel initiative for veterinary medicinal products. The VICH is concerned with developing harmonized technical requirements for the approval of veterinary medicinal products in the European Union, Japan, and the United States, and includes input from both regulatory and industry representatives.

The VICH meetings are held under the auspices of the Office International des Épizooties (OIE). The VICH Steering Committee is composed of member representatives from the European Commission; the European Medicines Evaluation Agency; the European Federation of Animal Health; the U.S. Food and Drug Administration; the U.S. Department of Agriculture; the Animal Health Institute; the Japanese Veterinary Pharmaceutical Association; and the Japanese Ministry of Agriculture, Forestry and Fisheries.

Four observers are eligible to participate in the VICH Steering Committee: One representative from the Government of Australia/New Zealand, one representative from the industry in Australia/New Zealand, one representative from MERCOSUR (Argentina, Brazil, Uruguay, and Paraguay), and one representative from Federacion Latino-Americana de la Industria para la Salud Animal. The VICH Secretariat, which coordinates the preparation of documentation, is provided by the Confédération Mondiale de L'Industrie de la Santé Animale (COMISA). A COMISA representative participates in the VICH Steering Committee meetings.

At a meeting held on October 20–22, 1998, the VICH Steering Committee agreed that the draft guidance document entitled ''Stability Testing for Medicated Premixes'' should be made available for public comment.

This draft guidance addresses the generation of acceptable stability information for submission in new animal drug applications (referred to as registration applications in the draft guidance) for Type A medicated articles containing new molecular entities. Comments about this draft guidance document will be considered by the FDA and the VICH Quality Working Group. Ultimately, FDA intends to adopt the VICH Steering Committee's final guidance and publish it as future guidance.

This draft guidance has been revised to conform to FDA's good guidance practices (62 FR 8961, February 27, l997) . For example, the documents have been designated ''guidance'' rather than ''guideline.'' Because guidance documents are not binding, mandatory words such as ''must'' and ''shall,'' and ''will'' in the original VICH documents have been substituted with ''should.'' Additionally, the term(s) ''veterinary medicinal products'' and ''veterinary pharmaceutical products'' may require revision to be consistent with product terms used in other VICH guidance documents.

This draft guidance document represents the FDA's current thinking on acceptable stability testing of Type A medicated articles. The document does not create or confer any rights for or on any person and will not operate to bind FDA or the public. Alternate approaches may be used if they satisfy the requirements of applicable statutes, regulations, or both.

II. Comments

Interested persons may, on or before August 23, 1999, submit to the Dockets Management Branch (address above) written comments regarding this draft guidance document. Two copies of any comments are to be submitted, except that individuals may submit one copy. Comments should be identified with the docket number found in brackets in the heading of this document. A copy of the draft guidance document and received comments are available for public examination in the Dockets Management Branch between 9 a.m. and 4 p.m., Monday through Friday.

III. Electronic Access

Copies of the draft guidance document entitled ''Stability Testing for Medicated Premixes'' may be obtained on the internet within the CVM home page at ''http://www.fda.gov/cvm/fda/TOCs/guideline.html''.

Dated: July 15, 1999

Margaret M. Dotzel,

Acting Associate Commissioner for Policy.

[FR Doc. 99–18692 Filed 7–21–99; 8:45 am]

BILLING CODE 4160–01–F

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Food and Drug Administration

[Docket No. 99D–2215]

International Cooperation on Harmonisation of Technical Requirements for Registration of Veterinary Medicinal Products (VICH); VICH GL10 Draft Guidance on ''Impurities in New Veterinary Drug Substances;'' Availability; Request for Comments

AGENCY: Food and Drug Administration, HHS.

ACTION: Notice; request for comments.

SUMMARY: The Food and Drug Administration (FDA) is announcing the availability for comment of a draft guidance developed for veterinary use by the International Cooperation on Harmonisation of Technical Requirements for Registration of Veterinary Medicinal Products (VICH). This VICH GL10 draft guidance for industry entitled ''Impurities in New Veterinary Drug Substances'' is intended to assist in developing registration applications for approval of veterinary medicinal products submitted to the European Union, Japan, and the United States.

DATES: Submit written comments August 23, 1999; FDA must receive comments before the deadline in order to ensure their consideration at the next VICH committee meeting, but the agency will accept comments after the deadline.

ADDRESSES: Submit written comments to the Dockets Management Branch (HFA–305), Food and Drug Administration, 5630 Fishers Lane, rm 1061, Rockville, MD 20852. Comments should be identified with the full title of the draft guidance and the docket number found in the heading of this document.

Copies of the draft guidance entitled ''Impurities in New Veterinary Drug Substances'' may be obtained on the Internet from the CVM home page at ''http://www.fda.gov/cvm/fda/TOCs/guideline.html''. Persons without Internet access may submit written requests for single copies of the draft guidance to the Communications Staff (HFV–12), Center for Veterinary Medicine, Food and Drug Administration, 7500 Standish Place, Rockville, MD 20855. Send one self-addressed adhesive label to assist that office in processing your requests.

FOR FURTHER INFORMATION CONTACT:

Regarding VICH: Sharon Thompson, Center for Veterinary Medicine (HFV–3), Food and Drug Administration, 7500 Standish Pl., Rockville, MD 20855, 301–594–1798, E-mail ''sthompso@cvm.fda.gov''.

Regarding the guidance document: Kevin Greenlees, Center for Veterinary Medicine (HFV–150), Food and Drug Administration, 7500 Standish Pl., Rockville, MD 20855, 301–827–6977, E-mail ''kgreenle@cvm.fda.gov''.

SUPPLEMENTARY INFORMATION:

I. Background

In recent years, many important initiatives have been undertaken by regulatory authorities, industry associations, and individual sponsors to promote the international harmonization of regulatory requirements. FDA has participated in efforts to enhance harmonization and has expressed its commitment to seeking scientifically based harmonized technical requirements for the development of pharmaceutical products. One of the goals of harmonization is to identify and reduce the differences in technical requirements for drug development among regulatory agencies in different countries.

FDA has actively participated in the International Conference on Harmonisation of Technical Requirements for Registration of Pharmaceuticals for Human Use (ICH) for several years to develop harmonized technical requirements for the registration of human pharmaceutical products among the European Union, Japan, and the United States. The VICH is a parallel initiative for veterinary medicinal products. The VICH is concerned with developing harmonized technical requirements for the registration of veterinary medicinal products in the European Union, Japan, and the United States, and includes input from both regulatory and industry representatives.

The VICH meetings are held under the auspices of the Office International des Épizooties. The VICH Steering Committee is composed of member representatives from the European Commission; the European Medicines Evaluation Agency; the European Federation of Animal Health; the U.S. FDA; the U.S. Department of Agriculture; the Animal Health Institute; the Japanese Veterinary Pharmaceutical Association, and the Japanese Ministry of Agriculture, Forestry, and Fisheries.

Four observers are eligible to participate in the VICH Steering

Committee: One representative from the government of Australia/ New Zealand, one representative from the industry in Australia/ New Zealand, one representative from MERCOSUR (Argentina, Brazil, Uruguay and Paraguay), and one representative from Federacion Latino-Americana de la Industria para la Salud Animal. The VICH Secretariat, which coordinates the preparation of documentation, is provided by the Confédération Mondiale de L'Industrie de la Santé Animale (COMISA). A COMISA representative participates in the VICH Steering Committee meetings.

At a meeting held on October 20 through 22, l998, the VICH Steering Committee agreed that the draft guidance document entitled ''Impurities in New Drug Substances'' should be made available for public comment.

This draft guidance is intended to provide guidance for registration applications on the content and qualification of impurities in new drug substances intended to be used for new veterinary medicinal products produced by chemical syntheses and not previously registered in a region or member state. Comments about this draft guidance will be considered by the FDA and the VICH Quality Working Group. Ultimately, FDA intends to adopt the VICH Steering Committee's final guidance and publish it as future guidance.

This draft guidance, developed under the VICH process, has been revised to conform to FDA's good guidance practice regulations (62 FR 8961, February 27, l997). For example, the document has been designated ''guidance'' rather than ''guideline.'' Since guidance documents are not binding, mandatory words such as ''must,'' and ''shall,'' and ''will'' in the original VICH document have been substituted with ''should'' unless the reference is to a statutory or regulatory requirement. Additionally, the term(s) ''veterinary medicinal products'' and ''veterinary pharmaceutical products'' may require revision to be consistent with product terms used in other VICH guidance documents.

This draft guidance represents the agency's current thinking on the regulation of impurities in new animal drug substances. The document does not create or confer any rights for or on any person and will not operate to bind FDA or the public. Alternate approaches may be used if they satisfy the requirements of applicable statutes, regulations, or both.

II. Comments

Interested persons should submit written comments on or before August 23, 1999, to the Dockets Management Branch (address above) regarding this draft guidance. Two copies of any comments are to be submitted, except that individuals may submit one copy. Comments should be identified with the docket number found in brackets in the heading of this document. A copy of the document and received comments are available for public examination in the Dockets Management Branch between 9 a.m. and 4 p.m., Monday through Friday.

Dated: July 15, 1999.

Margaret M. Dotzel,

Acting Associate Commissioner for Policy.

[FR Doc. 99–18697 Filed 7–21–99; 8:45 am]

BILLING CODE 4160–01–F

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Care Financing Administration

[Document Identifier: HCFA–460]

Agency Information Collection Activities: Submission for OMB Review; Comment Request

In compliance with the requirement of section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, the Health Care Financing Administration (HCFA), Department of Health and Human Services, has submitted to the Office of Management and Budget (OMB) the following proposal for the collection of information. Interested persons are invited to send comments regarding the burden estimate or any other aspect of this collection of information, including any of the following subjects: (1) the necessity and utility of the proposed information collection for the proper performance of agency's functions; (2) the accuracy of the estimated burden; (3) ways to enhance the quality, utility, and clarity of the information to be collected; and (4) the use of automated collection techniques or other forms of information technology to minimize the information collection burden.

Type of Information Collection Request: Extension of a currently approved collection;

Title of Information Collection: Medicare Participating Physician or Supplier Agreement, HCFA–460;

Form No.: HCFA–460 (OMB # 0938–0373);

Use: The HCFA–460 is completed by nonparticipating physicians and supplier if they choose to participate in Medicare Part B. By signing the agreement, the physician or supplier agrees to take assignment on all Medicare claims. To take assignment means to accept the Medicare allowed amount as payment in full for the services they furnish and to charge the beneficiary no more than the deductible and coinsurance for the covered service. In exchange for signing the agreement, the physician or supplier receives a significant number of program benefits not available to nonparticipating physicians and suppliers. The information is needed to know to whom to provide these benefits.

Frequency: Once, unless re-enrolled;

Affected Public: business or other for-profit, and Individuals or Households;

Number of Respondents: 45,000;

Total Annual Responses: 45,000;

Total Annual Hours: 11,250.

To obtain copies of the supporting statement for the proposed paperwork collections referenced above, access HCFA's WEB SITE ADDRESS at http://www.hcfa.gov/regs/prdact95.htm, or E-mail your request, including your address and phone number, to Paperwork@hcfa.gov, or call the Reports Clearance Office on (410) 786–1326. Written comments and recommendations for the proposed information collections must be mailed within 30 days of this notice directly to the OMB Desk officer designated at the following address: OMB Human Resources and Housing Branch, Attention: Allison Eydt, New Executive Office Building, Room 10235, Washington, D.C. 20503.

Dated: June 15, 1999.

John P. Burke III,

HCFA Reports Clearance Officer, HCFA, Office of Information Services, Security and Standards Group, Division of HCFA Enterprise Standards.

[FR Doc. 99–18752 Filed 7–21–99; 8:45 am]

BILLING CODE 4120–03–M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Substance Abuse and Mental Health Services Administration (SAMHSA)

Notice of Meetings

Pursuant to Pub. L. 92–463, notice is hereby given of the following meeting of the SAMHSA Special Emphasis Panel II in June.

A summary of the meeting may be obtained from: Ms. Coral M. Sweeney, SAMHSA, Division of Extramural Activities Policy and Review, 5600 Fishers Lane, Room 17–89, Rockville, Maryland 20857. Telephone: (301) 443–2998.

Substantive program information may be obtained from the individual named as Contact for the meeting listed below.

The meeting will include the review, discussion and evaluation of individual contract proposals. These discussions could reveal personal information concerning individuals associated with the proposals and confidential and financial information about an individual's proposal. The discussion may also reveal information about procurement activities exempt from disclosure by statute and trade secrets and commercial or financial information obtained from a person and privileged and confidential. Accordingly, the meeting is concerned with matters exempt from mandatory disclosure in Title 5 U.S.C. 552b(c)(3), (4), and (6) and 5 U.S.C. App. 2, § 10(d).

Committee Name: SAMHSA Special Emphasis Panel II.

Meeting Date: August 2, 1999.

Place: Parklawn Building, 5600 Fishers Lane, Rockville, MD 20857.

Closed: August 2, 1999, 8:30 a.m.–adjournment.

Contact: Ferdinand Hui, Room 17–89, Parklawn Building, Telephone: (301) 443–9919 and FAX (301) 443–1587.

Committee Name: SAMHSA Special Emphasis Panel II.

Meeting Date: August 12–13, 1999.

Place: Bethesda Marriott, 5151 Pooks Hill Road, Bethesda, Maryland 20814.

Closed: August 12, 1999, 8:30 a.m.–5:00 p.m., August 13, 1999, 8:30 a.m.—adjournment.

Contact: Ferdinand Hui, Room 17–89, Parklawn Building, Telephone: (301) 443–9919 and FAX (301) 443–1587.

Committee Name: SAMHSA Special Emphasis Panel II.

Meeting Date: August 4–5, 1999.

Place: Bethesda Marriott, 5151 Pooks Hill Road, Bethesda, Maryland 20814.

Closed: August 4, 1999, 8:30 a.m.–5:00 p.m., August 5, 1999, 8:30 a.m.–adjournment.

Contact: Ferdinand Hui, Room 17–89, Parklawn Building, Telephone: (301) 443–9919 and FAX (301) 443–1587.

Committee Name: SAMHSA Special Emphasis Panel II.

Meeting Date: August 9, 1999.

Place: Bethesda Marriott, 5151 Pooks Hill Road, Bethesda, Maryland 20814.

Closed: August 9, 1999, 8:30 a.m.–adjournment.

Contact: Ferdinand Hui, Room 17–89, Parklawn Building, Telephone: (301) 443–9919 and FAX (301) 443–1587.

Dated: July 15, 1999.

Coral Sweeney,

Lead Grants Technical Assistant, Extramural Activities Team, Substance Abuse and Mental Health Services Administration.

[FR Doc. 99–18698 Filed 7–21–99; 8:45 am]

BILLING CODE 4162–20–P

DEPARTMENT OF THE INTERIOR

Bureau of Land Management

[WO–230–009–1030–241A]

Proposed Information Collection—Form 5450–5, Vegetative or Mineral Material, Negotiated Cash Sale Contract

AGENCY: Bureau of Land Management, Interior.

ACTION: Notice and request for comments.

SUMMARY: In accordance with the Paperwork Reduction Act of 1995, the Bureau of Land Management (BLM) announces its intention to request approval to collect information from applicants who apply to purchase limited values of vegetative and/or mineral materials from public lands under existing authority and forest products regulations. Respondents supply the information so that BLM can determine applicant qualifications, the product type and amount to be purchased, product location, and terms and conditions for the removal of material.

DATES: BLM must receive comments on the proposed information collection by September 20, 1999, to assure its consideration of them.

ADDRESSES: Mail comments to: Director (630), Bureau of Land Management, 1849 C St., N.W., Mail Stop 401 LS, Washington, D.C. 20240. Send comments by means of the intent to: WoComment@blm.gov. Please include ''ATTN: 1004–NEW'' and your name and return address in your internet message.

You may hand deliver comments to the BLM Administrative Record, Room 401 L Street, N.W., Washington, D.C. BLM will make comments available for public review and comment at the L Street during regular business hours (7:45 a.m. to 4:15 p.m.), Monday through Friday.

FOR FURTHER INFORMATION CONTACT: John C. Stewart—Fish, Wildlife and Forests Group, Washington Office (WO230), (202) 452–7759, or John S. Styduhar—Biological Sciences, Oregon State Office (OR931), (503) 952–6454.

SUPPLEMENTARY INFORMATION: The regulations at 5 CFR 1320.8(d) require BLM to provide a 60-day notice in the **Federal Register** concerning the collection of information contained in Form 5450–5, to seek comments on: (1) Whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information will have practical utility; (2) the accuracy of the agency's estimate of the burden of the proposed collection of information, including the validity of the methodology and assumption used; (3) ways to enhance the quality, utility, and clarity of the information to be collected; and (4) ways to minimize the burden of the collection of information on those who are to respond, including through the use of appropriate automated, electronic, mechanical, or other technological collection techniques or other forms of information technology. BLM will review and analyze any comments sent in response to this notice and include them with its request for approval from the OMB under the Paperwork Reduction Act.

The Act of August 28, 1937 (43 U.S.C. 1181a) authorizes the sale of timber and other forest products from the Revested Oregon and California Railroad and Reconveyed Coos Bay Wagon Road Grant Lands. The Act of July 31, 1947, as amended (30 U.S.C. 601 *et seq.*) provides for the disposal of vegetative and mineral materials from public lands of the United States by sale or free use. Authority for small sales of timber for use in Alaska is contained in the Act of May 14, 1898, as amended (16 U.S.C. 615a). The Secretary disposes of such materials at his discretion, consistent with the regulations at 43 CFR Part 5400 and 43 CFR Part 3600. Federal regulations require that, other than for incidental use, the severance and/or removal of any vegetative or mineral resource for personal or commercial use requires a written contract or permit issued by the authorized officer or other person authorized by the United States. Form 5450–5 is the contract form approved by the BLM Director for the negotiated cash sale of vegetative or mineral material. Procedures for preparation of contracts for the sale of forest products are set forth in Timber Sale Procedures Handbook Manual Section 5420–1 and Special Forest Products Procedure Series Handbook 5400–2.

Form 5450–5 is the contract form most commonly used by BLM for the sale of vegetative and mineral materials. It is designed for over-the-counter use by field offices for the cash sale of vegetative and mineral materials with a value of $2,499 or less for vegetative material and $999 or less for mineral material. Typical products sold using Form 5450–5 include such items as grasses, seeds roots, bark, berries, mosses, ferns, edible mushrooms, tree seedling, transplants, poles, and firewood. Form 5450–5 is also used for the sale of small volumes of mineral materials including petrified wood and

common varieties of sand, stone, or gravel. Each contract form is prenumbered for accountability and cash payment, in full, is required before BLM signs the contract.

Form 5450–5 requires the following information from the respondent: (1) The name of the purchaser or his/her authorized representative with complete mailing address; (2) the specific type of vegetative or mineral materials to be purchased and their respective quantities; (3) the specific location from which the materials are to be removed, and (4) the signature of the purchaser or authorized representative. BLM reviews the information collected from the respondent to: (1) Determine the qualifications of the purchaser, (2) determine fair market value for the materials sold, (3) identify potential environmental impacts, and (4) prevent trespass removal of the materials. BLM uses this information to establish the parties to the contract, the total purchase price including road maintenance and site reclamation fees, the period for which the contract is valid, and terms and conditions and other stipulations which are required by BLM for removal of the materials. Without this information, the federal government would not be able to enter into a biding contract with the purchaser or property account for and report sales of mineral and vegetative materials from the public lands.

The information collection on Form 5450–5 is required by the respondent in order to obtain a benefit. The majority of respondents are individuals purchasing small quantities of vegetative and mineral materials for personal use. According to the 1998 summary report of special forest and range products, BLM entered into 15,627 contracts for the negotiated cash sale of vegetative and mineral materials using Form 5450–5. Based on BLM's experience in administering these activities, the public reporting burden for the information described is estimated to average 15 minutes per response. Actual time varies from 5 minutes to 30 minutes depending on the type and variety of materials being purchased. The frequency of response by the respondent is once per contract. Using an average of 15,000 requests per year, the total annual burden is 3,750 hours.

BLM will summarize all responses to this notice and include them in the request for Office of Management and Budget approval. All comments will become part of the public record.

Dated: July 14, 1999.

Carole Smith,

Information Clearance Officer.

[FR Doc. 99–18660 Filed 7–21–99; 8:45 am]

BILLING CODE 4310–84–M

DEPARTMENT OF THE INTERIOR

Bureau of Land Management

[WO–350–1430–01]

Information Collection Submitted to the Office of Management and Budget for Review Under the Paperwork Reduction Act

The proposal for the collection of information listed below has been submitted to the Office of Management and Budget for approval under the provisions of the Paperwork Reduction Act (44 U.S.C. Chapter 35). Copies of the proposed collection of information and related forms may be obtained by contacting the Bureau's Clearance Officer at the phone number listed below. On April 16, 1999, BLM published a notice in the **Federal Register** (64 FR 18931) requesting comments on this proposed collection. The comment period closed on June 15, 1999. BLM received no comments for the public in response to that notice. Copies of the proposed collection of information and related documents and explanatory material may be obtained by contacting the BLM clearance officer at the telephone number listed below. OMB is required to respond to this request within 60 days but may respond within 30 days. For maximum consideration, your comments and suggestions on the requirement should be made within 30 days directly to the Office of Management and Budget, Interior Desk Office (1004–0153), Office of Information and Regulatory Affairs, Washington, DC 20503. Please provide a copy of your comments to the Bureau Clearance Officer (WO–630), 1849 C St., NW., Mail Stop 401 LS, Washington, DC 20240.

Nature of Comments

We specifically request your comments on the following:

1. Whether the collection of information is necessary for the proper functioning of BLM, including whether or not the information will have practical utility;

2. The accuracy of BLM's estimate of the burden of collecting the information, including the validity of the methodology and assumptions used;

3. The quality, utility and clarity of the information to be collected; and

4. How to minimize the burden of collecting the information on those who are to respond, including the use of appropriate automated electronic, mechanical or other forms of information technology.

Title: Conveyance of Federally Owned Mineral Interests, 43 CFR part 2720.

OMB Approval Number: 1004–0153.

Abstract: Respondents supply identifying information to be used by the agency to process applications to determine an applicant's eligibility for benefits and whether all statutory requirements have been met.

Bureau Form Number: None.

Frequency: Once.

Description of Respondents: Individuals whose land surface ownership overlies federally owned mineral interest.

Estimated Completion Time: 10 hours.

Annual Responses: 13.

Annual Burden Hours: 130.

Bureau Clearance Office: Carole Smith, (202) 452–0367.

Carole J. Smith,

Bureau of Land Management Clearance Officer.

[FR Doc. 99–18754 Filed 7–21–99; 8:45 am]

BILLING CODE 4310–84–M

DEPARTMENT OF THE INTERIOR

Bureau of Land Management

[WY–920–1320–00, WYW 0333794]

Availability of Preliminary Public Interest Determination, Draft Environmental Assessment and Notice of Public Hearing

AGENCY: Department of Interior, Bureau of Land Management, Wyoming.

ACTION: Notice of availability of a preliminary public interest determination, a draft environmental assessment and notice of a public hearing on the proposed Belco/Enron I–90 coal lease exchange.

SUMMARY: In accordance with 43 CFR 3435.3–5, the Bureau of Land Management (BLM) is giving notice that the lands to be leased in the proposed exchange are acceptable for further consideration for exchange. The lease rights offered by BLM are equal to the estimated fair market value of the lease exchange rights to be relinquished by Enron, as required by 43 CFR 3435.3–4.

BLM is also giving notice that an environmental assessment (EA) has been developed to document conformance with the Buffalo Resource Management Plan, which determined that these lands are suitable for further

coal leasing consideration; to disclose the environmental consequences of the proposed exchange action and reasonable alternatives; and to determine if the proposed exchange is in the public interest. The BLM's preliminary public interest determination is that the proposed exchange is in the public interest, and these findings are documented within the EA.

This exchange notice follows the January 20, 1999, notice which was required under 43 CFR 3435.3–1, and which initiated BLM's consideration of a coal lease for coal lease exchange. A copy of the notice was sent to the Governor of WY as required by 43 CFR 3435.3–6. Since the initial notice, Enron has expressed their willingness to proceed with consideration of the exchange as proposed by BLM (43 CFR 3435.3–2). Consistent with 43 CFR 3435.3–3, the Powder River Regional Coal Team (RCT) has been informed of exchange negotiations, and the RCT will be consulted prior to finalizing any exchange.

BLM is requesting comments on the preliminary public interest determination, and the draft environmental assessment.

DATES: BLM is accepting written comments on the preliminary public interest determination and the draft environmental assessment until September 1, 1999, at the address below. A public hearing is scheduled to accept oral and written testimony and comment on the preliminary public interest determination, and the draft environmental assessment. The public hearing will be at 7 p.m. MDT, August 17, 1999 at the Best Western Tower West Lodge, 109 North U.S. Highway 14–16, Gillette, WY 82716.

ADDRESSES: Request copies of the draft EA, including the preliminary public interest determination by either calling the Casper Field Office at 307–261–7600, or by writing to the Field Manager, Casper Field Office, Attn: Mike Karbs, 1701 East ''E'Street, Casper, Wyoming 82601. This is also where written comments should be sent.

FOR FURTHER INFORMATION CONTACT: For more information or to obtain a copy of the document contact Mike Karbs at the address above or by calling 307–261–7600.

SUPPLEMENTARY INFORMATION: Enron (formerly Belco Petroleum Corp.), has offered to exchange all coal lease rights retained from coal lease WYW 0322794 to BLM for a Federal coal lease in the Hay Creek coal tract. Coal lease WYW 0322794 (in Johnson County, WY, east of the Town of Buffalo), was relinquished on December 31, 1986, but Enron retained the right to pursue an I–90 lease exchange. A legal description of the lands contained in terminated coal lease WYW 0322794 is at the end of this notice. Consideration of a lease exchange is appropriate as authorized under the Act of October 30, 1978, Pub. L. 95–554, commonly referred to as the I–90 Exchange Act.

The Interior Board of Land Appeals (IBLA), in a December 5, 1997, decision (IBLA 94–684), stated,

> Because we conclude that the public interest favors completing a coal exchange, we remand the case to BLM in order that it may complete, as expeditiously as possible, an exchange of the Belco (Enron) tract for a redelineated Hay Creek tract or for all or part of one of the other two tracts listed in the Agreement. (IBLA 94–684; 141 IBLA 367).

Enron identified the possibility of exchanging 100 million tons of coal in sections 20 and 21, in the southeastern portion of the Hay Creek tract as the selected Federal coal lease in exchange for offered coal lease rights. This exchange proposal was also made by Belco (Enron) in a letter to BLM dated August 22, 1983, and again in a letter dated November 22, 1989; that is, an exchange of 170 million tons of coal in the Buffalo area for a tract containing approximately 100 million tons of coal to be delineated from acreage in the extreme southeast portion of the Hay Creek Tract (141 IBLA 368).

After evaluating Hay Creek's coal geology and reserves in response to Enron's proposal, BLM proposes to exchange a coal lease on the following coal lands for Enron's offered coal lease rights:

T. 52 N., R. 72 W., 6th P.M., Wyoming
Sec. 17: Lot 16;
Sec. 20: Lots 1, 2 (E2E2), 7 (E2E2), 8, 9, 10 (E2E2), 15 (E2E2), 16;
Sec. 21: Lots 3 (W2), 4, 5, 6 (W2), 10 (W2), 11–15.

This 599.172 acre tract contains approximately 106 million tons of minable coal. The tract boundaries provide straight boundaries to promote maximum economic coal recovery and follow no less than 10-acre subdivisions.

The regulations at 43 CFR 3435.3–4 require that the land to be leased shall, to the satisfaction of the lessee and the Secretary, be equal to the estimated fair value of the lease to be relinquished. The two tracts under consideration here are not similar. At the old Belco lease, the coal averaged 7100 BTUs/lb. Eight thousand BTUs/lb is considered minable to a coal/overburden ratio of 5:1.

BLM and Belco have independently determined that the old Belco lease had between 137–185 million tons of minable coal to a 5:1 stripping limit. Enron proposed an exchange based on an estimated average of 170 million tons of minable coal at the old Belco lease for 100 million tons of coal in sections 20 and 21 in the southeastern portion of the Hay Creek tract. This exchange proposal was also made by Belco in a letter to BLM dated August 22, 1983, and again in a letter dated November 22, 1989; that is, an exchange of 170 million tons of coal in the Buffalo area for a tract containing approximately 100 million tons of coal to be delineated from acreage in the extreme southeast portion of the Hay Creek tract.

After evaluating Hay Creek's coal geology and reserves in response to Enron's proposal, BLM proposed a 599.112 acre tract delineated from acreage in the southeast portion of the Hay Creek tract containing approximately 106 million tons of minable coal. The tract boundaries provide straight boundaries to promote maximum economic coal recovery and follow no less than 10-acre subdivisions. The coal at Hay Creek, as delineated by BLM, generally has a coal/overburden ratio of 2:1 or less and averages 8000 BTUs. The lesser tonnage offered at Hay Creek is due to the fact that the Hay Creek coal is of higher heat content and is shallower, resulting in lower mining cost.

BLM did an economic evaluation of the Belco and Hay Creek tracts which concluded that neither tract would have attracted a bonus bid in 1994. The Belco lease would not attract a bonus bid in the foreseeable future, while the Hay Creek tract could potentially attract a competitive bid in 2014. At present, under BLM's bonus bid evaluation, neither tract would attract a bonus bid, and for lease exchange purposes are considered of equal value.

Based on information submitted by Belco (Enron), on the prior economic evaluation, and on a geologic evaluation of lands offered in the Hay Creek tract, and IBLA 94–684, BLM has made a preliminary determination that the proposed coal lease exchange with Enron is in the public interest.

An environmental assessment (EA) has been developed by BLM to document conformance with the Buffalo Resource Management Plan, which determined that these lands are suitable for further coal leasing consideration; to disclose the environmental consequences of the proposed exchange action and reasonable alternatives; and to determine if the proposed exchange is in the public interest. The BLM's preliminary public interest determination is that the proposed exchange is in the public interest and

these findings are documented within the EA. This EA is now available to the public and written comments will be accepted through the public comment period as specified in DATES above. A public hearing to accept oral testimony has also been scheduled during the public comment period.

The legal description of Federal coal lease WYW 0322794 originally held by Belco, and relinquished in 1986, with Belco retaining exchange rights is:

T. 50 N., R. 80 W, 6th P.M., Wyoming
Sec. 30: Lots 3, 4, SESW;
Sec. 31: Lots 1, 2, W2NE, SENE, E2NW;
T. 50 N., R. 81 W, 6th P.M., Wyoming
Sec. 2: Lot 4, S2NW;
Sec. 3: Lots 1–4, S2N2, S2;
Sec. 4: Lots 1–3, S2NE, SENW, E2SW, S2SE, NESE;
Sec. 10: E2, E2W2, NWNW;
Sec. 11: W2SW;
Sec. 14: SWNE, W2, N2SE, SWSE;
Sec. 15: E2, E2NW;
Sec. 22: E2NE;
Sec. 23: W2E2, NW, E2SW;
Sec. 25: S2NW, S2;
Sec. 26: NE, E2NW, N2SE;
T. 51 N., R. 81 W, 6th P.M., Wyoming
Sec. 34: SE;
Sec. 35: W2SW, SESW.

Comments, including names and street addreses of respondents, will be available for public review at the addressess listed above during regular business hours (7:45 a.m.–4:30 p.m.), Monday through Friday, except holidays, and may be published as part of the final EA. Individual respondents may request confidentially. If you wish to withhold your name or street address from public review or from disclosure under the Freedom of Information Act, you must state this prominently at the beginning of your written comment. Such requests will be honored to the extent allowed by law. All submissions from organizations or businesses, and from individuals identifying themselves as representatives or officials of organizations or businesses, will be made available for public inspection in their entirety.

Dated: July 16, 1999.

Alan R. Pierson,

State Director.

[FR Doc. 99–18684 Filed 7–21–99; 8:45 am]

BILLING CODE 4310–22–P

DEPARTMENT OF THE INTERIOR

Bureau of Land Management

[CO–200–1220–00]

Off Highway Vehicle (OHV) Designation Decisions for the Royal Gorge Field Office

AGENCY: Bureau of Land Management, Interior.

ACTION: Notice of Off Highway Vehicle (OHV) designation decisions for the Royal Gorge Field Office.

SUMMARY: Notice is hereby given that effective July 15, 1999 the use of OHVs on public lands will be in accordance with the ''Open'', ''Limited'' or ''Closed'' designations outlined in the Royal Gorge Resource Management Plan, record of decision signed on May 13, 1996. OHV use and designations are with the authority and requirements of 43 CFR part 8340, including subparts and Federal Land Policy Management Act of 1976.

These OHV use designations will involve all the BLM-administered lands in the Royal Gorge Field Office located within Baca, Bent, Crowley, Chaffee, Custer, El Paso, Fremont, Huerfano, Kiowa, Lake, Las Animas, Otero, Park, Powers, Pueblo, and Teller Counties. The designations are a result of resource management decisions made in the Royal Gorge Resource Management Plan. Public comments concerning OHV designations and other resource issues were accepted during a 90 day comment period.

EFFECTIVE DATES: This order is in effect July 15, 1999, and is permanent until canceled, amended or replaced by the Authorized Officer.

ADDRESSES: Royal Gorge Field Office Manager, 3170 East Main Street, Canon City, Co 81212; Telephone (719) 269–8500; TDD (719) 269–8597.

FOR FURTHER INFORMATION CONTACT: Levi Deike, Area Manager or Diana Kossnar, Outdoor Recreation Planner,

SUPPLEMENTARY INFORMATION: Notice of these OHV designations and a map will be posted at the Royal Gorge Field Office. OHV area designations are as follows:

A. Approximately 16,355 acres are Open—OHV use will be allowed in the following areas: Grand Canyon Hills (2,012 acres, 4 miles west of Canon City, CO), Texas Creek Gulch (9,720 acres, immediately north of Texas Creek, CO), Sand Gulch (1,449 acres, immediately east of Howard, CO, and Penrose Chaining Area (3,174 acres, 4 miles north of Penrose, CO).

B. Approximately 560,595 acres are Limited—OHV use will be limited to existing roads and trails (existing as of April 1, 1999) until future planning identifies designated roads and trails and/or seasonal limitations on 560,595 acres within the Royal Gorge Resource Area.

C. Approximately 79,863 acres are Closed—OHV use will be prohibited year-round in the following areas: Browns Canyon Wilderness Study Area (WSA) (6,614 acres, 10 miles north of Salida, CO), McIntyre Hills WSA (16,800 acres 10 miles west of Canon City, CO), Beaver Creek WSA (26,150 acres, 10 miles north of Penrose,CO), Upper Grape Creek WSA (10,200 acres, 10 miles northeast of Westcliffe, CO), Lower Grape Creek WSA (11,220 acres, 7 miles southwest of Canon City, CO), 31-Mile Ranch (1,971 acres, 4 miles southwest of Guffey, CO) and Deer Haven Ranch (6909 acres, 12 miles northwest of Canon City, CO).

Specific roads within the Royal Gorge Field Office may be temporarily closed due to wet weather conditions according to **Federal Register** Notice dated December 30, 1997, Volume 62, Number 249, Page 67889. Area designations do not apply to military, fire, emergency, or law enforcement vehicles while being used for emergency purposes; any vehicle whose use is expressly approved by the authorized officer, or otherwise officially approved; and vehicles in official use. Any person who violates or fails to comply with these regulations is subject to arrest, conviction, and punishment pursuant to appropriate laws and regulations. Such punishment may be a fine of not more than $1,000, imprisonment for not longer than 12 months, or both.

Adrian Neisius,

Associate Field Office Manager.

[FR Doc. 99–18753 Filed 7–21–99; 8:45 am]

BILLING CODE 4310–JB–P

DEPARTMENT OF THE INTERIOR

Bureau of Land Management

[ID–055–1210–00; IDI–32075]

Notice of Realty Action (NORA), Direct Sale of Public Land in Lincoln County, ID

AGENCY: Bureau of Land Management, Interior.

ACTION: Notice of realty action (NORA), direct sale of public land in Lincoln County, Idaho.

Notice

The following-described public land has been examined and through the public-supported land use planning

process has been determined to be suitable for disposal by direct sale pursuant to Section 203 of the Federal Land Policy and Management Act of 1976 at no less than the appraised fair market value of $21,000. The land will not be offered for sale until at least 60 days after the publication date of this notice in the **Federal Register**.

Boise Meridian

T. 04 S., R. 19 E., B.M
Section 25: Lot 1;
Section 26: Lot 1;

The area described contains 34.43 acres, more or less

The Quitclaim Deed, when issued, will contain a reservation to the United States for rights-of-way for ditches and canals. Additionally, any and all water rights appurtenant to subject Page 1 of 3 will be reserved to the United States.

DATES: Upon publication of this notice in the **Federal Register**, the land described above will be segregated from appropriation under the public land laws, including the mining laws, except the sale provisions of the Federal Land Policy and Management Act. The segregative effect ends upon issuance of the Quitclaim Deed or 270 days from the date of publication, whichever occurs first.

ADDRESSES: Shoshone Resource Area Office, P.O. Box 2–B, 400 West F Street, Shoshone, Idaho 83352.

FOR FURTHER INFORMATION CONTACT: Debbie Kovar, Realty Specialist, at the address shown above or telephone (208) 886–7201.

SUPPLEMENTARY INFORMATION: This land is being offered by direct sale to the City of Richfield, P.O. Box 97, 180 W. Lincoln, Richfield, Idaho 83349, based on the need for expansion of the community and economic development which cannot be achieved prudently or feasibly on land other than public land and which outweighs other public objectives and values. Failure or refusal of the City of Richfield to submit the required amount by December 1, 1999 will result in cancellation of the sale.

It has been determined that the subject parcel contains no known mineral values; therefore, mineral interests will be conveyed simultaneously. A separate non-refundable filing fee of $50 is required from the purchasers for conveyance of the mineral interests.

For a period of 45 days from the date of publication of this notice in the **Federal Register**, interested parties may submit comments to the Area Manager, Shoshone Resource Area, at the above address. Any adverse comments will be reviewed by the Area Manager, who may vacate or modify this realty action to accommodate the protest. If the protest is not accommodated, the comments are subject to review of the State Director who may sustain, vacate, or modify this realty action. This realty action will become the final determination of the Department of the Interior.

Dated: July 13, 1999.

Bill Baker,

Area Manager.

[FR Doc. 99–18755 Filed 7–21–99; 8:45 am]

BILLING CODE 4310–GG–P

DEPARTMENT OF THE INTERIOR

Minerals Management Service

Agency Information Collection Activities; Submission for Office of Management and Budget (OMB) Review; Comment Request

AGENCY: Minerals Management Service (MMS), Interior.

ACTION: Notice of new information collection (1010–XXXX).

SUMMARY: To comply with the Paperwork Reduction Act (PRA) of 1995 (44 U.S.C. 3501, *et seq.*), we are notifying you that we have submitted the information collection request (ICR) discussed below to the Office of Management and Budget (OMB) for review and approval. We are also inviting your comments on this ICR.

DATE: Submit written comments by August 23, 1999.

ADDRESSES: You may submit comments directly to the Office of Information and Regulatory Affairs, OMB, Attention: Desk Officer for the Department of the Interior (1010–XXXX), 725 17th Street, NW, Washington, DC 20503. Mail or handcarry a copy of your comments to the Department of the Interior; Minerals Management Service; attention: Rules Processing Team; Mail Stop 4024; 381 Elden Street; Herndon, Virginia 20170–4817.

FOR FURTHER INFORMATION CONTACT: Alexis London, Rules Processing Team, telephone (703) 787–1600. You may also contact Alexis London to obtain a copy of the collection of information at no cost.

SUPPLEMENTARY INFORMATION:

Title: Weekly Activity Report, Form MMS–133. (This is a change in the title for this form which we announced in the previous notice as ''Drilling Activity Report.'')

OMB Control Number: 1010–XXXX.

Abstract: The Outer Continental Shelf (OCS) Lands Act, 43 U.S.C. 1331 *et seq.*, as amended, requires the Secretary of the Interior to preserve, protect, and develop oil and gas resources in the OCS; make such resources available to meet the Nation's energy needs as rapidly as possible; balance orderly energy resources development with protection of the human, marine, and coastal environment; ensure the public a fair and equitable return on the resources offshore; and preserve and maintain free enterprise competition.

To carry out these responsibilities, we issued rules governing oil and gas and sulphur operations in the OCS. Regulations requiring the information collection that is the subject of this ICR are 30 CFR 250, subpart D, ''Drilling Operations.'' Specifically, § 250.416(c)(3) requires respondents to submit copies of the daily driller's report at a frequency determined by the MMS District Supervisor, but in no prescribed format. Current practice in the Gulf of Mexico Region (GOMR) allows respondents to submit these data on a weekly basis during drilling operations.

We published a **Federal Register** notice with the required 60-day comment period soliciting comments on this ICR on March 18, 1999 (64 FR 13442). The notice announced that a new form MMS–133 would be used in all Regions and would be titled ''Drilling Activity Report.'' However, during the comment period, we determined that this form would be used only in the GOMR and it would retain the same title as the unofficial GOMR form (''Weekly Activity Report''). Current reporting procedures for the information required by § 250.416(c)(3) will remain unchanged in the Pacific and Alaska OCS Regions.

We use this information to monitor the conditions of a well and status of drilling operations. Specifically, the District Office drilling engineers review the information to beware of the well conditions and current drilling activity (i.e., well depth, drilling fluid weight, casing types and setting depths, completed well logs, and recent safety equipment tests and drills). The engineers use this information to determine how accurately the lessee anticipated well conditions and if the lessee is following the approved application for permit to drill (APD). The information is also used by the engineers and District Supervisor to approve revisions to an APD. With this information at hand, they can analyze the proposed revision (i.e., revised grade of casing or deeper casing setting depth) and make a quick and informed decision on the request.

We will protect proprietary information submitted with the plans according to the Freedom of Information Act and 30 CFR 250.118, ''Data and information to be made available to the public.'' No items of a sensitive nature are collected. Responses are mandatory.

The PRA provides that an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

Estimated Number and Description of Respondents: Approximately 130 Federal OCS sulphur or oil and gas lessees.

Frequency: The frequency of reporting is weekly.

Estimated Annual Reporting and Recordkeeping ''Hour'' Burden: Average burden is one-half hour per form, including the time to gather the information. The total annual estimated burden is 2,275 hours.

Estimated Annual Reporting and Recordkeeping ''Cost'' Burden: We have identified no information collection cost burdens for this collection of information.

Comments: All comments are made a part of the public record. Section 3506(c)(2)(A) of the PRA requires each agency ''* * * to provide notice * * * and otherwise consult with members of the public and affected agencies concerning each proposed collection of information. * * *'' Agencies must specifically solicit comments to: (a) Evaluate whether the proposed collection of information is necessary for the agency to perform its duties, including whether the information is useful; (b) evaluate the accuracy of the agency's estimate of the burden of the proposed collection of information; (c) enhance the quality, usefulness, and clarity of the information to be collected; and (d) minimize the burden on the respondents, including the use of automated collection techniques or other forms of information technology.

Send your comments directly to the offices listed under the **ADDRESSES** section of this notice. The OMB has up to 60 days to approve or disapprove the information collection but may respond after 30 days. Therefore, to ensure maximum consideration, OMB should receive public comments by August 23, 1999.

MMS Information Collection Clearance Officer: Jo Ann Lauterbach, (202) 208–7744.

Dated: July 1, 1999.

John V. Mirabella,

Acting Chief, Engineering and Operations Division.

[FR Doc. 99–18728 Filed 7–21–99; 8:45 am]

BILLING CODE 4310–MR–P

DEPARTMENT OF THE INTERIOR

Minerals Management Service

Agency Information Collection Activities; Submission for Office of Management and Budget (OMB) Review; Comment Request

AGENCY: Minerals Management Service (MMS), Interior.

ACTION: Notice of extension of a currently approved information collection (1010–0044).

SUMMARY: To comply with the Paperwork Reduction Act (PRA) of 1995 (44 U.S.C. 3501, *et seq.*), we are notifying you that we have submitted the information collection request (ICR) discussed below to the Office of Management and Budget (OMB) for review and approval. We are also inviting your comments on this ICR.

DATES: Submit written comments by August 23, 1999.

ADDRESSES: You may submit comments directly to the Office of Information and Regulatory Affairs, OMB, Attention: Desk Officer for the Department of the Interior (1010–0044), 725 17th Street, NW, Washington, D.C. 20503. Mail or handcarry a copy of your comments to the Department of the Interior; Minerals Management Service; attention: Rules Processing Team; Mail Stop 4024; 381 Elden Street; Herndon, Virginia 20170–4817.

FOR FURTHER INFORMATION CONTACT: Alexis London, Rules Processing Team, telephone (703) 787–1600. You may also contact Alexis London to obtain a copy of the collection of information at no cost.

SUPPLEMENTARY INFORMATION:

Title: Application for Permit to Drill (APD), Form MMS–123.

OMB Control Number: 1010–0044.

Abstract: The Outer Continental Shelf (OCS) Lands Act, 43 U.S.C. 1331 *et seq.*, as amended, requires the Secretary of the Interior to preserve, protect, and develop oil and gas resources in the OCS; make such resources available to meet the Nation's energy needs as rapidly as possible; balance orderly energy resources development with protection of the human, marine, and coastal environment; ensure the public a fair and equitable return on the resources offshore; and preserve and maintain free enterprise competition.

To carry out these responsibilities, we issued rules governing oil and gas and sulphur operations in the OCS. Regulations requiring submission of form MMS–123 and supplemental information are 30 CFR 250.414, 250.513, and 250.1617.

We published a **Federal Register** notice with the required 60-day comment period soliciting comments on this ICR on March 18, 1999 (64 FR 13443). The notice announced that form MMS–123 would be revised into a two-page form to adopt a standard reporting format for supplemental information that is currently submitted with APDs. However, during the comment period, we determined that instead we would not change the form MMS–123 and we would make the proposed second page a separate form (MMS–123S, Supplemental APD Information Sheet) that can be submitted with the APD or with a Sundry Notice and Report on Well (form MMS–124) to request side tracking a well. Therefore, we are submitting form MMS–123 to OMB and requesting the current approval be extended without change.

We use the information collected on form MMS–123 to determine the conditions of a drilling site to avoid hazards inherent in drilling operations; to evaluate the adequacy of respondents' drilling, well-completion, well-workover, and well-abandonment plans and equipment; and to detemine if the proposed operations will be conducted in an operationally safe manner that provides adequate environmental protection. Except for proprietary data, we are required to make the information available to the public.

We will protect proprietary information submitted with the plans according to the Freedom of Information Act and 30 CFR 250.118, ''Data and information to be made available to the public.'' No items of a sensitive nature are collected. Responses are mandatory.

The PRA provides that an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

Estimated Number and Description of Respondents: Approximately 130 Federal OCS sulphur or oil and gas lessees.

Frequency: The frequency of reporting is on occasion.

Estimated Annual Reporting and Recordkeeping ''Hour'' Burden: Average burden is 3.5 hours per form, including the time to gather the information. The total annual estimated burden is 4,078 hours. This represents an increase to the

currently approved burden for form MMS–123 to more accurately reflect the time required to submit supplemental information and data, not only the time to complete the form MMS–123.

Estimated Annual Reporting and Recordkeeping ''Cost'' Burden: We have identified no information collection cost burdens for this collection of information.

Comments: All comments are made a part of the public record. Section 3506(c)(2)(A) of the PRA requires each agency ''* * * to provide notice * * * and otherwise consult with members of the public and affected agencies concerning each proposed collection of information * * *.'' Agencies must specifically solicit comments to: (a) Evaluate whether the proposed collection of information is necessary for the agency to perform its duties, including whether the information is useful; (b) evaluate the accuracy of the agency's estimate of the burden of the proposed collection of information; (c) enhance the quality, usefulness, and clarity of the information to be collected; and (d) minimize the burden on the respondents, including the use of automated collection techniques or other forms of information technology.

Send your comments directly to the offices listed under the addresses section of this notice. The OMB has up to 60 days to approve or disapprove the information collection but may respond after 30 days. Therefore, to ensure maximum consideration, OMB should receive public comments by August 23, 1999.

MMS Information Collection Clearance Officer: Jo Ann Lauterbach, (202) 208–7744.

Dated: June 30, 1999.

John V. Mirabella,

Acting Chief, Engineering and Operations Division.

[FR Doc. 99–18729 Filed 7–21–99; 8:45 am]

BILLING CODE 4310–MR–P

DEPARTMENT OF THE INTERIOR

Minerals Management Service

Agency Information Collection Activities; Submissions for Office of Management and Budget (OMB) Review; Comment Request

AGENCY: Minerals Management Service (MMS), Interior.

ACTION: Notice of extension of four currently approved information collections.

SUMMARY: To comply with the Paperwork Reduction Act (PRA) of 1995 (44 U.S.C. 3501, *et seq.*), we are notifying you that we have submitted the four information collection requests (ICR) discussed below to the Office of Management and Budget (OMB) for review and approval. We are also inviting your comments on these ICRs.

DATE: Submit written comments by August 23, 1999.

ADDRESSES: You may submit comments directly to the Office of Information and Regulatory Affairs, OMB, Attention: Desk Officer for the Department of the Interior (1010–0017, 1010–0039, 1010–0045, or 1010–0046), 725 17th Street NW, Washington, DC 20503. Mail or handcarry a copy of your comments to the Department of the Interior; Minerals Management Service; attention: Rules Processing Team; Mail Stop 4024; 381 Elden Street; Herndon, Virginia 20170–4817.

FOR FURTHER INFORMATION CONTACT: Alexis London, Rules Processing Team, telephone (703) 787–1600. You may also contact Alexis London to obtain a copy of the collections of information at no cost.

SUPPLEMENTARY INFORMATION:

Titles (OMB Control Numbers):

Form MMS–124, Sundry Notices and Reports on Wells (1010–0045)

Form MMS–125, Well Summary Report (1010–0046)

Form MMS–126, Well Potential Test Report (1010–0039)

Form MMS–128, Semiannual Well Test Report (1010–0017)

Abstract: The Outer Continental Shelf (OCS) Lands Act, 43 U.S.C. 1331 *et seq.*, as amended, requires the Secretary of the Interior to preserve, protect, and develop oil and gas resources in the OCS; make such resources available to meet the Nation's energy needs as rapidly as possible; balance orderly energy resources development with protection of the human, marine, and coastal environment; ensure the public a fair and equitable return on the resources offshore; preserve and maintain free enterprise competition, and ensure that the extent of oil and natural gas resources of the OCS is assessed at the earliest practicable time. To carry out these responsibilities, we issue rules governing oil and gas and sulphur operations in the OCS. The regulations requiring the information collection forms that are the subject of this notice are 30 CFR part 250, subpart D, Drilling Operations; Subpart E, Well-Completion Operations; subpart F, Well-Workover Operations; Subpart G, Abandonment of Wells; subpart K, Production Rates; and subpart P, Sulphur Operations.

Failure to collect this information would prevent the Director from carrying out the mandate of the OCS Lands Act. The following explains how we use the information collected and the consequences if we did not collect the information.

a. Form MMS–124. MMS District Supervisors use the information to evaluate the adequacy of the equipment, materials, and/or procedures that the lessee plans to use for drilling, production, well-completion, well-workover, and well-abandonment operations. If we did not collect this information, we could not review lessee plans to require changes to drilling procedures or equipment to ensure that levels of safety and environmental protection are maintained. Nor could we review information concerning requests for approval or subsequent reporting of well-completion or well-workover operations to ensure that procedures and equipment are appropriate for the anticipated conditions.

b. Form MMS–125. District Supervisors use the information to ensure that they have accurate data on the wells under their jurisdiction and to ensure compliance with approved plans. It is also used to evaluate remedial action in well-equipment failure or well-control loss situations.

c. Form MMS–126. MMS Regional Supervisors use the information for various environmental, reservoir, reserves, and conservation analyses, including the determination of the maximum production rate for an oil or gas well. The form contains information concerning the conditions and results of a well potential test. This requirement carries out the conservation provisions of the OCS Lands Act. Failure to collect this information could result in waste of energy resources in the OCS by production at imprudent rates, jeopardizing the ultimate full recovery of hydrocarbons. Please note that we have shortened the name of this form, but have made no other changes to the form. Its previous name was ''Well Potential Test Report and Request for Maximum Production Rate (MPR).''

d. Form MMS–128. Regional Supervisors use this information to evaluate the results of well tests to find out if reservoirs are being depleted in a way that will lead to the greatest ultimate recovery of hydrocarbons. We designed the form to present current well data on a semiannual basis to allow the updating of permissible producing rates and to provide the basis for estimates of currently remaining recoverable gas reserves.

We will protect proprietary information submitted with the plans

according to the Freedom of Information Act and 30 CFR 250.118, ''Data and information to be made available to the public.'' No items of a sensitive nature are collected. Responses are mandatory.

The PRA provides that an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

Estimated Number and Description of Respondents: Approximately 130 Federal OCS oil and gas or sulphur lessees.

Frequency: Forms MMS–124, MMS–125, and MMS–126, are on occasion; Form MMS–128 is semiannual.

Estimated Annual Reporting and Recordkeeping ''Hour'' Burden: We estimate the following burdens for these forms:

Form MMS–124 9,500 responses @ 1¼ hours per response=11,875 hours
Form MMS–125 2,275 responses @ 1 hour per response=2,275 hours
Form MMS–126 1,250 responses @ 1 hour per response=1,250 hours
Form MMS–128 1,660 responses @ 1½ hours per response=2,490 hours

Estimated Annual Reporting and Recordkeeping ''Cost'' Burden: We have identified no information collection cost burdens for this collection of information.

Comments: All comments are made a part of the public record. Section 3506(c)(2)(A) of the PRA requires each agency ''* * * to provide notice * * * and otherwise consult with members of the public and affected agencies concerning each proposed collection of information * * *.'' Agencies must specifically solicit comments to: (a) Evaluate whether the proposed collection of information is necessary for the agency to perform its duties, including whether the information is useful; (b) evaluate the accuracy of the agency's estimate of the burden of the proposed collection of information; (c) enhance the quality, usefulness, and clarity of the information to be collected; and (d) minimize the burden on the respondents, including the use of automated collection techniques or other forms of information technology.

Send your comments directly to the offices listed under the **ADDRESSES** section of this notice. The OMB has up to 60 days to approve or disapprove the information collection but may respond after 30 days. Therefore, to ensure maximum consideration, OMB should receive public comments by August 23, 1999.

MMS Information Collection Clearance Officer: Jo Ann Lauterbach, (202) 208–7744.

Dated: June 30, 1999.

John V. Mirabella,

Acting Chief, Engineering and Operations Division.

[FR Doc. 99–18730 Filed 7–21–99; 8:45 am]

BILLING CODE 4310–MR–P

DEPARTMENT OF THE INTERIOR

Minerals Management Service

Agency Information Collection Activities; Submission for Office of Management and Budget (OMB) Review; Comment Request

AGENCY: Minerals Management Service (MMS), Interior.

ACTION: Notice of a new information collection (1010–XXXX).

SUMMARY: To comply with the Paperwork Reduction Act (PRA) of 1995 (44 U.S.C. 3501, *et seq.*), we are notifying you that we have submitted the information collection request (ICR) discussed below to the Office of Management and Budget (OMB) for review and approval. We are also inviting your comments on this ICR.

DATE: Submit written comments by August 23, 1999.

ADDRESSES: You may submit comments directly to the Office of Information and Regulatory Affairs, OMB, Attention: Desk Officer for the Department of the Interior (1010–XXXX), 725 17th Street, NW, Washington, DC 20503. Mail or handcarry a copy of your comments to the Department of the Interior; Minerals Management Service; attention: Rules Processing Team; Mail Stop 4024; 381 Elden Street; Herndon, Virginia 20170–4817.

FOR FURTHER INFORMATION CONTACT: Alexis London, Rules Processing Team, telephone (703) 787–1600. You may also contact Alexis London to obtain a copy of the collection of information at no cost.

SUPPLEMENTARY INFORMATION:

Title: Supplemental APD Information Sheet, Form MMS–123S.

OMB Control Number: 1010–NEW.

Abstract: The Outer Continental Shelf (OCS) Lands Act, 43 U.S.C. 1331 *et seq.*, as amended, requires the Secretary of the Interior to preserve, protect, and develop oil and gas resources in the OCS; make such resources available to meet the Nation's energy needs as rapidly as possible; balance orderly energy resources development with protection of the human, marine, and coastal environment; ensure the public a fair and equitable return on the resources offshore; and preserve and maintain free enterprise competition.

To carry out these responsibilities, we issued rules governing oil and gas and sulphur operations in the OCS. Regulations requiring submission of information to be included on form MMS–123S are 30 CFR 250.414, 250.513, and 250.1617.

We published a **Federal Register** notice with the required 60-day comment period soliciting comments on this ICR on March 18, 1999 (64 FR 13443). The notice announced that we were revising form MMS–123, Application for Permit to Drill (APD), into a two-page form to adopt a standard reporting format for supplemental information that is currently submitted with the APD. However, during the comment period, we determined that instead we would not change the form MMS–123. Instead, we would make the proposed second page a separate form (MMS–123S, Supplemental ADP Information Sheet) that can be submitted with either an ADP or a Sundry Notice and Report on Well (form MMS–124) to request side tracking a well. The new form MMS–123S does not require respondents to report any new information. It allows information required in current regulations to be reported in a uniform, consistent format. Respondents in the Gulf of Mexico Region have been using a similar unofficial format for several years, which will be replaced by the approved new form. This is also another step in our goal to institute electronic reporting of information.

We use this information to determine the conditions of a drilling site to avoid hazards inherent in drilling operations; to evaluate the adequacy of respondents' drilling, well-completion, well-workover, and well-abandonment plans and equipment; and to detemine if the proposed operations will be conducted in an operationally safe manner that provides adequate environmental protection. Except for proprietary data, we are required to make the information available to the public for information.

We will protect proprietary information submitted with the plans according to the Freedom of Information Act and 30 CFR 250.118, ''Data and information to be made available to the public.'' No items of a sensitive nature are collected. Responses are mandatory.

The PRA provides that an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

Estimated Number and Description of Respondents: Approximately 130 Federal OCS sulphur or oil and gas lessees.

Frequency: The frequency of reporting is on occasion.

Estimated Annual Reporting and Recordkeeping ''Hour'' Burden: Average burden is one-half hour per form, including the time to gather the information. The total annual estimated burden is 683 hours.

Estimated Annual Reporting and Recordkeeping ''Cost'' Burden: We have identified no information collection cost burdens for this collection of information.

Comments: All comments are made a part of the public record. Section 3506(c)(2)(A) of the PRA requires each agency '' * * * to provide notice * * * and otherwise consult with members of the public and affected agencies concerning each proposed collection of information * * *.'' Agencies must specifically solicit comments to: (a) Evaluate whether the proposed collection of information is necessary for the agency to perform its duties, including whether the information is useful; (b) evaluate the accuracy of the agency's estimate of the burden of the proposed collection of information; (c) enhance the quality, usefulness, and clarity of the information to be collected; and (d) minimize the burden on the respondents, including the use of automated collection techniques or other forms of information technology.

Send your comments directly to the offices listed under the addresses section of this notice. The OMB has up to 60 days to approve or disapprove the information collection but may respond after 30 days. Therefore, to ensure maximum consideration, OMB should receive public comments by August 23, 1999.

MMS Information Collection Clearance Officer: Jo Ann Lauterbach, (202) 208–7744.

Dated: July 1, 1999.

John V. Mirabella,

Acting Chief, Engineering and Operations Division.

[FR Doc. 99–18731 Filed 7–21–99; 8:45 am]

BILLING CODE 4310–MR–P

DEPARTMENT OF THE INTERIOR

Minerals Management Service

Agency Information Collection Activities; Submission for Office of Management and Budget (OMB) Review; Comment Request

AGENCY: Minerals Management Service (MMS), Interior.

ACTION: Notice of extension of currently approved information collection (1010–0068).

SUMMARY: To comply with the Paperwork Reduction Act (PRA) of 1995 (44 U.S.C. 3501, *et seq.*), this notice announces that the Information Collection Request (ICR) discussed below has been forwarded to the OMB for review and approval. The ICR describes the nature of the information collection and its expected cost and burden. The PRA provides that an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

DATES: Submit written comments by August 23, 1999.

ADDRESSES: You may submit comments directly to the Office of Information and Regulatory Affairs, OMB, Attention: Desk Officer for the Department of the Interior (1010–0079), 725 17th Street, NW, Washington, DC 20503. Mail or handcarry a copy of your comments to the Department of the Interior; Minerals Management Service; attention: Rules Processing Team; Mail Stop 4024; 381 Elden Street; Herndon, Virginia 20170–4817.

FOR FURTHER INFORMATION CONTACT: Alexis London, Rules Processing Team, telephone (703) 787–1600. You may also contact Alexis London to obtain a copy of the collection of information at no cost.

SUPPLEMENTARY INFORMATION:

Title: 30 CFR 250, Subpart M, Unitization.

OMB Control Number: 1010–0068.

Abstract: The Outer Continental Shelf (OCS) Lands Act (43 U.S.C. 1331 *et seq.*), gives the Secretary of the Interior (Secretary) the responsibility to preserve, protect, and develop oil and gas resources in the OCS consistent with the need to make such resources available to meet the Nation's energy needs as rapidly as possible; balance orderly energy resource development with protection of human, marine, and coastal environments; ensure the public a fair and equitable return on the resources of the OCS; and preserve and maintain free enterprise competition. Section 1334(a) specifies that the Secretary will establish rules and regulations to provide for the ''prevention of waste and conservation of the natural resources of the Outer Continental Shelf, and the protection of correlative rights therein'' and include provisions ''for unitization, pooling, and drilling agreements.'' To carry out these responsibilities, we have established regulations at 30 CFR 250, subpart M, ''Unitization.''

The MMS OCS Regions use the information to determine whether to approve a proposal to enter into an agreement to unitize operations under two or more leases or to approve modifications when circumstances change. The information is necessary to ensure that operations will result in preventing waste, conserving natural resources, and protecting correlative rights, including the Government's interests. We also use information submitted to determine competitiveness of a reservoir or to decide that compelling unitization will achieve these results.

We will protect proprietary information submitted with the plans according to the Freedom of Information Act and 30 CFR 250.118, ''Data and information to be made available to the public.'' No items of a sensitive nature are collected. Responses are required to obtain or retain a benefit or are mandatory.

Estimated Number and Description of Respondents: Approximately 130 Federal OCS sulphur or oil and gas lessees.

Frequency: The frequency of reporting is on occasion.

Estimated Annual Reporting and Recordkeeping ''Hour'' Burden: 2,742 burden hours, averaging approximately 102 hours per response. See following chart.

BURDEN BREAKDOWN

Citation 30 CFR 250 subpart M	Requirement	Average number per year	Burden	Annual burdens hours
1301	General description of requirements	Burden included in following sections.		0
1301(f)(3), (g)(1)	Request suspension of production or operations	Burden covered under 1010–0030.		0
1302(b)	Request preliminary determination on competitive reservoir.	2 requests	24 hours	48

BURDEN BREAKDOWN—Continued

Citation 30 CFR 250 subpart M	Requirement	Average number per year	Burden	Annual burdens hours
1302(b)	Submit concurrence or objection on competitiveness with supporting evidence.	2 requests	24 hours	48
1302(c), (d)	Submit joint plan of operations or separate plan if agreement cannot be reached.	2 plans	24 hours	48
1303	Apply for voluntary unitization, including submitting unit agreement, unit operating agreement, joint plan of operation, and supporting data; request for variance from model agreement.	17 applications/plans	144 hours	2,448
1304(b)	Request compulsory unitization, including submitting unit agreement, unit operating agreement, initial plan of operation, and supporting data; serving nonconsenting lessees with documents.	1 request	144 hours	144
1304(d)	Request hearing on required unitization	1 request	1 hour	1
1304(e)	Submit statement at hearing on compulsory unitization.	1 statement	4 hours	4
130(e)	Submit three copies of verbatim transcript of hearing.	1 submission	1 hour	1
1304(f)	Appeal final order of compulsory unitization	Burden covered under 1010–0121		0
Total Reporting		27 responses		2,742

Estimated Annual Reporting and Recordkeeping ''Cost'' Burden: Section 250.1304(d) provides an opportunity for parties notified of compulsory unitization to request a hearing. Section 250.1304(e) requires the party seeking compulsory unitization to obtain the court reporter and submit to MMS three copies of the verbatim transcript of the hearing. There have been no such hearings in the recent past and none are expected in the near future. We estimate the burden would be less than $100 to reproduce the copies.

Comments: All comments are made a part of the public record. Section 3506(c)(2)(A) of the PRA requires each agency ''* * * to provide notice * * * and otherwise consult with members of the public and affected agencies concerning each proposed collection of information * * *'' Agencies must specifically solicit comments to: (a) Evaluate whether the proposed collection of information is necessary for the agency to perform its duties, including whether the information is useful; (b) evaluate the accuracy of the agency's estimate of the burden of the proposed collection of information; (c) enhance the quality, usefulness, and clarity of the information to be collected; and (d) minimize the burden on the respondents, including the use of automated collection techniques or other forms of information technology.

Send your comments directly to the offices listed under the **ADDRESSES** section of this notice. The OMB has up to 60 days to approve or disapprove the information collection but may respond after 30 days. Therefore, to ensure maximum consideration, OMB should receive public comments by August 23, 1999.

MMS Information Collection Clearance Officer: Jo Ann Lauterbach, (202) 208–7744.

Dated: July 7, 1999.

John V. Mirabella,

Acting Chief, Engineering and Operations Division.

[FR Doc. 99–18732 Filed 7–21–99; 8:45 am]

BILLING CODE 4310–MR–P

DEPARTMENT OF THE INTERIOR

Minerals Management Service

Announcement of Posting of Invitation for Bids on Crude Oil From Federal Leases and State of Wyoming Properties in Wyoming

AGENCY: Minerals Management Service, Interior.

ACTION: Notice of Invitation for Bids on Federal and State of Wyoming crude oil in the State of Wyoming.

SUMMARY: The Minerals Management Service (MMS) will post on MMS's Internet Home Page, and make available in hard copy, a public competitive offering of approximately 3,250 barrels per day (bpd) of crude oil, to be taken as royalty-in-kind (RIK) from a combination of Federal properties and State of Wyoming (State) properties in Wyoming's Bighorn and Powder River Basins through an Invitation for Bids (IFB), Number 31010.

DATES: The IFB will be posted on MMS's Internet Home Page on or about July 19, 1999. Bids will be due to MMS and State of Wyoming, at the posted receipt location for both, on or about August 9, 1999. MMS and the State of Wyoming will notify successful bidders on or about August 16, 1999. The Federal Government and the State will begin actual taking of awarded royalty oil volumes for delivery to successful bidders for a 6-month period beginning on or about October 1, 1999.

ADDRESSES: The IFB will be posted on MMS's Home page at http://www.mms.gov under the icon ''What's New.'' The IFB may also be obtained by contacting Ms. Betty Estey at the address in the **FURTHER INFORMATION** section. Bids should be submitted to the address provided in the IFB.

FOR FURTHER INFORMATION CONTACT: For additional information on MMS's RIK pilots, contact Mr. Bonn J. Macy, Minerals Management Service, 1849 C Street, NW, MS 4230, Washington DC 20240; telephone number (202)208–3827; fax (202)208–3918; e-mail Bonn.Macy@mms.gov. For additional information concerning the IFB document, terms, and process for Federal leases, contact Ms. Betty Estey, Minerals Management Service, MS 2510, 381 Elden Street, Herndon, VA 20170–4817; telephone number (703)787–1352; fax (703) 787–1009; e-mail Betty.Estey@mms.gov. For additional information concerning the IFB document, terms, and process for State of Wyoming properties, contact Mr. Harold Kemp, Office of State Lands and Investments, Herschler Building, 3rd Floor West, 122 West 25th Street, Cheyenne, WY 82002–0600; telephone number (307) 777–6643; Fax: (307) 777–5400; Email: hkemp@missc.state.wy.us.

SUPPLEMENTARY INFORMATION: The offering of crude oil in the IFB is a continuation of the first of MMS's three planned RIK pilots. The other two RIK pilots are in the Gulf of Mexico. The State's objective in this pilot and MMS's objective in all its pilots is to identify the circumstances in which taking oil and gas royalties as a share of production (RIK) is a viable alternative to the agencies' usual practice of collecting oil and gas royalties as a share of the value received by the lessee for sale of the production. The Wyoming pilot is a joint project with the State of Wyoming expected to last 2 to 3 years.

The sale will involve approximately 3,250 bpd of crude oil from 66 Federal and State properties located in Wyoming's Bighorn and Powder River Basins. RIK oil from these Federal properties was previously offered under IFB No. 3984 for delivery to purchasers for production months April through September 1999. The main difference from the last sale is that only pipeline connected properties are being offered in this IFB.

Purchasers may bid on specific pipeline subgroups and/or on the entire packages of Wyoming sweet crude oil (1,020 bpd), Wyoming general sour crude oil (526 bpd), or Wyoming asphaltic sour crude oil (1,704 bpd). Bids will be due as specified in the IFB on or about August 9, 1999; successful bidders will be notified on or about August 16, 1999.

The following are some of the additional details regarding the offerings that will be posted in the IFB on or about July 19, 1999.

- List of specific properties;
- For each property—tract allocations, royalty rate(s), average daily royalty volume, quality, current transporter, and operator;
- Bid basis;
- Reporting requirements;
- Terms and conditions; and
- Contract format.

The internet posting and availability of the IFB in hard copy are being announced in oil and gas trade journals as well as in this **Federal Register** notice.

Dated: July 16, 1999.

Walter Cruickshank,

Associate Director for Policy and Management Improvement.

[FR Doc. 99–18653 Filed 7–21–99; 8:45 am]

BILLING CODE 4310–MR–U

DEPARTMENT OF JUSTICE

Immigration and Naturalization Service

[INS No. 2001–99]

Announcement of a Change of Address for the Arlington Asylum Office

AGENCY: Immigration and Naturalization Service, Justice.

ACTION: Notice of a change of address for the Arlington Asylum Office.

SUMMARY: This notice announces a change of address for the Arlington Asylum Office. On June 7, 1999, both the physical office location and mailing address for correspondence and delivery of packages changed. The public telephone and facsimile (FAX) numbers remain the same. The new address, telephone, and FAX numbers are listed in the supplementary information section of this notice. Asylum applicants are to continue to appear for interviews at the address shown on the interview appointment notice. This notice is necessary to ensure that correspondence and packages are properly routed to the correct address. Since June 7, 1999, the Immigration and Naturalization Service has continued to accept correspondence sent to the former address and will continue to accept and forward correspondence to the correct address until November 19, 1999.

FOR FURTHER INFORMATION CONTACT: Christine Davidson, Supervisory Asylum Office, or Marta Rothwarf, Asylum Officer, Office of International Affairs, Immigration and Naturalization Service, 425 I Street, NW., Third Floor, ULLICO Bldg., Washington, DC 20536; Telephone (202) 305–2663.

SUPPLEMENTARY INFORMATION: The Arlington Asylum Office moved to a new location effective June 7, 1999. All parties are to use the following addresses and telephone numbers when sending correspondence or packages, or to contact the asylum office. Asylum applicants are to continue to appear for interviews at the address shown on the interview appointment notice.

What Is the New Mailing and Actual Physical Address for the Arlington Asylum Office?

Correspondence must be mailed to the Arlington Asylum Office at the following address: U.S. Immigration and Naturalization Service, Arlington Asylum Office; 1525 Wilson Boulevard; Suite 300, Arlington, VA 22209; Telephone: (703) 525–8141, FAX: (703) 812–8455. The office is open Monday through Friday, from 7:45 a.m. to 4 p.m.

What Happens If Correspondence Is Sent to the Former Address?

Correspondence that is sent to the former address will be accepted and forwarded to the correct address by the Service until November 19, 1999. After November 19, 1999 correspondence will be returned to the sender as undeliverable.

Dated: July 15, 1999.

Doris Meissner,

Commissioner, Immigration and Naturalization Service.

[FR Doc. 99–18735 Filed 7–21–99; 8:45 am]

BILLING CODE 4410–10–M

DEPARTMENT OF LABOR

Employment and Training Administration

[TA–W–36,063]

Cobre Mining Company, Hanover, New Mexico; Notice of Affirmative Determination Regarding Application for Reconsideration

By letter of July 2, 1999, petitioners requested administrative reconsideration of the Department of Labor's Notice of Negative Determination Regarding Eligibility to Apply for Worker Adjustment Assistance, petition number TA–W–36,063, for workers of the subject firm. The denial notice was signed on June 11, 1999, and published in the **Federal Register** on June 30, 1999 (64 FR 35183).

The petitioners present new evidence regarding worker layoffs at the subject facility.

Conclusion

After careful review of the application, I conclude that the claim is of sufficient weight to justify reconsideration of the Department of Labor's prior decision. The application is, therefore, granted.

Signed at Washington, D.C. this 7th of July, 1999.

Grant D. Beale,

Acting Director, Office of Trade Adjustment Assistance.

[FR Doc. 99–18677 Filed 7–27–99; 8:45 am]

BILLING CODE 4510–30–M

DEPARTMENT OF LABOR

Employment and Training Administration

[TA–W–35,267]

Delta Apparel Company, Inc and Duck Head Apparel Outlet, Decatur, TN; Amended Certification Regarding Eligibility To Apply for Worker Adjustment Assistance

In accordance with Section 223 of the Trade Act of 1974 (19 USC 2273) the Department Labor issued a Certification of Eligibility to Apply for Worker Adjustment Assistance on February 18, 1999 applicable to all workers of Delta Apparel Company, Decatur, Tennessee. The notice was published in the **Federal Register** on April 27, 1999 (64 FR 22648).

At the request of the State agency, the Department reviewed the certification for workers of the subject firm. New findings show that all workers were separated at Duck Head Apparel Outlet, Decatur, Tennessee when it closed in December 1998. The workers provided retail selling of T-shirts, placket shirts, shorts and pants that were produced by its sister firm, Delta Apparel Company, which also closed in December, 1998.

The intent of the Department's certification is to include all workers Delta Apparel Company adversely affected by increased imports.

The amended notice applicable to TA–W–35,267 is hereby issued as follows:

All workers of Delta Apparel Company, Inc., and Duck Head Apparel Outlet, Decatur, Tennessee who became totally or partially separated from employment on or after October 28, 1997 through February 18, 2001 are eligible to apply for adjustment assistance under Section 223 of the Trade Act of 1974.

Signed at Washington, D.C. this 7th day of July, 1999.

Grant D. Beale,

Program Manager, Office of Trade Adjustment Assistance.

[FR Doc. 99–18680 Filed 7–21–99; 8:45 am]

BILLING CODE 4510–30–M

DEPARTMENT OF LABOR

Employment and Training Administration

[TA–W–35,983, and TA–W–35,938A]

Good Lad Company, Philadelphia, PA and New York, NY; Amended Certification Regarding Eligibility To Apply for Worker Adjustment Assistance

In accordance with Section 223 of the Trade Act of 1974 (19 USC 2273) the Department Labor issued a Certification of Eligibility to Apply for Worker Adjustment Assistance on May 12, 1999, applicable to workers of Good Lad Company located in Philadelphia, Pennsylvania. The notice will be published soon in the **Federal Register.**

At the request of the petitioners, the Department reviewed the certification for workers of the subject firm. The workers were engaged in the production of children's clothes. New information provided by the company shows that worker separations occurred at Good Lad's New York, New York location. The New York, New York location is a showroom, sales and design for the Philadelphia, Pennsylvania location.

The intent of the Department's certification is to include all workers of Good Lad Company who were adversely affected by increased imports of children's clothes. Accordingly, the Department is amending the certification to cover the workers of Good Lad Company, New York, New York.

The amended notice applicable to TA–W–35,983 is hereby issued as follows:

All workers of Good Lad Company, Philadelphia, Pennsylvania (TA–W–35,983), and New York, New York (TA–W–35,983A) who became totally or partially separated from employment on or after March 19, 1998 through May 12, 2001 are eligible to apply for adjustment assistance under Section 223 of the Trade Act of 1974.

Signed at Washington, D.C. this 6th day of July 1999.

Grant D. Beale,

Acting Director, Office of Trade Adjustment.

[FR Doc. 99–18681 Filed 7–21–99; 8:45 am]

BILLING CODE 4510–30–M

DEPARTMENT OF LABOR

Employment and Training Administration

[TA–W–35,641]

Green Garden Company, Somerset, Pennsylvania; Dismissal of Application for Reconsideration

Pursuant to 29 CFR 90.18(C) an application for administrative reconsideration was filed with the Director of the Office of Trade Adjustment Assistance for workers at the Green Garden Company, Somerset, Pennsylvania. The application contained no new substantial information which would bear importantly on the Department's determination. Therefore, dismissal of the application was issued.

TA–W–35,641; Green Garden Company Somerset, Pennsylvania (July 12, 1999)

Signed at Washington, D.C. this 15th day of July, 1999.

Grant D. Beale,

Program Manager, Office of Trade Adjustment Assistance.

[FR Doc. 99–18678 Filed 7–21–99; 8:45 am]

BILLING CODE 4570–30–M

DEPARTMENT OF LABOR

Employment and Training Administration

[TA–W–35,968]

Mark Steel Jewelry, Spring City, Utah; Investigations Regarding Certifications of Eligibility To Apply for Worker Adjustment Assistance; Correction

This notice corrects the notice of Investigations Regarding Certifications of Eligibility To Apply for Worker Adjustment Assistance applicable to TA–W–35,968 which was published in the **Federal Register** on May 6, 1999 (64 FR 24420–24421) FR Document 98–11370.

This revises the subject firm location for TA–W–35,968 on the second line in the appendix table on page 24421. On the second line in the third column, the subject firm (location) should read Spring City, Utah.

Signed in Washington, D.C., this 6th day of July, 1999.

Grant D. Beale,

Acting Director, Office of Trade Adjustment Assistance.

[FR Doc. 99–18682 Filed 7–21–99; 8:45 am]

BILLING CODE 4510–30–M

DEPARTMENT OF LABOR

Employment and Training Administration

Investigations Regarding Certifications of Eligibility To Apply for Worker Adjustment Assistance

Petitions have been filed with the Secretary of Labor under Section 221(a) of the Trade Act of 1974 (''the Act'') and are identified in the Appendix to this notice. Upon receipt of these petitions, the Director of the Office of Trade Adjustment Assistance, Employment and Training Administration, has instituted investigations pursuant to Section 221(a) of the Act.

The purpose of each of the investigations is to determine whether the workers are eligible to apply for adjustment assistance under Title II, Chapter 2, of the Act. The investigations

will further relate, as appropriate, to the determination of the date on which total or partial separations began or threatened to begin and the subdivision of the firm involved.

The petitioners or any other persons showing a substantial interest in the subject matter of the investigations may request a public hearing, provided such request is filed in writing with the Director, Office of Trade Adjustment Assistance, at the address show below, not later than August 2, 1999.

Interested persons are invited to submit written comments regarding the subject matter of the investigations to the Director, Office of Trade Adjustment Assistance, at the address shown below, not later than August 2, 1999.

The petitions filed in this case are available for inspection at the Office of the Director, Office of Trade Adjustment Assistance, Employment and Training Administration, U.S. Department of Labor, 200 Constitution Avenue, N.W., Washington, D.C. 20210.

Signed at Washington, D.C. this 21st day of June, 1999.

Grant D. Beale,

Program Manager, Office of Trade Adjustment Assistance.

APPENDIX

[Petitions instituted on 6/21/1999]

TA–W	Subject firm (petitioners)	Location	Date of petition	Product(s)
36,412	Style Sportswear (UNITE)	Paterson, NJ	05/26/1999	Women's Coats and Suits.
36,413	Jantzen, Inc (Co.)	Portland, OR	06/02/1999	Swimwear and Backpacks.
36,414	Harrison Alloys (USWA)	Harrison, NJ	05/21/1999	Steel Rods.
36,415	Zenith Electronic (NEWAI)	Chicago, IL	06/04/1999	Wafers for Printed Circuit Boards.
36,416	Baldwin Piano (Wkrs)	Conway, AR	06/13/1999	Piano Components.
36,417	General Electric (IUE)	Ft. Wayne, IN	05/24/1999	Magnetic & AC Motors.
36,418	Enpro Systems (Wkrs)	Channelview, TX	05/21/1999	Mfg & repair of Oilfield Equipment.
36,419	Inter American Oil Works (Wkrs)	Odessa, TX	06/08/1999	Refurbish Oilfield Equipment.
36,420	Miller Group (The) (Co.)	Sch'll Haven, PA	06/10/1999	T-shirts & Sweatshirts.
36,421	Jones Apparel Group (Wkrs)	Bristol, PA	06/11/1999	Cut Pants, Shirts, Jackets.
36,422	Warners (Wkrs)	Stratford, CT	06/02/1999	Ladies Apparel.
36,423	Ovalstrapping (Wkrs)	Hoquiam, WA	06/03/1999	Strapping Machines.
36,424	Regiana Fashions (Wkrs)	West New York, NJ	06/04/1999	Women's Blazers.
36,425	B.P. Chemical—Amoco (Wkrs)	Port Lavaca, TX	06/09/1999	Oil and Gas.
36,426	Technifoan Mirror Craft (Co.)	Ferrum, VA	06/03/1999	Furniture Components, Mirrors.
36,427	Brady T-Shirt (Co.)	East Brady, PA	06/02/1999	Sportswear Tops.
36,428	Skinner Engine Co. (UAW)	Erie, PA	06/03/1999	Intensive Mixers.
36,429	Dyersburg Corp. (Co.)	Hamilton, NC	06/02/1999	Knit & Finish Fabric.
36,430	Gemini Fashions (Wkrs)	Union City, NJ	05/26/1999	Ladies' Coats.
36,431	Fort James Corp. (AWPPW)	Portland, OR	06/09/1999	Paper Bags.
36,432	Cross Creek Apparel (Co.)	Wytheville, VA	06/07/1999	Tublar Placket Golf Shirts.
36,433	Meadow River Coal Co. (Co.)	Lookout, WV	06/07/1999	Metalurgical Coal.
36,434	Damascus Steel (GMP)	New Brighton, PA	06/07/1999	Hammers, Liners & Tooling.
36,435	May Tag and Label Corp (Co.)	Hillside, NJ	05/13/1999	Printed Labels and Tags.
36,436	Lockheed Martin (Wkrs)	Ft. Worth, TX	05/14/1999	Harnesses.
36,437	Buffalo Jeans (Wkrs)	Secaucus, NJ	06/04/1999	Jeans and Shirts.
36,438	Maine Envelope Co. (Wkrs)	Belgrade, ME	05/27/1999	Envelopes.
36,439	GE Medical System (IAMAW)	Milwaukee, WI	06/08/1999	Detectors.
36,440	Pilkington Libbey Owens (Wkrs)	Sherman, TX	06/08/1999	Automobile Windshields.
36,441	Acme United Corp. (Co.)	Goldsboro, NC	05/21/1999	Medical Disposable Scissors.
36,442	North American Philips (IUE)	Fairmont, WV	06/11/1999	Home & Auto Lighting Products.
36,443	Penn Transfer LTD (Wkrs)	West Hazleton, PA	06/11/1999	Textile Printing & Finishing Fabric.
36,444	Quitman Knitting Mills (Co.)	Quitman, MS	06/14/1999	Tank Tops & Pocket Tees.
36,445	Perfect Jacket Mfg. Co. (Wkrs)	Trevose, PA	06/10/1999	Men's Shirts, Pants & Coveralls.
36,446	Smurfit Stone (PACE)	Fulton, NY	06/07/1999	Corrugated Boxes.
36,447	Federal Mogul (Co.)	St. Louis, MS	06/10/1999	Automobile Brake Drums & Rotors.
36,448	Wales Fabrics Knitting (Co.)	Gastonia, NC	06/08/1999	Knitted Fabric.
36,449	International Mill Serv. (Co.)	Beaumont, TX	06/01/1999	Slag & Provide Scrap & Metal Reclamation.
36,450	AMP, Inc. (Wkrs)	Harrisburg, PA	05/23/1999	Recalibration Serv. on Inspection Equip.
36,451	AMP, Inc. (Wkrs)	Winston Salem, NC	06/03/1999	Electrical Components.
36,452	Triton Energy (Co.)	Dallas, TX	05/12/1999	Administrative Serv. for Oil & Gas.
36,453	Diamond Offshore Drilling (Co.)	Houston, TX	06/09/1999	Offshore Drilling.
36,454	Sonat Exploration (Co.)	Houston, TX	06/03/1999	Oil and Natural Gas.
36,455	Energy Group, Inc. (Co.)	Hobbs, NM	06/07/1999	Rental of Oilfield Tools.
36,456	Dart Energy Corp. (Wkrs)	Mason, MI	06/01/1999	Oil and Gas.
36,457	Bohner Oil Co. (Co.)	Wichita Falls, TX	06/09/1999	Oil and Gas.
36,458	R.L. Bolin (Co.)	Wichita Falls, TX	06/04/1999	Oil and Gas.
36,459	Medders Oil Co. (Co.)	Wichita Falls, TX	06/03/1999	Oil and Gas Exploration.

[FR Doc. 99–18676 Filed 7–21–99; 8:45 am]
BILLING CODE 4510–30–M

DEPARTMENT OF LABOR

Employment and Training Administration

Workforce Investment Act; Planning Guidance and Instructions for the Submission of the Strategic Five-Year Plan for Title I of the Workforce Investment Act of 1998 (Workforce Investment Systems) and Wagner-Peyser Act Proposed Collection; Comment Request

ACTION: Notice.

SUMMARY: The Department of Labor, as part of its continuing effort to reduce paperwork and respondent burden, conducts a preclearance consultation program to provide the general public and Federal agencies with an opportunity to comment on proposed and/or continuing collections of information in accordance with the Paperwork Reduction Act of 1995 (PRA95) [44 U.S.C. 3506(c)(2)(A)]. This program helps to ensure that requested data can be provided in the desired format, reporting burden (time and financial resources) is minimized, collection instruments are clearly understood, and the impact of collection requirements on respondents can be properly assessed. A copy of the proposed information collection request (ICR) can be obtained by contacting the office listed below in the addressee section of this notice. Currently, the Employment and Training Administration is soliciting comments concerning the proposed extension of the Workforce Investment Act requirements that the Governor submit a five-year strategic plan for Title I of the Workforce Investment Act of 1998 and for the Wagner-Peyser Act to the Secretary of Labor. The State Boards, in partnership with the Local Boards, will help the Governor develop the strategic vision and the statewide plan. Among other things, the plan will describe statewide workforce investment activities, explain how the requirements of the Act will be implemented, and outline how special population groups will be served.

DATES: Written comments must be submitted to the office listed in the addressee's section below on or before August 23, 1999.

ADDRESSES: Mr. Eric Johnson, Workforce Investment Implementation Task Force Office, US Department of Labor, 200 Constitution Avenue, NW, Room S–5513, Washington, D.C. 20210, Telephone: (202) 219–0316 (voice) (This is not a toll-free number), or 1–800–326–2577 (TDD). Information may also be found at the website-http://usworkforce.org.

SUPPLEMENTARY INFORMATION:

I. Background

The Workforce Investment Act (WIA or Act), Pub. L.105–220 (August 7, 1998) provides the framework for a reformed national workforce preparation and employment system designed to meet the needs of the nation's employers, job seekers and those who want to further their careers. Titles I, III, and V of the Act encourage States to reform existing employment and training programs to reach two important goals: (1) To think broadly about how Federal, state, local resources and the private sector can be brought together to increase the employment, retention, and earnings of participants, and (2) to increase occupational skill levels of customers. This will result in a more qualified workforce, a reduction in welfare dependency, and enhanced productivity and competitiveness for the Nation. The new law makes changes to the current workforce development system in many areas, including: funding streams; target populations; delivery systems; performance accountability; long-term planning; and governance structure.

II. Review Focus

The Department of Labor is particularly interested in comments which:

- Evaluate whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information will have practical utility;
- Evaluate the accuracy of the agency's estimate of the burden of the proposed collection of information, including the validity of the methodology and assumptions used;
- Enhance the quality, utility, and clarity of the information to be collected; and
- Minimize the burden of the collection of information on those who are to respond, including through the use of appropriate automated, electronic, mechanical, or other technological collection techniques or other forms of information technology, e.g., permitting electronic submissions of responses.

III. Submission of State Plans

States are encouraged to take advantage of the option to submit their plans electronically as indicated below. Pursuant to instructions issued by the Secretary, States are required to submit their State Plan (with an original signature) along with two copies to the US Department of Labor, WIA Task Force as follows: Mr. Raymond L. Bramucci, Assistant Secretary Employment and Training Administration, US Department of Labor, 200 Constitution Avenue, NW, Room S–5513, Washington, DC 20210, ATTN: Eric Johnson, Director, WIA Task Force, (wia98tf@doleta.gov). One copy of the Plan (with an original signature) must also be sent simultaneously to the appropriate ETA Regional Administrator.

States may also submit State Plans via diskette or e-mail. In order to transmit electronically, States must have WordPerfect or Microsoft Word format. (Macintosh versions cannot be accepted.) States submitting State Plans electronically should transmit one copy of the Plan to the U.S. Department of Labor, WIA Task Force at the address or e-mail address identified above, and one copy to the appropriate ETA Regional Administrator. States that submit State Plans electronically will not have to submit additional copies, but must submit signature pages with an original signature to both the national and regional offices. States wishing to implement WIA between July 1, 1999 and July 1, 2000 may submit their Plans anytime before April 1, 2000. All States must submit their full Plans no later than April 1, 2000.

Whenever a State submits its Plan, section 404 of WIA (which amends Title I of the Rehabilitation Act of 1973) requires the State to submit its Vocational Rehabilitation State Plan on the same date.

IV. Current Actions

States will not be able to receive funds if the Strategic Five Year State Plan for Title I of the Workforce Investment Act of 1998 (Workforce Investment Systems) is not submitted. Without an extension, the existing collection would be in use without an OMB control number. Section 112(a) of the Workforce Investment Act (Pub. L. 105–220, August 7, 1998), requires the Governor of the State to submit to the Secretary a Strategic Five-Year State Plan for Title I of WIA and the Wagner-Peyser Act, in order to be eligible to receive an allocation under section 127 or 132 or to receive financial assistance.

Type of Review: Extension.

Agency: Employment and Training Administration.

Title: Planning Guidance and Instructions for Submission of the Strategic Five-Year State Plan for Title

I of the Workforce Investment Act of 1998 and the Wagner-Peyser Act

OMB Number: 1205–0398.

Affected Public: The State Plan will be submitted by 50 States, the District of Columbia, Guam, the Commonwealth of Puerto Rico, and Unites States Virgin Islands. There are no special circumstances that require the collection of information to be conducted in a manner inconsistent with 5 CFR 1320.8.

Total Respondents: 54 respondents are expected to submit State Plans by April 1, 2000.

Frequency: Once every five years.

Total Expected Responses: 54 Responses.

Average Time per Response: It is estimated that 50 hour burden per response will be required. There is no experience under WIA to determine estimated burden of 2700 Burden Hours.

Total Burden Cost (capital/startup): 0.

Total Burden Cost (operating/maintaining): 0.

Comments submitted in response to this comment request will be summarized and/or included in the request for Office of Management and Budget approval of the information collection request; they will also become a matter of public record.

Dated: July 15, 1999.

Raymond J. Uhalde,

Deputy Assistant Secretary, Employment and Training Administration.

[FR Doc. 99–18675 Filed 7–21–99; 8:45 am]

BILLING CODE 4510–30–P

DEPARTMENT OF LABOR

Employment and Training Administration

[NAFTA–03192A]

Perfection Pad Co., Inc. a/k/a Consolidated Contractors ak/a New York Pad Co., Buffalo, New York and Bronx, New York; Amended Certification Regarding Eligibility To Apply for NAFTA-Transitional Adjustment Assistance

In accordance with Section 250(A), Subchapter D, Chapter 2, Title II, of the Trade Act of 1974 (19 U.S.C. 2273), the Department of Labor issued a Certification for NAFTA Transitional Adjustment Assistance on June 3, 1999, applicable to workers of Perfection Pad Co., Inc., a/k/a Consolidated Contractors, a/k/a New York Pad Co., located in Buffalo, New York. The notice was published in the **Federal Register** on June 30, 1999 (64 FR 35186).

At the request of the company, the Department reviewed the certification of workers of the subject firm. New information received from the company shows that worker separations occurred at the Bronx New York facility of Perfection Pad Co., Inc. when it closed in December, 1998. The workers were engaged in the production of shoulder pads and sleeveheads used by clothing manufacturers.

The intent of the Department's certification is to include all workers of Perfection Pad Co., Inc. who were adversely affected by increased imports of shoulder pads and sleeveheads.

Accordingly, the Department is amending the certification to cover the workers of Perfection Pad Co., Inc., also known as Consolidated Contractors, also known as New York Pad Co., Bronx, New York.

The amended notice applicable to NAFTA–03191 is hereby issued as follows:

All workers of Perfection Pad Co., Inc., also known as Consolidated Contractors, also known as New York Pad Co., Buffalo, New York (NAFTA–3192) and Bronx, New York (NAFTA–3192A) who became totally or partially separated from employment on or after May 17, 1998 through June 3, 2001 are eligible to apply for NAFTA–TAA under Section 250 of the Trade Act of 1974.

Signed at Washington, D.C. this 14th day of July, 1999.

Grant D. Beale,

Program Manager, Office of Trade Adjustment Assistance.

[FR Doc. 99–18679 Filed 7–21–99; 8:45 am]

BILLING CODE 4510–30–M

DEPARTMENT OF LABOR

Pension and Welfare Benefits Administration

[Application No. D–10257, et al.]

Proposed Exemptions; Pacific Life Corporation (Pacific Life)

AGENCY: Pension and Welfare Benefits Administration, Labor.

ACTION: Notice of proposed exemptions.

SUMMARY: This document contains notices of pendency before the Department of Labor (the Department) of proposed exemptions from certain of the prohibited transaction restrictions of the Employee Retirement Income Security Act of 1974 (the Act) and/or the Internal Revenue Code of 1986 (the Code).

Written Comments and Hearing Requests

Unless otherwise stated in the Notice of Proposed Exemption, all interested persons are invited to submit written comments, and with respect to exemptions involving the fiduciary prohibitions of section 406(b) of the Act, requests for hearing within 45 days from the date of publication of this **Federal Register** Notice. Comments and requests for a hearing should state: (1) The name, address, and telephone number of the person making the comment or request, and (2) the nature of the person's interest in the exemption and the manner in which the person would be adversely affected by the exemption. A request for a hearing must also state the issues to be addressed and include a general description of the evidence to be presented at the hearing.

ADDRESSES: All written comments and request for a hearing (at least three copies) should be sent to the Pension and Welfare Benefits Administration, Office of Exemption Determinations, Room N–5649, U.S. Department of Labor, 200 Constitution Avenue, NW, Washington, DC 20210. Attention: Application No. stated in each Notice of Proposed Exemption. The applications for exemption and the comments received will be available for public inspection in the Public Documents Room of Pension and Welfare Benefits Administration, U.S. Department of Labor, Room N–5507, 200 Constitution Avenue, NW, Washington, DC 20210.

Notice to Interested Persons

Notice of the proposed exemptions will be provided to all interested persons in the manner agreed upon by the applicant and the Department within 15 days of the date of publication in the **Federal Register**. Such notice shall include a copy of the notice of proposed exemption as published in the **Federal Register** and shall inform interested persons of their right to comment and to request a hearing (where appropriate).

SUPPLEMENTARY INFORMATION: The proposed exemptions were requested in applications filed pursuant to section 408(a) of the Act and/or section 4975(c)(2) of the Code, and in accordance with procedures set forth in 29 CFR Part 2570, Subpart B (55 FR 32836, 32847, August 10, 1990). Effective December 31, 1978, section 102 of Reorganization Plan No. 4 of 1978 (43 FR 47713, October 17, 1978) transferred the authority of the Secretary of the Treasury to issue exemptions of the type requested to the Secretary of Labor. Therefore, these notices of proposed exemption are issued solely by the Department.

The applications contain representations with regard to the proposed exemptions which are summarized below. Interested persons are referred to the applications on file

with the Department for a complete statement of the facts and representations.

Pacific Life Corporation (Pacific Life), Located in Newport Beach, California

[Exemption Application No. D–10257]

Proposed Exemption

The Department is considering granting an exemption under the authority of section 408(a) of the Act and section 4975(c)(2) of the Code and in accordance with the procedures set forth in 29 CFR part 2570, subpart B (55 FR 32836, 32847, August 10, 1990).

Section I—Transactions

(a) If the exemption is granted, the restrictions of sections 406(a), 406(b)(1) and (b)(2) of the Act and the taxes imposed by section 4975(a) and (b) of the Code, by reason of section 4975(c)(1)(A) through (E) of the Code, shall not apply:

(1) For the period from January 22, 1993 until August 12, 1998, to the sale by Pacific Life of an ''actively-managed synthetic'' guaranteed investment contract (Actively-Managed Synthetic GIC) to an employee benefit plan for which Pacific Life was a party in interest with respect to such plan (Plan) in instances where Pacific Life or an Affiliate manages the Plan's assets relating to the Synthetic GIC (an Affiliated-Manager GIC); and

(2) As of January 22, 1993, to the purchase or retention of the Affiliated-Manager GICs, described in section (a)(1) above, by the Plans and the payments made by Pacific Life to the Plans pursuant to the terms and conditions of the Affiliated-Manager GICs, provided that the general conditions set forth in section II, the specific conditions set forth in section III, the retroactive conditions set forth in section IV, and the recordkeeping requirements set forth in section V below are met.

(b) If the exemption is granted, the restrictions of sections 406(a) of the Act and the taxes imposed by section 4975(a) and (b) of the Code, by reason of section 4975(c)(1)(A) through (D) of the Code, shall not apply:

(1) As of January 22, 1993, to the sale by Pacific Life of an Actively-Managed Synthetic GIC to a Plan in instances where the Plan's assets relating to the Actively-Managed Synthetic GIC are managed by an investment manager who is unaffiliated with Pacific Life and its Affiliates (an Unaffiliated-Manager GIC); and

(2) As of January 22, 1993, to the purchase or retention of the Unaffiliated-Manager GICs, described in section (b)(1) above, by the Plans and the payments made by Pacific Life to the Plans pursuant to the terms and conditions of the Unaffiliated-Manager GICs, provided that the general conditions set forth in section II and the recordkeeping requirements set forth in section V below are met.

Section II—General Conditions

(a) Prior to the sale of an Actively-Managed Synthetic GIC, an independent fiduciary of each Plan receives a full and detailed written disclosure of all material features of the Actively-Managed Synthetic GIC, including all applicable fees and charges;

(b) Following receipt of such disclosure, the Plan's independent fiduciary approves in writing the purchase of the Actively-Managed Synthetic GIC on behalf of the Plan;

(c) All fees and charges imposed under any such Actively-Managed Synthetic GIC are not in excess of reasonable compensation within the meaning of section 408(b)(2) of the Act;

(d) Each Actively-Managed Synthetic GIC will specifically provide an objective means of determining the fair market value of the securities owned by the Plan pursuant to the Actively-Managed Synthetic GIC;

(e) Each Actively-Managed Synthetic GIC will specifically provide an objective formula for determining the interest rates to be credited periodically under the Actively-Managed Synthetic GIC;

(f) Pacific Life does not maintain custody of the assets which are the subject of the Actively-Managed Synthetic GIC or commingle those assets with any other funds under its management;

(g) The assets subject to the Actively-Managed Synthetic GIC are invested only in high quality fixed income investments specified in the investment guidelines agreed to, or provided by, the independent fiduciary;

(h) The Plan may, at any time, terminate the Actively-Managed Synthetic GIC;

(i) The fee charged under the arrangement is negotiated between Pacific Life and a Plan fiduciary independent of Pacific Life;

(j) At all times during the term of each Actively-Managed Synthetic GIC, a Plan may elect to receive such lump sum amount equal to the Contract Value Record and shall be entitled to receive a lump sum payment no more than 3 (three) years after making an election which will establish a maturity date;

(k) The Plan may establish a maturity date by notifying Pacific Life in writing of an intent to establish a maturity date. Each Actively-Managed Synthetic GIC will mature within three (3) years after the Plan notifies Pacific Life of its intent to establish a maturity date; and

(l) Actively-Managed Synthetic GICs are sold only to Plans which have at least $25 million in assets.

Section III—Specific Conditions

(a) With respect to any Affiliated-Manager GIC described in section I (a), Pacific Life will notify a Plan's independent fiduciary, in writing no later than 30 days prior to the date on which the Credited Rate is to be reset, advising such fiduciary that the Plan may replace Pacific Life or its affiliate as investment manager,[1] at no expense to the Plan, when the Credited Rate with respect to any Affiliated-Manager GIC described in section I(a) is expected to be less than three (3) percent at the next reset of the Credited Rate.

Section IV—Retroactive Conditions

(a) At no time between January 22, 1993 and August 12, 1998, was the Credited Rate with respect to any Affiliated-Manager GIC described in section I (a) less than 3% (three percent) per annum; and

(b) At no time between January 22, 1993 and August 12, 1998, did a Plan elect to receive an amount equal to the Contract Value Record pursuant to an Affiliated-Manager GIC described in section I (a).

Section V—Recordkeeping

(a) The Applicant maintains or causes to be maintained for a period of six years from the date of the transaction such records as are necessary to enable the persons described in paragraph (b) of this section V of this proposed exemption, to determine whether the conditions of this exemption have been met, except that: (1) A prohibited transaction will not be deemed to have occurred if, due to circumstances beyond the control of the Applicant or its affiliates, such records are lost or destroyed prior to the end of such six year period; and (2) no party in interest, other than the Applicant or an affiliate, shall be subject to the civil penalty that may be accessed under section 502(i) of the Act, or to the taxes imposed by section 4975(a) and (b) of the Code, if the records are not maintained, or are not available for examination as required by paragraph (b) below.

(b)(1) Notwithstanding anything to the contrary in subsections (a)(2) and (b) of section 504 of the Act, the records

[1] Although Pacific Life must approve the new investment manager selected by the Plan, Pacific Life represents that it will not unreasonably withhold such approval.

referred to in paragraph (a) of this section V are unconditionally available at their customary location for examination during normal business hours by:

(i) Any duly authorized employee or representative of the Department of Labor or the Internal Revenue Service; (ii) any fiduciary of the plan or any duly authorized employee or representative of such fiduciary; (iii) any participant or beneficiary of the plan or duly authorized representative of such participant or beneficiary; (iv) any employer of plan participants and beneficiaries; and (v) any employee organization any of whose members are covered by such plan; and

(2) None of the persons described in paragraph (b)(1)(ii) through (v) shall be authorized to examine trade secrets of the applicant, or commercial or financial information which is privileged or confidential.

Section VI—Definitions

For purposes of this proposed exemption:

(A) ''Actively-Managed Synthetic GIC'' means: a synthetic guaranteed investment contact, which under certain circumstances provides a guarantee that a pool of underlying plan assets which may be managed by Pacific Life, an affiliate of Pacific Life, or an unrelated investment manager, will perform at a specified rate of return.

(B) ''Affiliated-Manager GIC'' means: an Actively-Managed Synthetic GIC under which Pacific Life guarantees the performance of an related investment manager.

(C) ''Unaffiliated-Manager GIC'' means: an Actively-Managed Synthetic GIC under which Pacific Life guarantees the performance of an unrelated investment manager.

(D) ''Contract Value Record'' means: a bookkeeping account maintained by Pacific Life, pursuant to each Actively-Managed Synthetic GIC. Initially, the Contract Value Record will be credited with the value of the Investment Assets (defined in (F) below), and subsequently with a credited rate of interest (Credited Rate, defined in (E) below), which shall be reset periodically as agreed to at the inception of the Actively-Managed Synthetic GIC.

(E) ''Credited Rate'' means: the interest rate credited to the Contract Value Record. The Credited Rate is reset periodically, in accordance with an objective formula established under the terms of the Actively-Managed Synthetic GIC.

(F) ''Investment Assets'' means: the underlying portfolio of investment assets, title to which remains with the Plan.

(G) ''Managed Portfolio'' means: the total of all Investment Assets which comprise the portfolio which is managed by either an Affiliated-Manager or an Unaffiliated-Manager.

(H) ''Withdrawals'' means: a participant initiated payment or transfer to other investment options available under the Plan.

Effective Date: This proposed exemption, if granted, will be effective for the period from January 22, 1993, until August 12, 1998, for the transactions described in section I (a)(1). Section I (a)(2) of the proposed exemption, if granted, will be effective for the retention by the Plan of the Affiliated-Manager GICs until the maturity date of such GICs. Lastly, the proposal will be effective as of January 22, 1993, for the transactions described in section I (b) (including the continuing retention of any Unaffiliated-Manager GICs).

Summary of Facts and Representations

1. Pacific Life is a life insurance company incorporated under the laws of the State of California.[2] Pacific Life is also registered as an investment adviser under the Investment Advisers Act of 1940. Pacific Life is currently rated as follows: AM Best A+; Standard & Poor's AA+; Duff & Phelps AA+; and Moody's Aa3. As of December 31, 1998, Pacific Life had statutory assets of approximately $37.8 billion and net policy reserves of approximately $18 billion. A significant portion of Pacific Life's business consists of writing insurance and annuity contracts, guaranteed investments contracts, and funding agreements for numerous plans subject to the Act.

2. Pacific Life has requested an exemption with respect to two different Actively-Managed Synthetic GIC products, each of which is a form of traditional guaranteed investment contract (GIC). The first form of Actively-Managed Synthetic GIC, for which relief is proposed in section I(a) of this notice of proposed exemption, is an arrangement under which Pacific Life, or an affiliate, acts as the investment manager, and Pacific Life guarantees the performance of the assets which it, or an affiliate, manages (Affiliated-Manager GIC). In some cases, Pacific Life will appoint an independent sub-advisor to carry out the investment management functions but Pacific Life will remain fully responsible as investment manager of the assets comprising the Actively-Managed Synthetic GIC. The second form of Actively-Managed Synthetic GIC, for which relief is proposed in section I(b) of this proposed exemption, is an arrangement under which Pacific Life guarantees the performance of an unrelated investment manager (Unaffiliated-Manager GIC). Pacific Life represents that it has not sold Affiliated-Manager GICs to Plans after August 12, 1998. Since January 23, 1993, Pacific Life sold both forms of the Actively-Managed Synthetic GICs to defined contribution plans. Pacific Life represents that it will continue selling the Unaffiliated-Manager GIC to defined contribution plans.

3. Pacific Life's duties and obligations with respect to each Actively-Managed Synthetic GIC are governed by terms of an insurance contract or investment management agreement (the Contract) between the Plan and Pacific Life. The principal difference between the two forms of the Actively-Managed Synthetic GIC products is the nature of the Contract. Under the Unaffiliated-Manager GIC, where Pacific Life is guaranteeing the performance of an unrelated investment manager, Pacific Life's obligations and the Plan's rights will be embodied in a single contract of insurance. Under the Affiliated-Manager GIC, where Pacific Life, or a related or unrelated sub-adviser appointed by Pacific Life, is responsible for the investment management of the Managed Portfolio, the rights and obligations of the parties will derive primarily from the investment management agreement between Pacific Life and the Plan. Secondarily, the rights and obligations of the parties pursuant to the Affiliated-Manager GIC will be established in a contract of insurance guaranteeing the performance of Pacific Life, or the sub-adviser, in its capacity as Investment Manager.

4. Both forms of Pacific Life's Actively-Managed Synthetic GICs provide that all employee initiated benefit payments and transfers to other investment options (collectively, Withdrawals) will be paid at an amount equal to the Contract Value Record (see paragraph 10 below for a description of the Contract Value Record). Since such Withdrawals are paid at the Contract Value Record, participants will not recognize a loss when they initiate a Withdrawal at a time when the fair

[2] Pacific Life was formerly known as Pacific Mutual Life Insurance (Pacific Mutual) and sold some Actively Managed Synthetic GICs under the name of Pacific Mutual. Pacific Life represents that Pacific Mutual was converted from a mutual company to a stock company and became a majority owned subsidiary of Pacific Mutual Life Holding Company, a mutual company owned by the former policyholders of Pacific Mutual. After the conversion, Pacific Mutual was renamed Pacific Life.

market value of the Investment Assets comprising the Plan's Managed Portfolio has declined to a level below the Contract Value Record. Pacific Life represents that Plans will typically purchase the Actively-Managed Synthetic GIC because it will allow the Plans to use book value accounting and, thus, account for the value of the accounts of participants without regard to fluctuations in the fair market value of the Investment Assets which result from changes in interest rates.

5. Pacific Life represents that each Actively-Managed Synthetic GIC provides purchasers with the advantages of a traditional GIC, while providing greater security than a traditional GIC. Unlike a traditional GIC, the title to the Investment Assets at all times remains with the Plan. For this reason, it is represented that Synthetic GICs provide greater security to Plans because the assets held in the Managed Portfolio are not subject to the claims of an insurance company's general creditors in the event that the insurance company fails.

Pacific Life represents that it will negotiate the terms of each Actively-Managed Synthetic GIC with an independent fiduciary of a Plan, which is generally expected to be the Plan's named fiduciary and not an independent investment professional.

6. Both the Affiliated-Manager GIC and Unaffiliated-Manager GIC provide the same economic benefits to a Plan. The mechanical operation of Pacific Life's obligations (other than as an investment manager), under each form of the Actively-Managed Synthetic GIC is the same. In each case, the Contract is issued pursuant to applicable state law and is subject to the jurisdiction of the appropriate State Department of Insurance. The representations made by Pacific Life in respect of the Actively-Managed Synthetic GIC herein apply equally to both the Affiliated-Manager GIC and Unaffiliated-Manager GIC.

7. While certain terms and conditions of each Contract will be negotiable by the Plan and Pacific Life, once the Contract has been executed, Pacific Life will have no discretion over any of the terms. Each Actively-Managed Synthetic GIC is issued by Pacific Life in the ordinary course of its business. Pacific Life represents that it will not sell Actively-Managed Synthetic GICs to Plans which do not have at least $25 million in assets.

8. Each Actively-Managed Synthetic GIC will consist of two components. One component is the underlying portfolio of Investment Assets, title to which will remain with the Plan. The underlying Investment Assets will be securities issued or guaranteed by the Federal government or an instrumentality thereof, or other investment grade debt securities whose value is readily determinable and which can thus be objectively valued. The Investment Assets will not come under Pacific Life's administration or control, unless the Plan chooses Pacific Life as the investment manager of the Managed Portfolio by purchasing an Affiliated-Manager GIC. Even where Pacific Life is the investment manager, legal title to the Managed Portfolio, including all principal, interest, dividends and distributions on the Investment Assets in the Managed Portfolio, at all times remains with the Plan. The performance of such Investment Assets will affect the second component of each Contract.

The second component under each Actively-Managed Synthetic GIC will be an accounting record established by Pacific Life to record the Plan's interest under the Actively-Managed Synthetic GIC. This accounting record is called the Contract Value Record and it is the amount available to Plan participants in the event they elect to withdraw funds pursuant to the provisions of the Plan.

9. Under the Actively-Managed Synthetic GIC, a named fiduciary independent of Pacific Life will select an investment manager with respect to that portion of the Managed Portfolio as is agreed upon by that independent fiduciary and Pacific Life. On or before August 12, 1998, the named fiduciary independent of Pacific Life may have selected Pacific Life or one of its affiliates as investment manager. The investment manager will manage the Managed Portfolio in accordance with investment objectives and guidelines established at the inception of the Contract and described therein. It is represented that, among other things, these guidelines are intended to assure that the Managed Portfolio is invested prudently and requires that the Managed Portfolio be adequately diversified among the class of investments available.

10. As discussed in paragraph 8 above, under each Contract, Pacific Life will maintain a Contract Value Record for the Investment Assets in the Managed Portfolio. The Contract Value Record will be initially credited with an amount equal to the value of the Investment Assets at the inception of the Contract. Thereafter, the Contract Value Record will be credited with a rate of interest (i.e., the ''Credited Rate'') that will be reset periodically, [*e.g.*, quarterly, semi-annually, or annually], in accordance with a formula established under the Contract and agreed upon by an independent plan fiduciary. Once the Contract is executed, no element of the formula which sets the Credited Rate, or the intervals at which the Credited Rate is reset, is within Pacific Life's discretion. All principal and interest payments from the Investment Assets will be reinvested back into the Managed Portfolio and stay within the Contract. The Credited Rate will take into account these additional accruals. Also, the Credited Rate applied to the Contract Value Record will be responsive to fluctuations in the Market Value of the Managed Portfolio (see paragraph 21 for an explanation as to the determination of Market Value).

11. Pacific Life represents that one of the attractive features of the Actively-Managed Synthetic GIC to a Plan is that Pacific Life assumes certain obligations with respect to the availability of funds for benefit Withdrawals and the return on the Managed Portfolio. Mechanically, this is accomplished through the establishment of, and adjustments to, the Contract Value Record.

As discussed in paragraph 10 above, the Contract Value Record reflects a guarantee of principal and the crediting of interest at periodically determined Credited Rates, pursuant to the formula established in the Contract. The Credited Rate of interest will equal the rate necessary to assure that, if the Managed Portfolio earns the rate of return anticipated, the value of the Managed Portfolio will equal the Contract Value Record after a pre-determined amortization period. The length of the amortization period will be negotiated at arms length between Pacific Life and the Plan's independent fiduciary. Thus, for any Actively-Managed Synthetic GIC, the initial Credited Rate is equal to the expected rate of return on the Managed Portfolio. For all purposes under the Contract, the expected return on the Managed Portfolio is calculated by the Plan's trustee or another fiduciary acting on behalf of the Plan with the concurrence of Pacific Life.

It is represented that a party independent of Pacific Life, which will be the investment manager in circumstances where Pacific Life or an affiliate is not the Manager, or the trustee of the Plan in circumstances where Pacific Life is the investment manager, will determine the expected future rate of return on the Investment Assets assuming that those assets were held until maturity. Pacific Life represents that it will accept the expected rate of return calculations of the independent party, absent a mathematical error. It is represented that Pacific Life will calculate the

Credited Rate pursuant to the formula agreed upon in the Contract, and that the calculations will be based on the data received from the independent party as to the expected rate of return and the actual rate of return.

12. To achieve the intended effect of causing the Contract Value Record balance and the value of the Managed Portfolio to be equal at maturity, the formula for determining the Contract Value Credited Rate of interest under each Contract resets periodically pursuant to the terms of the Contract (see paragraph 10 above for the description of the Credited Rate). At each reset period, the Credited Rate will be adjusted, up or down, to reflect the difference between the actual investment experience of the Managed Portfolio and the expected investment experience of such assets. The Credited Rate, following the reset, will equal the rate necessary to assure that, at the end of the amortization period, the Contract Value Record will equal the value of the Managed Portfolio, based on the assumed return for the Managed Portfolio for the amortization period.[3] In the event that the Credited Rate for any period, as calculated by Pacific Life pursuant to the fixed formula established under the Contract, would be less than zero, the Contract Value Record's Credited Rate following such reset will be zero.

13. Under each Actively-Managed Synthetic GIC, Pacific Life guarantees the availability of funds for participant initiated benefit Withdrawals up to the amount of the Contract Value Record balance as of any date. After certain other specified sources of funds (such as net contributions to the Actively-Managed Synthetic GIC, maturing proceeds, and cash equivalents) have been exhausted, a Plan will have the right to withdraw funds from the following sources in the order listed until depleted:

(1) Available cash attributable to the Investment Assets in the Managed Portfolio; and

(2) Cash realized from the sale of Investment Assets in the Managed Portfolio.

All participant initiated benefit Withdrawals are guaranteed to be paid at the Contract Value Record.

14. A Plan's fiduciary will have the option of purchasing an Actively-Managed Synthetic GIC which is issued on either an experience-rated or a non-experience rated basis.[4] Under both the experience-rated contract (Experience-Rated Contract) and the non-experience rated contract (Non-Experience Rated Contract), all participant initiated benefit Withdrawals will be paid at Contract Value. However, under an Experience-Rated Contract, Pacific Life will not compensate the Plan for any loss resulting from a benefit responsive Withdrawal which is effected at a time when the Market Value of the Investment Assets is less than the Contract Value. Pursuant to a Non-Experience Rated Contract, if benefit responsive Withdrawals are made when the Contract Value of the Investment Assets is greater than the Market Value of the Investment Assets, a reserve account is established (as discussed in paragraph 15 below) and Pacific Life will compensate the Plan in the event that, at maturity, the Contract Value plus the Reserve Account exceeds the Market Value of the Investment Assets.

Pacific Life represents that, when investing in synthetic GICs, some Plans are less concerned about protection against market losses due to benefit responsive Withdrawals, primarily because such Plans will have sufficient cash flow, in the form of new additional cash investments by participants on an ordinary basis to avoid the need to liquidate Investment Assets to meet benefit responsive Withdrawals. Pursuant to an Experience-Rated Contract, Withdrawals are paid from the inflow of new contributions and other amounts received by the Plan (Cash Resources). Pacific Life represents that typically very large Plans, with more than sufficient Cash Resources to cover Withdrawals without a need to sell any of the Investment Assets, are potential purchasers of an Experience-Rated Contract. Since Pacific Life's risk exposure is lower in the context of an Experienced-Rated Contract because it will have no exposure related to benefit responsive Withdrawals, the charges associated with such a contract will be less. Accordingly, to reduce expenses for a Plan that has sufficient Cash Resources, a Plan's fiduciary may select an Experience Rated Contract.[5]

Plans fiduciaries that do not believe they have sufficient Cash Resources to cover participant Withdrawals may anticipate the need to liquidate Investment Assets and, for this reason, such Plans would be expected to purchase a Non-Experience Rated Contract. The Non-Experience Rated Contract has higher charges associated with it, because Pacific Life assumes a greater obligation to the Plan.

15. Plans purchasing the Contracts are advised that the calculation of the future Credited Rates, and the benefit risk charge payable by the Plan to Pacific Life, will differ between Experience and Non-Experience Rated Contracts.

Under a Non-Experience Rated Contract, any benefit responsive Withdrawal made under the Actively-Managed Synthetic GIC will have no impact on the Credited Rate. After each Withdrawal, Pacific Life will add to or subtract from the Managed Portfolio's market value record a notional amount (the Reserve Account) to maintain, solely for bookkeeping purposes, the percentage difference between the Market Value and Contract Value Record at their pre-withdrawal levels. The Reserve Account is ongoing and will be in effect until the Contract terminates. Additions to the Reserve Account will be made when benefit Withdrawals occur and the Market Value of the Managed Portfolio is less than Contract Value Record. Alternatively, subtractions from the Reserve Account will be made when benefit Withdrawals are made and the Managed Portfolio's Market Value is greater than the Contract Value Record.

If a Plan elects to receive a payment of the Contract Value Record at contract maturity, any balance in the Reserve Account will earn the market rate of return earned on the Managed Portfolio. A positive balance credited to the Reserve Account when the Contract is terminated will be paid to the Plan. (See paragraph 16 below for a more detailed explanation). The Plan will not be obligated to pay Pacific Life any debit in the Reserve Account. This is the benefit Withdrawal risk that Pacific Life will be

[3] Pacific Life represents that the amortization period for Contracts does not exceed three (3) years.

[4] The Department notes that the fiduciary responsibility provisions of the Act will apply to any decision made by a plan fiduciary to purchase an Actively-Managed Synthetic GIC as a part of its investment program for a plan's participants and beneficiaries. In this regard, section 404(a) of the Act requires that a fiduciary discharges his or her duties with respect to a plan solely in the interest of the participants and beneficiaries and with the care, skill, prudence and diligence under the circumstances then prevailing that a prudent person acting in a like capacity and familiar with such matters would use in the conduct of an enterprise of a like character and with like aims. Accordingly, the fiduciaries of a plan must act ''prudently'' with respect to the selection of investment products. This proposed exemption, if granted, should not be viewed as an endorsement by the Department of the plan's use of an Actively-Managed Synthetic GIC which is issued on either an experience-rated or non-experience rated basis. Finally, the Department notes that plan fiduciaries would be liable for any losses to a plan resulting from a decision to select an experience-rated or non-experience rated synthetic GIC, if such selection was not prudent at the time the decision was made.

[5] The Department expects that plan fiduciaries, consistent with their responsibilities under section 404(a) of the Act, will determine that a plan has sufficient liquidity to meet benefit responsive Withdrawals prior to investing in an Experience-Rated Contract.

assuming under a Non-Experience Rated Contract.

However, the benefit Withdrawal activity of an Experience-Rated Contract will affect the future Credited Rate calculation and no Reserve Account will be maintained for such Contracts. If a benefit Withdrawal is made from the Contract at a time when the Market Value of the Managed Portfolio is less than the Contract Value Record, the Credited Rate at its next reset date will be lower to reflect the effect of the Withdrawal. On the other hand, at the next following reset date, the Credited Rate will be increased in the event that a Withdrawal is made at a time at which the Market Value of the Managed Portfolio exceeds the Contract Value Record. In this regard, in an Experience-Rated Contract, the Credited Rate of interest from and after such benefit responsive Withdrawals will be reset taking into account the positive or negative effect of such Withdrawal on the value of the Investment Assets. Thus, the Plan will assume the risk of loss on the benefit responsive Withdrawals (and be benefitted by any gains related thereto) by receiving a lower (or higher) Credited Rate on the Contract Value Record on a going forward basis. This enables the Plan to still receive the benefit of book value accounting, as all Withdrawals are still effected at book value, but enables it to avoid the cost of having Pacific Life assume the additional risk associated with such Withdrawals.

16. A Plan's fiduciary may at any time elect to terminate the arrangements pertaining to the Actively-Managed Synthetic GIC and thereby cause the investment of the Managed Portfolio to be transferred to the Plan's trustee or another investment manager, without restriction. This election is called a market value payment (Market Value Payment).[6] The Plan would generally be expected to elect such a Market Value Payment only in circumstances where the Market Value of the Managed Portfolio exceeds the balance then credited to the Contract Value Record. If a Plan were to elect a Market Value Payment, Pacific Life will be relieved of any potential obligation to make a payment in an amount equal to the amount of the Contract Value Record. Such payment of the Contract Value Record is referred to as a ''Contract Value Payment,'' as described below. A Market Value Payment, if elected, consists in essence of the total return of the Investment Assets of the Managed Portfolio to the Plan. Any excess of the Market Value of the Managed Portfolio over the balance in the Contract Value Record belongs exclusively to the Plan. The only cost to a Plan electing to receive a Market Value Payment would be an early termination fee, which would be payable only if the Plan makes such election prior to the end of the minimum term for which it agrees to keep the agreement in effect. This termination fee and minimum term will be negotiated by the Plan and Pacific Life at the inception of the Contract. Pacific Life represents that the minimum term is typically one (1) year and the termination fee generally equals Pacific Life's cost of establishing the Actively-Managed GIC Contract. It is further represented that for Contracts involving the investment of $50 million or more, it will waive any such early termination fee. The purpose of the early termination fee is to assure that Pacific Life recovers the costs it will incur in implementing the Actively-Managed Synthetic GIC for a Plan which elects the Market Value Payment.

Alternatively, the Plan's fiduciary may at any time elect to receive a Contract Value Payment, if it thinks such an election would provide the Plan a better return. A Contract Value Payment takes the form of a single payment to be made at a date at which the Contract will mature following such an election (the Maturity Date), which date will have been agreed to by Pacific Life and the Plan at the commencement of the Contract. The time between the date the fiduciary gives notice of its intent to terminate the Contract and the Maturity Date is generally equal to the time of the amortization period assumed in the Credited Rate calculation (see paragraph 12 above). It is represented that the amortization period will not be more than three years. As a result, following the provision of notice of an election to terminate the contract and receive a Contract Value Payment, the maximum period a Plan would have to wait for the Contract Value Payment is three years. Any payment that Pacific Life will have to make to support the Contract Value Payment will be in an amount equal to the excess on the Maturity Date of (*i*) the balance in the Contract Value Record plus the balance in the Reserve Account over (*ii*) the Market Value of the Managed Portfolio.

17. If a Plan elects to receive a Contract Value Payment, new restricted investment guidelines and objectives will be set, to be effective for the remainder of the Contract term, under which either (*i*) the average duration of the assets in the Managed Portfolio will generally be six months less than the scheduled payment date until one year prior to the payment date, and thereafter generally one-half of the remaining period until the scheduled payment date, or (*ii*) the Managed Portfolio will be required to be invested in Treasury Bonds maturing on or before the scheduled payment date. To effect a Contract Value Payment, Pacific Life must receive written notice, signed by the Plan's independent fiduciary, of their acceptance of the revised investment objectives and guidelines.

18. In making the choice as to which form of termination distribution it wants upon the maturity of an Actively-Managed Synthetic GIC, a Plan's fiduciary will compare the Market Value of the Investment Assets as determined by its duly appointed custodian to the dollar amount credited to the Contract Value Record. Pacific Life, as issuer of the Contract, will have no involvement in valuing the Managed Portfolio. Moreover, at any time after having given Pacific Life notice of an election to receive a Contract Value Payment, the Plan may elect to receive a Market Value Payment instead. Thus, if the Market Value of the Managed Portfolio increases to the advantage of the Plan after the Plan has made a Contract Value Payment election, the Plan has the right to reverse such election and immediately terminate the Contract.[7] As with any election of a Market Value Payment, Pacific Life will thereafter have no further obligation with respect to any Contract Value Payment.

19. Pacific Life represents that it believes that each Actively-Managed Synthetic GIC is superior to traditional GICs in that each Actively-Managed Synthetic GIC serves the dual functions of: (*a*) Affording a Plan substantially greater protection against the risk that it will lose its principal investment; and (*b*) providing the Plan with an opportunity for a greater rate of return than a traditional GIC.

In the case of an Actively-Managed Synthetic GIC, an investment manager will invest the Managed Portfolio within the parameters of the pre-established investment guidelines. The Plan's trustee holds title to assets in the Managed Portfolio. Any appreciation in the value of the Managed Portfolio

[6] However, a Market Value Payment will not be deemed to have been requested if a Plan fiduciary, pursuant to the condition of the exemption proposed herein for Affiliated-Manager GICs, elects to replace Pacific Life or an affiliate of Pacific Life as investment manager, when the Credited Rate under such Contract falls below three (3) percent.

[7] Pacific Life acknowledges that circumstances which would cause the recovery of the Market Value to the extent that it would exceed the Contract Value Record, after a request for a Contract Value Payment is made, would be unlikely to occur given the short amortization period and the implementation of the restrictive investment guidelines provided for under the Contract.

belongs to the Plan. The only risk in regard to the Managed Portfolio arising from the financial condition of Pacific Life relates to the amount representing the excess, if any, of the balance in the Contract Value Record over the Market Value of the Managed Portfolio. Pacific Life represents that the Actively-Managed Synthetic GIC provides greater security to an investing Plan than a traditional GIC, while also providing a guaranteed rate of return not generally available in respect to a managed portfolio under a separate investment advisory agreement.

20. Pacific Life will maintain full and complete records and books reflecting the various accounts maintained in accordance with the Actively-Managed Synthetic GICs. Pacific Life will furnish a Plan's representatives with periodic statements regarding distributions, Withdrawals and any other transaction pertaining to the Contract. Upon written request from a Plan, Pacific Life will also make its records pertaining to the Actively-Managed Synthetic GICs available during normal business hours for audit by independent certified public accountants hired by the Plan's fiduciary.

21. The applicant makes the following representation with respect to the valuation of assets under the Actively-Managed Synthetic GIC. The time at which the value of the Investment Assets is relevant to Pacific Life's obligations is at the time of any Withdrawal, including upon termination of the entire arrangement. At such time, the Market Value of the Investment Assets will be based on the last quoted sales price on the valuation date on a national securities exchange. With regard to any other security or asset which is not listed on a national securities exchange, its value will be determined by the Plan's independent investment manager or another fiduciary acting on behalf of the Plan, such as the Plan's trustee.

22. Pacific Life and the Plan's fiduciary will agree to an expense charge, determined at the inception of the Contract, payable to Pacific Life with respect to each Actively-Managed Synthetic GIC that will be stated as a fixed percentage of the market value of the Managed Portfolio. This charge covers four elements: (*a*) A benefit risk charge, (*b*) a maturity risk charge, (*c*) an expense charge and (*d*) a profit charge.

The benefit risk charge is the component of the fee attributable to Pacific Life's risk of loss associated with payments Pacific Life will be obligated to make as a result of the benefit responsive Withdrawal feature provided for under the Contract. The benefit risk charge will be developed on a Plan specific basis after a review of the Plan's benefit payment cash flow history and the structure of the Plan itself—that is, the frequency at which Withdrawals and investment transfers are permitted, and the structure of alternate investment opportunities. Since the Credited Rate for Non-Experience Rated Synthetic GICs is not responsive to benefit Withdrawal activity, the benefit risk that Pacific Life assumes from Non-Experience Rated Contracts is higher than for Experience Rated Contracts. Consequently, the benefit risk charge will be higher for Non-Experience Rated Contracts based on an evaluation of the Plan's Withdrawal and transfer possibilities.

The maturity risk charge component of the fee will be based on a review of the potential volatility of the Managed Portfolio. This assessment of the potential volatility will be based on a thorough review of the investment guidelines which will be applied to the Managed Portfolio. If Pacific Life feels that the potential volatility is too high to properly manage the maturity risk, the portfolio will not be approved for a Actively-Managed Synthetic GIC.

The expense and profit charges components of the fee will be assessed based on the expected expenses related to the arrangement and the payment to Pacific Life of a reasonable profit. The expense charge will be based on an annual rate to be determined by negotiations between Pacific Life and the Plan's fiduciary at the inception of the Contract and stated as a fixed percentage and multiplied by the value of the Managed Portfolio, determined pursuant to a fixed formula under the Contract. Such negotiated charge would remain in effect for the initial period until maturity agreed to by the Plan and Pacific Life, subject to Pacific Life's ability to make changes to such charge upon 30 day's advance written notice if and solely to the extent that there has been a material change to the provisions or administration of the Plan which adversely affects deposits to or Withdrawals from the Contract, or another action by the Plan's sponsor which results in significant Withdrawals from the Contract, such as, but not limited to, plant closing, divestitures, a partial plan termination, bankruptcy, or early retirement incentive programs. Based on its review of competitive practices, Pacific Life represents that the aggregate charges with respect to each of the Actively-Managed Synthetic GICs are, and are expected to continue to be, comparable to the charges made by other Actively-Managed Synthetic GIC providers.

23. Pacific Life represents that to date, Actively-Managed Synthetic GICs have been purchased by numerous Plans, with the first such purchase occurring on January 22, 1993. Pacific Life has accordingly requested that the exemption proposed herein be made retroactive to that date. Pacific Life represents that it entered into the previously issued Actively-Managed Synthetic GICs with the good faith belief that the transactions involved therein were, to the extent they constituted prohibited transactions, exempted by Prohibited Transaction Exemption 84–24 (PTE 84–24, 49 FR13208, April 3, 1984).[8] However, because Pacific Life is unable to conclude affirmatively that the Actively-Managed Synthetic GICs constituted insurance contracts within the meaning of PTE 84–24, Pacific Life has requested the exemption proposed herein.

24. In summary, the applicant represents that the subject transactions satisfy the criteria contained in section 408(a) of the Act because: (a) The decision to enter into an Actively-Managed Synthetic GIC will be made on behalf of the Plan by a fiduciary of the Plan who is independent of Pacific Life, after receipt of full and detailed disclosure of all material features of the Contact, including all applicable fees and charges; (b) following receipt of such disclosure, the Plan's independent fiduciary approves in writing the execution of the Actively-Managed Synthetic GIC on behalf of the Plan; (c) all fees and charges under the Actively-Managed Synthetic GICs are reasonable; (d) each Actively-Managed Synthetic GIC will specifically provide for an objective means for determining the fair market value of the securities owned by the Plan pursuant to the Actively-Managed Synthetic GIC; (e) each Actively-Managed Synthetic GIC will specifically provide for an objective means for determining the Credited Rate under the Actively-Managed Synthetic GIC; (f) Pacific Life does not take possession of the assets which are the subject of the Actively-Managed Synthetic GIC or commingle those assets with any other funds under its management; (g) the assets subject to the Actively-Managed Synthetic GIC are invested only in high quality fixed income instruments specified in the investment guidelines provided to the independent fiduciary; (h) the Plan may choose at any time to terminate the Actively-Managed Synthetic GIC and receive the Market Value of the

[8] In this proposed exemption, the Department expresses no opinion as to whether the subject transaction would be exempt under PTE 84–24.

Managed Portfolio; (i) An Affiliate-Manager GIC Contract provides that a Plan may replace an Affiliated-Manager GIC with an Unaffiliated-Manager GIC if the Credited Rate for the next reset will be three (3) percent or less; (j) the Plan may receive a Contract Value Payment no more than three (3) years after electing a Maturity Date; (k) the fee charged for the combination of services is negotiated between Pacific Life and a Plan fiduciary independent of Pacific Life; (l) Pacific Life will maintain books and records of all transaction which will be the subject to annual audit by independent certified public accountants selected and responsible solely to the Plan; and (m) Affiliated-Manager GICs were not sold to Plans by Pacific Life after August 12, 1998; and (n) the Actively-Managed Synthetic GICs will only be marketed to Plans which have at least $25 million in assets.

For Further Information Contact: Janet Schmidt of the Department, telephone (202) 219–8883. (This is not a toll-free number.)

The Manufacturers Life Insurance Company (Manulife), Located in Toronto, Canada

[Application No. D–10738]

Proposed Exemption

Based on the facts and representations set forth in the application, the Department is considering granting an exemption under the authority of section 408(a) of the Act and in accordance with the procedures set forth in 29 CFR Part 2570, Subpart B (55 FR 32836, 32847, August 10, 1990).[9]

Section I. Covered Transactions

If the exemption is granted, the restrictions of section 406(a) of the Act and the sanctions resulting from the application of section 4975 of the Code, by reason of section 4975(c)(1)(A) through (D) of the Code, shall not apply, to (1) the receipt of common stock (the Common Shares) of Manulife Financial Corporation, a newly-formed company that will be the holding company (the Holding Company) for Manulife; or (2) the receipt of cash or policy credits, by any plan policyholder (the Eligible Policyholder that is an employee benefit plan (the Plan), other than a policyholder which is a plan established by Manulife or an affiliate for its own employees (the Manulife Plan), in exchange for such Eligible Policyholder's membership interest in Manulife, in accordance with a plan of reorganization (the Plan of Demutualization) adopted by Manulife and implemented under the insurance laws of Canada and the State of Michigan.

This proposed exemption is subject to the conditions set forth below in Section II.

Section II. General Conditions

(a) The Plan of Demutualization is implemented in accordance with procedural and substantive safeguards that are imposed under the insurance laws of Canada and the State of Michigan and is subject to review and/or approval in Canada by the Office of the Superintendent of Financial Institutions (OSFI) and the Minister of Finance (the Canadian Finance Minister) and, in the State of Michigan, by the Commissioner of Insurance (the Michigan Insurance Commissioner).

(b) OSFI, the Canadian Finance Minister and the Michigan Insurance Commissioner review the terms of the options that are provided to Eligible Policyholders of Manulife as part of their separate reviews of the Plan of Demutualization. In this regard,

(1) OSFI (i) authorizes the release of the Plan of Demutualization and all information to be sent to Eligible Policyholders; (ii) oversees each step of the demutualization process; and (iii) makes a final recommendation to the Canadian Finance Minister on the Plan of Demutualization.

(2) The Canadian Finance Minister considers such factors as whether (i) the Plan of Demutualization is fair and equitable to Eligible Policyholders; (ii) the Plan of Demutualization is in the best interests of the financial system in Canada; and (iii) sufficient steps had been taken to inform Eligible Policyholders of the Plan of Demutualization and of the special meeting on demutualization.

(3) The Michigan Insurance Commissioner makes a determination that the Plan of Demutualization is (i) fair and equitable to all Eligible Policyholders and (ii) consistent with the requirements of Michigan law.

(4) Both the Canadian Finance Minister and the Michigan Insurance Commissioner concur on the terms of the Plan of Demutualization.

(c) Each Eligible Policyholder has an opportunity to vote to approve the Plan of Demutualization after full written disclosure is given to the Eligible Policyholder by Manulife.

(d) One or more independent fiduciaries of a Plan that is an Eligible Policyholder receives Holding Company Common Shares, cash or policy credits pursuant to the terms of the Plan of Demutualization and neither Manulife nor any of its affiliates exercises any discretion or provides investment advice with respect to such acquisition.

(e) After each Eligible Policyholder entitled to receive stock is allocated at least 184 Common Shares, additional consideration is allocated to Eligible Policyholders who own participating policies based on actuarial formulas that take into account each participating policy's contribution to the surplus of Manulife which formulas have been reviewed by the Canadian Finance Minister and the Michigan Insurance Commissioner.

(f) All Eligible Policyholders that are Plans participate in the transactions on the same basis within their class groupings as other Eligible Policyholders that are not Plans.

(g) No Eligible Policyholder pays any brokerage commissions or fees in connection with the receipt of Common Shares.

(h) All of Manulife's policyholder obligations remain in force and are not affected by the Plan of Demutualization.

Section III. Definitions

For purposes of this proposed exemption:

(a) The term ''Manulife'' means ''The Manufacturers Life Insurance Company'' and any affiliate of Manulife as defined in paragraph (b) of this Section III.

(b) An ''affiliate'' of Manulife includes—

(1) Any person directly or indirectly through one or more intermediaries, controlling, controlled by, or under common control with Manulife. (For purposes of this paragraph, the term ''control'' means the power to exercise a controlling influence over the management or policies of a person other than an individual.)

(2) Any officer, director or partner in such person, and

(3) Any corporation or partnership of which such person is an officer, director or a 5 percent partner or owner.

(c) The term ''Eligible Policyholder'' means a policyholder who is eligible to vote at annual meetings of the mutual insurer and to receive consideration under Manulife's Plan of Demutualization. More specifically, an Eligible Policyholder is a policyholder of the mutual insurer that had a voting policy before Manulife announced its intention to demutualize or any policyholder that applied for a voting policy prior to that day. Policyholders will also be deemed Eligible Policyholders if they are holders of a

[9] For purposes of this proposed exemption, reference to provisions of Title I of the Act, unless otherwise specified, refer also to the corresponding provisions of the Code.

voting policy that lapsed before the insurer's announcement date but was reinstated on or before 90 days prior to the special meeting to consider demutualization. These policyholders will be eligible to receive benefits upon demutualization.

(d) The term ''policy credit'' means whichever of the following is applicable: (1) With respect to an individual life insurance policy, an increase in the dividend accumulation amount; (2) with respect to an individual deferred annuity policy where the owner has elected a dividend accumulation option, an increase in the dividend accumulation amount; (3) with respect to all other individual deferred annuity policies, an increase in the dividend addition value; and (4) with respect to a settlement annuity, an increase in the contract reserve which shall provide for an increase in the monthly income payment equal to the ratio of the reserve increase to the then current contract reserve.

Summary of Facts and Representations

1. Manulife, which maintains its principal place of business at 200 Bloor Street East, Toronto, Ontario, Canada, is a mutual insurance company originally incorporated on June 23, 1887 by a Special Act of Parliament of the Dominion of Canada. Manulife currently has letters patent (*i.e.*, a corporate charter) issued under the Insurance Companies Act of Canada (the ICA). Its port of entry into the United States is the State of Michigan which is responsible for regulating its United States operations.

Manulife provides a wide range of financial products and services, including individual life insurance, group life and health insurance, pensions, annuities and mutual funds to individuals and group customers, including employers in Canada and other countries. Either directly or through its subsidiaries, Manulife is authorized to conduct business in 50 states of the United States as well as in the District of Columbia. As of December 31, 1997, Manulife had total assets under administration of Cdn$79.5 billion and it had more than Cdn$400 billion of life insurance in force. In addition, during 1998, Manulife was rated as follows by Duff & Phelps, A.M Best, Standard & Poor's and Moody's:

Rating agency	Valuation date	Rating
Duff & Phelps Claims Paying Ability	8/24/98	AAA (Highest).
A.M. Best Financial Strength	1998	A++ (Superior).
Standard & Poor's Financial Strength	11/4/98	AA+ (Very Strong).
Moody's Financial Strength	3/98	Aa2 (Excellent).

As a mutual insurance company, Manulife has no shareholders. Instead, its participating policyholders, which are members of the company, are entitled to vote to elect all directors of Manulife. If Manulife is liquidated, such policyholders would also be entitled to share in the insurer's assets.

Manulife is the sole indirect shareholder of three United States-domiciled stock insurance companies. The three companies are Manulife Reinsurance Corporation (U.S.A.) (Reinsurance), a Michigan-domiciled insurer incorporated in 1983; ManUSA, a Michigan-domiciled insurer incorporated in 1955; and The Manufacturers Life Insurance Company of America, a Michigan-domiciled insurer incorporated in 1977. Additionally, Manulife indirectly owns approximately 85 percent of The Manufacturers Life Insurance Company of North America, a Delaware-domiciled insurer incorporated in 1979, which, in turn, owns The Manufacturers Life Insurance Company of New York, a New York-domiciled insurer incorporated in 1992.

Formerly, Manulife operated in the United States through a branch. However, since 1997, its businesses in the United States have been conducted through its subsidiaries. Prior to 1997, Manulife provided a variety of insurance products to Plans covered under applicable provisions of the Act and the Code.

2. ManUSA is a Michigan corporation which was incorporated in 1955 as a stock life insurance company. It is a wholly owned subsidiary of Reinsurance and is located at 500 N. Woodward Ave., Bloomfield Hills, Michigan. ManUSA is authorized to issue and reissue various forms of life insurance, annuities and other insurance products to Plans and to other policyholders. As of December 31, 1997, ManUSA had approximately 16,000 policies in force that were held on behalf of Plan policyholders located in the United States.

3. Between December 31, 1993 and December 31, 1996, Manulife began the process of transferring its operations from its U.S. branch to its wholly owned U.S. subsidiaries. Thus, on December 31, 1993, under the terms of an assumption reinsurance agreement, Manulife transferred to ManUSA (a) certain nonparticipating life insurance policies and annuity contracts written by Manulife in the United States through its U.S. branch; and (b) investment assets with a value and tax basis equal to or in excess of the tax reserves and other liabilities associated with the transferred policies and contracts. At the time of the transfer, Reinsurance was a wholly owned subsidiary of Manulife and ManUSA was a wholly owned subsidiary of Reinsurance.

On December 31, 1996, under the terms of an assumption reinsurance agreement, Manulife transferred to ManUSA (either directly or through Reinsurance) (a) all of its life insurance policies, annuity contracts, and other insurance contracts remaining in its U.S. branch (the U.S. Policies), other than Manulife's obligations under certain reinsurance contracts that it had previously written in its U.S. branch as the assuming company; and (b) other assets and liabilities of its U.S. branch (the 1996 Assumption Transaction).[10] The transferred assets had a value and tax basis equal to or in excess of the tax reserves and other liabilities assumed by ManUSA or associated with the transferred U.S. policies and assets. The U.S. Policies were primarily participating policies and included policies that qualified as tax-sheltered annuities described in section 403(b) of the Code, policies that qualified as individual retirement annuities within the meaning of section 408(b) of the Code, and individual and group policies issued in connection with Plans intending to qualify under section 401(a) or 403(a) of the Code (the Qualified Plan Contracts). Certain Qualified Plan Contracts were held in trust or custodial accounts; others were not.

[10] As an accommodation to Canadian tax law, a portion of the assets were transferred from Manulife to Reinsurance and then from Reinsurance to ManUSA. The remainder of the assets and all the liabilities were transferred directly from Manulife to ManUSA.

At the time of the 1996 Assumption Transaction, it is represented that Manulife assured the holders of the U.S. Policies that were participating policies (the Transferred U.S. Policies) that they would retain their membership interests in Manulife and would not be disadvantaged in a future demutualization of Manulife as a result of their policies being transferred to ManUSA. Therefore, in accordance with the approval granted by the Canadian regulatory authorities, Manulife agreed that holders of the Transferred U.S. Policies would retain their ''equity'' rights or membership interests in Manulife. In addition, the membership interests retained by the holders of the Transferred U.S. Policies were nontransferable and could be extinguished at the time any related insurance or annuity contract was canceled, matured, lapsed without reinstatement, or ceased to be a ManUSA participating policy.

Second, ManUSA agreed to pay cash dividends on the Transferred U.S. Policies by adopting a dividend policy consistent with its dividend policy for participating policies. In addition, ManUSA agreed that in no event would it pay dividends on the Transferred U.S. Policies on a less favorable basis than the basis on which it paid dividends on its own participating policies (assuming that ManUSA maintained a single participating fund for all participating policies).

Third, Manulife agreed to satisfy any claims on the U.S. Policies in the event of ManUSA's insolvency.

4. On January 20, 1998, Manulife's Board of Directors authorized management to develop a plan of demutualization whereby Manulife would be converted, in accordance with the provisions of the ICA, from a mutual life insurance company into an insurance company with common shares. The principal purposes of the demutualization are to (a) enhance Manulife's strategic and financial flexibility by creating a corporate structure that will make it potentially possible for the insurer to obtain additional capital sources that are unavailable to Manulife as a mutual insurer; (b) enable Manulife to use stock options or other equity-based compensation arrangements in order to attract and retain talented employees; and (c) provide Eligible Policyholders with marketable securities, cash or policy credits. Moreover, the ultimate result of the transaction will be a structure in which all of Manulife's shares will be held by a holding company, which has applied to be organized as an insurance company under the ICA for this purpose. Eligible Policyholders, which will generally include holders of the Transferred U.S. Policies will receive Common Shares of the Holding Company, a publicly-traded company whose Common Shares will be listed on the Montreal, Toronto or New York Stock Exchanges, or, in certain cases (for legal or tax reasons), cash or policy credits, in exchange for (and in extinguishment of) their membership interests and rights in the surplus of Manulife. The demutualization will not, in any way, change premiums or reduce policy benefits, values, guarantees or other policy obligations of Manulife to its policyholders.

5. Therefore, Manulife requests an administrative exemption from the Department that would cover the receipt of Common Shares of the Holding Company, cash or policy credits by Eligible Policyholders that are Plans in exchange for their existing membership interests in Manulife. Neither Manulife nor ManUSA is a ''party in interest,'' with respect to any of its Plan policyholders merely because such entity has issued an insurance policy to the Plan. As noted above, ManUSA does (and, prior to 1997, Manulife did), however, provide certain services to Plan policyholders which would cause ManUSA and Manulife to be considered parties in interest with respect to such Plans under section 3(14)(A) and (B) of the Act.[11]

Manulife is not requesting that the exemption apply to distributions of Common Shares to the Manulife Plans because it believes the Common Shares received by such Plans would constitute qualifying employer securities within the meaning of section 407(d)(5) of the Act and that section 408(e) of the Act would apply to such distributions.[12]

The proposed exemption includes a requirement that distributions to Plans pursuant to the exemption must be on terms no less favorable to the Plans than in an arm's length transaction between unrelated parties would be. In this regard, Plans for which Manulife and/or ManUSA are parties in interest will not by reason of that relationship be treated any differently from other Eligible Policyholders that are not Plans.

6. On May 19, 1999, Manulife's Board of Directors formally adopted the Plan of Demutualization. On the effective date of the demutualization, which is scheduled to occur during September 1999, several steps will be deemed to occur simultaneously. In this regard, Manulife will issue shares (Manulife Shares) to the Holding Company. Then, all of the Holding Company's Common Shares held by Manulife immediately prior to the effective date will be canceled. Finally, the Holding Company will issue its Common Shares in book-entry form to Eligible Policyholders who are entitled to receive Common Shares under the Plan of Demutualization.

7. An initial public offering (the IPO) in which the Holding Company's Common Shares will be sold for cash is expected to close 5 business days after the effective date of the demutualization. The Holding Company intends to contribute a portion of the proceeds of the IPO to Manulife in an amount at least equal to the amount required to fund the mandatory cash payments and the mandatory crediting of policy credits to Eligible Policyholders who are to receive such consideration. As soon as reasonably practicable after the effective date of the IPO, the Holding Company will pay, or cause Manulife to pay, cash to Eligible Policyholders required under the Plan of Demutualization to receive such consideration, and will transfer cash to ManUSA to fund all policy credits due under the Plan of Demutualization.

A portion of the proceeds from the IPO will also help to satisfy, to the extent possible, elections by Canadian resident policyholders to receive cash instead of Common Shares. If the proceeds from the IPO are sufficient to satisfy cash elections in full, Canadian resident policyholders will receive the full amount of their cash election as promptly as possible after the closing of the IPO. If the proceeds from the IPO are not sufficient to satisfy cash elections in full, Canadian resident policyholders will receive Common Shares in book-entry form as part of their compensation.

To avoid the potentiality of a double-tax that might otherwise be imposed on non-Canadian policyholders who express a desire to receive cash through a cash election, the Common Shares for which such cash elections are made by non-Canadian policyholders will be sold in a secondary offering by the Holding Company's underwriters as part of (or simultaneously with) the IPO and subject to the approval of the Board of Directors of the Holding Company.

[11] Manulife notes that even though the Holding Company may not be subject to the provisions of the Act, there is no clear provision that would except a non-U.S. person from the general definition of the term ''party in interest'' with respect to a plan under section 3(14) of the Act. Thus, to remove any uncertainty that Manulife's proposed demutualization will not constitute a prohibited transaction, Manulife has requested an administrative exemption.

[12] The Department expresses no opinion herein on whether the Holding Company Common Shares will constitute qualifying employer securities and whether such distributions will satisfy the terms and conditions of section 408(e) of the Act.

Assuming the IPO generates sufficient cash to fund all cash elections, an amount equal to the IPO price per share will be remitted to all policyholders making such elections.[13]

8. Section 237 of the ICA and the regulations promulgated thereunder (the Demutualization Law) establish an approval process for the demutualization of a life insurance company organized under Canadian law. The Demutualization Law prescribes the contents of the Plan of Demutualization and also prescribes the information that must be sent to Eligible Policyholders with the notice of the special meeting which must be convened to vote on the Plan of Demutualization. The information will be contained in an information circular which, together with the notice of special meeting and the Plan of Demutualization, must be sent to Eligible Policyholders at least 45 days prior to the special meeting. Manulife must first submit these materials to OSFI, a Canadian agency established to supervise Canadian financial institutions in order to determine whether they are in sound financial condition and are complying with their governing statutory law and supervisory requirements under that law. OSFI will oversee each step of the demutualization process. Manulife must obtain the authorization from OSFI's Superintendent to deliver the materials to Eligible Policyholders.[14] Before granting such authorization, OSFI may require that the notice or the information circular contain such additional information as it may determine.

The Plan of Demutualization must be approved by two-thirds of the Eligible Policyholders voting in person or by proxy at the special meeting. Within 3 months of the approval of the Plan of Demutualization by Eligible Policyholders, Manulife must apply to the Canadian Finance Minister for approval of the Plan of Demutualization and for the issuance of the Letters Patent of Conversion.[15] In deciding whether to approve the Plan of Demutualization, the Canadian Finance Minister may consider such factors as (a) whether the proposal is fair and equitable to policyholders; (b) whether the proposal is in the best interests of the financial system in Canada; and (c) whether sufficient steps had been undertaken to inform policyholders of the Plan of Demutualization and of the special meeting on demutualization.[16] The demutualization will be effective upon the issuance of the Letters Patent of Conversion by the Canadian Finance Minister.

9. The Plan of Demutualization must also be approved by the Michigan Insurance Commissioner.[17] To approve the Plan of Demutualization, the Michigan Insurance Commissioner must determine after a public hearing that the Plan of Demutualization does not prejudice the interests of Eligible Policyholders, and is consistent with the requirements of Michigan law. Manulife's directors, officers, employees and policyholders have the right to appear and to be heard at the public hearing.[18]

The Michigan Insurance Commissioner is required to give public notice of the hearing not less than 10 days before the hearing. The notice identifies the statutory authority under which the determination is made, the time and place of the hearing, a statement of the manner in which data, views and arguments may be submitted to the Michigan Insurance Commissioner at time other than at the hearing, and a description of the subjects and issues involved.

Any person who makes a written request to the Michigan Insurance Commissioner for advanced notice of the proposed action that may affect that person will receive copies of the notice. The notice also will be published as a display advertisement in newspapers of general circulation within Michigan.

The Michigan Insurance Commissioner may elect to conduct the hearing in person or may designate this assignment to another person. During the hearing, persons may give oral presentations to the hearing officer. At the conclusion of the hearing, a report on the hearing will be prepared for the Michigan Insurance Commissioner's use in reaching the determinations required by law.

Under Section 5925 of the Michigan Insurance Code, any action challenging the validity of the Michigan Insurance Commissioner's decision approving or disapproving the Plan of Demutualization must be commenced within 30 days after the Commissioner's decision.

10. Manulife's Plan of Demutualization provides for Eligible Policyholders to receive Common Shares, cash or policy credits in exchange for, and in extinguishment of, their membership interests.[19] For this

[13] In this regard, Manulife has agreed that it or the Holding Company will pay the underwriters' discount on the sale of such shares. Because the payment of the underwriters' discount is treated as dividend in Canada, a withholding tax of 15 percent of the amount of the dividend will be imposed on Manulife and not on the Plans. It is represented that Manulife will not seek reimbursement from any Plan policyholder under such circumstances.

[14] The Superintendent determined on May 21, 1999 that the documentation submitted by Manulife's Board of Directors was appropriate for mailing to Eligible Policyholders.

[15] The Letters Patent of Conversion give legal effect to the Plan of Demutualization and convert a mutual company into a company with common shares.

[16] The policyholder notice was mailed on or before May 31, 1999. It is anticipated that the policyholder meeting will take place in Toronto on or about July 29, 1999. It is also expected that the approval of the Demutualization Plan by the Canadian Finance Minister will be obtained in late September 1999.

[17] Manulife does not believe that the demutualization can proceed unless both the Michigan Insurance Commissioner and the Canadian Finance Minister both approve the Demutualization Plan. Therefore, the insurer is having simultaneous discussions with both regulatory authorities and has been consulting with both regulators on requested changes. The Michigan Insurance Commissioner's statutory authority is limited to the approval or disapproval of the Plan of Demutualization presented by Manulife and is precluded from passing on the findings of the Canadian regulators.

[18] It is anticipated that the Michigan Insurance Commissioner's hearing will be conducted in Lansing, Michigan during the month of July 1999. The hearing will be open to anyone who wishes to participate, including Eligible Policyholders, regardless of domicile.

[19] Consistent with sections 1 and 4(1)(e)(i) of the Mutual Company (Life Insurance) Conversion Regulations (Canada), the Plan of Demutualization generally provides that the policyholder eligible to participate in the distribution of Common Shares, cash or policy credits resulting from the Plan of Demutualization is the ''owner'' of the policy, and that the ''owner'' of any policy shall generally be determined on the basis of the records of Manulife. Manulife further represents that an insurance or annuity policy that provides benefits under an employee benefit plan, typically designates the employer that sponsors the plan, or a trustee acting on behalf of the plan, as the owner of the policy. In regard to insurance or annuity policies that designate the employer or trustee as owner of the policy, Manulife represents that it is required under the foregoing provisions of Canadian Law and the Demutualization Plan to make distributions resulting from such Plan to the employer or trustee as owner of the policy, except as provided below.

Notwithstanding the foregoing, Manulife's Plan of Demutualization provides a special rule applicable to an insurance policy issued to a trust established by Manulife. This rule applies whether or not the trust, or any arrangement established by any employer participating in the trust, constitutes an employee benefit plan subject to the Act. Under this special rule, the holder of each individual ''certificate'' issued in connection with the insurance policy is treated as the policyholder and owner for all purposes under the Plan of Demutualization, including voting rights and the distribution of consideration. The trustee of any such trust established by Manulife for the benefit of Eligible Policyholders that are Plans will be considered a policyholder or owner and will be eligible to vote or receive consideration.

In general, it is the Department's view that, if an insurance policy (including an annuity contract) is purchased with assets of an employee benefit plan, including participant contributions, and if there exist any participants covered under the plan (as defined at 29 CFR 2510.3–3) at the time when Manulife incurs the obligation to distribute Common Shares, cash or policy credits, then such consideration would constitute an asset of such plan. Under these circumstances, the appropriate plan fiduciaries must take all necessary steps to

purpose, an Eligible Policyholder generally is any owner of one or more voting policies in force (including the Transferred U.S. Policies assumed by ManUSA) on January 20, 1998 (or in lapse status on that date and reinstated at least 90 days prior to the special meeting of the policyholders to vote on the Plan of Demutualization). It is anticipated that 675,000 Eligible Policyholders will be entitled to vote on the Plan of Demutualization following the receipt of full and complete written disclosure of such Plan. Of these Eligible Policyholders, approximately 2,100 are Plan policyholders. Each Eligible Policyholder will be entitled to one vote regardless of the number of policies held with Manulife and/or its affiliates.

To determine the amount of consideration to which each Eligible Policyholder is entitled, each Eligible Policyholder will be allocated (but not necessarily issued) a number of Common Shares equal to the sum of (a) a fixed component consisting of 184 Common Shares; [20] and (b) an additional number of Common Shares based on actuarial formulas that take into account each participating policy's death benefit, account value and time-in-force. For those Eligible Policyholders who receive cash or policy credits due to legal or tax reasons, the amount of cash or policy credits will be determined by reference to the price per share at which the Common Shares are offered to the public in the IPO.

Although an Eligible Policyholder may receive Common Shares as a result of Manulife's demutualization, another Eligible Policyholder (a) whose jurisdiction of residence on the records of Manulife as of a specified date is other than Canada, the United States, Hong Kong or the Philippines; or (b) which is a government or government agency; or (c) who holds a Canadian Pension Policy, will receive cash in lieu of Common Shares in an amount equal to the number of shares such policyholder would otherwise have received multiplied by the price at which the Common Shares are offered to the public in the IPO.

In addition, an Eligible Policyholder who is entitled to receive Common Shares will be permitted to make a cash election in accordance with the terms of the Plan of Demutualization and will receive the value of his or her Common Shares in cash in accordance with the same formula. The cash election may be reduced if the Board of Directors of the Holding Company determines that such a reduction is in Manulife's best interests. In the event that the IPO fails to close, the Eligible Policyholder will receive the number of Common Shares he or she was originally allocated.

Other Eligible Policyholders, namely owners of individual retirement annuities, tax sheltered annuities, certain other policies issued directly to plan participants in qualified pension or profit sharing plans, or group policies issued in connection with plans intending to qualify under section 403(a) of the Code that are not held in trust, will receive policy credits equal in value to the shares allocated to such Eligible Policyholders.

In no event will Manulife nor ManUSA exercise any discretion with respect to voting on the Plan of Demutualization or with respect to any election made by any Eligible Policyholder which is a Plan, nor will Manulife and ManUSA provide ''investment advice'' as that term is defined in 29 CFR 2510.3–2(c) with respect to any election made by such Plan policyholder. In addition, no Plan will be required to pay any fees or commissions in connection with the receipt of Common Shares.

As stated above, under both Canadian and Michigan law, a plan of conversion must specify the consideration given to policyholders and it must be approved by the Canadian Finance Minister and the Michigan Insurance Commissioner. The Michigan Insurance Commissioner must find that the plan is fair and equitable to the U.S. policyholders. Moreover, the Canadian Finance Minister and the Michigan Insurance Commissioner must approve all forms of consideration.

11. It is anticipated that Manulife will establish a Share Sales Program to provide a convenient way for those Eligible Policyholders who choose to sell their Common Shares subsequent to the demutualization without having to establish an independent relationship with an investment dealer, stock broker or other qualified professional. The Share Sales Program will involve Common Shares being sold through one or more of the stock exchanges on which the Common Shares are listed for market prices that prevail at the time of the sale. Although Manulife will not subsidize the costs of the Common Shares, it is expected that participants in the Share Sales Program will benefit from the bulk commission rates which Manulife has negotiated with the participating brokers.

12. In the event the exemption has not been granted before the effective date of the demutualization, Manulife may delay payment of the consideration to Eligible Policyholders that are Plans and place such consideration in an escrow or similar arrangement subject to terms and conditions approved by the Superintendent of OSFI. Any such escrow or arrangement will provide for the payment to Eligible Policyholders of the consideration not later than the third anniversary date of the demutualization. All costs and expenses associated with the escrow arrangement will be borne by Manulife.

13. In summary, it is represented that the proposed transactions will satisfy the statutory criteria for an exemption under section 408(a) of the Act because:

(a) The Plan of Demutualization, which is being implemented pursuant to stringent procedural and substantive safeguards imposed under Canadian and Michigan law, will not require any ongoing supervision by the Department.

(b) One or more independent Plan fiduciaries will have an opportunity to determine whether to vote to approve the Plan of Demutualization and will be responsible for all such decisions.

(c) The proposed exemption will allow Eligible Policyholders that are Plans to acquire Common Shares, cash or policy credits in exchange for, and in extinguishment of, their membership interests in Manulife and neither Manulife nor its affiliates will be paid any brokerage commissions or fees in connection with the receipt of Common Shares.

(d) Neither Manulife nor ManUSA will exercise any discretion with respect to voting on the Plan of Demutualization or with respect to any election to be made by any Eligible Policyholder which is a Plan, nor will they provide ''investment advice'' as that term is defined in 29 CFR 2510.3–2(c) with respect to any election made by such Plan policyholder.

(e) The Plan of Demutualization will not change premiums or reduce policy benefits, values, guarantees or other policy obligations of Manulife to its policyholders and contractholders.

Notice to Interested Persons

Manulife will provide a copy of the proposed exemption to Eligible Policyholders that are Plans, within 14 days following the publication of the notice of pendency in the **Federal Register**. Such notice will be provided to interested persons by first class mail and will include a copy of the notice of

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safeguard the assets of the plan in order to avoid engaging in a violation of the fiduciary responsibility provisions of the Act.

[20] Approximately 125 million Common Shares, representing 25 percent of the aggregate demutualization benefit, are expected to be allocated to Eligible Policyholders as the fixed allocation. On this basis, each Eligible Policyholder will be allocated a fixed component of 184 Common Shares.

proposed exemption as published in the **Federal Register** as well as a supplemental statement, as required pursuant to 20 CFR 2570.43(b)(2), which shall inform interested persons of their right to comment on the proposed exemption. Comments with respect to the notice of proposed exemption are due within 44 days of the publication of this pendency notice in the **Federal Register**.

FOR FURTHER INFORMATION CONTACT: Ms. Jan D. Broady of the Department, telephone (202) 219–8881. (This is not a toll-free number.)

General Information

The attention of interested persons is directed to the following:

(1) The fact that a transaction is the subject of an exemption under section 408(a) of the Act and/or section 4975(c)(2) of the Code does not relieve a fiduciary or other party in interest of disqualified person from certain other provisions of the Act and/or the Code, including any prohibited transaction provisions to which the exemption does not apply and the general fiduciary responsibility provisions of section 404 of the Act, which among other things require a fiduciary to discharge his duties respecting the plan solely in the interest of the participants and beneficiaries of the plan and in a prudent fashion in accordance with section 404(a)(1)(b) of the act; nor does it affect the requirement of section 401(a) of the Code that the plan must operate for the exclusive benefit of the employees of the employer maintaining the plan and their beneficiaries;

(2) Before an exemption may be granted under section 408(a) of the Act and/or section 4975(c)(2) of the Code, the Department must find that the exemption is administratively feasible, in the interests of the plan and of its participants and beneficiaries and protective of the rights of participants and beneficiaries of the plan;

(3) The proposed exemptions, if granted, will be supplemental to, and not in derogation of, any other provisions of the Act and/or the Code, including statutory or administrative exemptions and transitional rules. Furthermore, the fact that a transaction is subject to an administrative or statutory exemption is not dispositive of whether the transaction is in fact a prohibited transaction; and

(4) The proposed exemptions, if granted, will be subject to the express condition that the material facts and representations contained in each application are true and complete and accurately describe all material terms of the transaction which is the subject of the exemption. In the case of continuing exemption transactions, if any of the material facts or representations described in the application change after the exemption is granted, the exemption will cease to apply as of the date of such change. In the event of any such change, application for a new exemption may be made to the Department.

Signed at Washington, DC, this 16th day of July, 1999.

Ivan Strasfeld,

Director of Exemption Determinations, Pension and Welfare Benefits Administration, U.S. Department of Labor.

[FR Doc. 99–18616 Filed 7–21–99; 8:45 am]

BILLING CODE 4510–29–P

NATIONAL AERONAUTICS AND SPACE ADMINISTRATION

[Notice 99–98]

NASA Advisory Council; Meeting

AGENCY: National Aeronautics and Space Administration.

ACTION: Notice of meeting.

SUMMARY: In accordance with the Federal Advisory Committee Act, Pub. L. 92–463, as amended, the National Aeronautics and Space Administration announces a meeting of the NASA Advisory Council.

DATES: Tuesday, August 3, 1999, 8 a.m. to 3:45 p.m.; and Wednesday, August 4,1999, 8 a.m. to 2 p.m.

ADDRESSES: Ohio Aerospace Institute, 22800 Cedar Point Road, Room, Library, Glenn Research Center at Lewis Field, Cleveland, OH 44142.

FOR FURTHER INFORMATION CONTACT: Ms. Kathy Dakon, Code Z, National Aeronautics and Space Administration, Washington, DC 20546, 202/358–0732.

SUPPLEMENTARY INFORMATION: The meeting will be closed to the public on Tuesday, August 3, 1999, from 2:15 p.m. to 3:45 p.m. in accordance with 5 U.S.C. 552b(c)(4), to hear a proprietary briefing on the Space Transportation Architecture Studies analysis by the Independent Evaluation Team. Wednesday, August 4, 1999, will be open to the public up to the seating capacity of the room. The agenda for the meeting is as follows:

—Aeronautics Technology Update
—High Speed Research Lessons
—Commercialization Update
—ISS PRA
—Independent Assessment Team Report
—NASA Advisory Council and Performance Plan Evaluation
—Committee/TaskForce/Working Group Reports
—Discussion of Findings and Recommendations

A detailed agenda and further information about the NASA Advisory Council is available on the world wide web at: http://www.hq.nasa.gov/office/codez/nac.htm.

It is imperative that the meeting be held on these dates to accommodate the scheduling priorities of the key participants. Visitors will be requested to sign a visitor's register.

Matthew M. Crouch,

Advisory Committee Management Officer, National Aeronautics and Space Administration.

[FR Doc. 99–18749 Filed 7–21–99; 8:45 am]

BILLING CODE 7510–01–P

NATIONAL AERONAUTICS AND SPACE ADMINISTRATION

[Notice 99–099]

Performance Review Board, Senior Executive Service (SES)

AGENCY: National Aeronautics and Space Administration (NASA).

ACTION: Notice of membership of SES performance review board.

SUMMARY: The Civil Service Reform Act of 1978, Pub. L. 95–454 (Section 405) requires that appointments of individual members to a Performance Review Board be published in the **Federal Register**.

The performance review function for the SES in the National Aeronautics and Space Administration is being performed by the NASA Performance Review Board (PRB) and the NASA Senior Executive Committee. The latter performs this function for senior executives who report directly to the Administrator or the Deputy Administrator and members of the PRB. The following individuals are serving on the Board and the Committee:

Performance Review Board

Spence M. Armstrong, Chairperson, Associate Administrator for Aero-Space Technology, NASA Headquarters
John T. Pennington, Executive Secretary, Chief, Agency Executive Personnel Branch, NASA Headquarters
Joan S. Peterson, Director, Personnel Division, NASA Headquarters
Robert M. Stephens, Deputy General Counsel, NASA Headquarters
Oceola S. Hall, Deputy Associate Administrator for Equal Opportunity Programs, NASA Headquarters
Michael A. Greenfield, Deputy Associate Administrator for Safety and Mission Assurance, NASA Headquarters
Susan H. Garman, Associate Director, NASA Johnson Space Center

William F. Townsend, Deputy Director, NASA Goddard Space Flight Center
Kathie L. Olsen, Chief Scientist, Office of the Administrator, NASA Headquarters
Paula M. Cleggett, Deputy Associate Administrator for Public Affairs, NASA Headquarters
Vacant, Deputy Director, NASA Glenn Research Center
James L. Jennings, Deputy Director for Business Operations, NASA Kennedy Space Center
Wallace C. Sawyer, Deputy Director, NASA Langley Research Center
Mark Craig, Deputy Director, NASA Stennis Space Center

Senior Executive Committee

J. R. Dailey, Chairperson, Associate Deputy Administrator, NASA Headquarters
Joan S. Peterson, Executive Secretary, Director, Personnel Division, NASA Headquarters
Ghassem Asrar, Associate Administrator for Earth Science, NASA Headquarters
Spence M. Armstrong, Associate Administrator for Aero-Space Technology, NASA Headquarters
Vicki A. Novak, Associate Administrator for Human Resources and Education, NASA Headquarters

Daniel S. Goldin,

Administrator.

[FR Doc. 99–18750 Filed 7–21–99; 8:45 am]

BILLING CODE 7510–01–P

NUCLEAR REGULATORY COMMISSION

[Docket Nos. 50–317 and 50–318]

Baltimore Gas and Electric Company; Notice of Denial of Amendment to Facility Operating License and Opportunity for Hearing

The U.S. Nuclear Regulatory Commission (the Commission) has denied a request by Baltimore Gas and Electric Company (licensee) for an amendment to Facility Operating License Nos. DPR No. 53 and DPR No. 69 issued to the licensee for operation of the Calvert Cliffs Nuclear Power Plants, Unit Nos. 1 and 2, located in Calvert County, Maryland. Notice of Consideration of Issuance of this amendment was published in the **Federal Register** on December 16, 1998 (63 FR 69334).

The purpose of the licensee's amendment request was to revise the Technical Specifications (TS) to delete requirements for tendon surveillance and reporting because the TS requirements were a duplication of the requirements of 10 CFR 50.55a.

The NRC staff has concluded that the licensee's request cannot be granted. The licensee was notified of the Commission's denial of the proposed change by a letter dated July 15, 1999.

By August 23, 1999, the licensee may demand a hearing with respect to the denial described above. Any person whose interest may be affected by this proceeding may file a written petition for leave to intervene.

A request for hearing or petition for leave to intervene must be filed with the Secretary of the Commission, U.S. Nuclear Regulatory Commission, Washington, DC 20555–0001 Attention: Rulemakings and Adjudications Staff, or may be delivered to the Commission's Public Document Room, the Gelman Building, 2120 L Street, NW., Washington, DC, by the above date.

A copy of any petitions should also be sent to the Office of the General Counsel, U.S. Nuclear Regulatory Commission, Washington, DC 20555–0001, and to Jay E. Silberg, Esquire, 2300 N Street, NW, Washington, DC 20037, attorney for the licensee.

For further details with respect to this action, see (1) the application for amendment dated November 20, 1998, and (2) the Commission's letter to the licensee dated July 15, 1999.

These documents are available for public inspection at the Commission's Public Document Room, the Gelman Building, 2120 L Street, NW., Washington, DC, and at the local public document room located at the Calvert County Library, Prince Frederick, MD 20678.

Dated at Rockville, Maryland, this 15th day of July 1999.

For the Nuclear Regulatory Commission.

S. Singh Bajwa,

Acting Director, Project Directorate I, Division of Licensing Project Management, Office of Nuclear Reactor Regulation.

[FR Doc. 99–18723 Filed 7–21–99; 8:45 am]

BILLING CODE 7590–01–P

NUCLEAR REGULATORY COMMISSION

[Docket No. 50–400–LA; ASLBP No. 99–762–02–LA]

Atomic Safety and Licensing Board; Before Administrative Judges: G. Paul Bollwerk, III, Chairman, Frederick J. Shon and Dr. Peter S. Lam; In the Matter of Carolina Power & Light Company (Shearon Harris Nuclear Power Plant); Notice of Hearing (License Amendment Application to Expand Spent Fuel Pool Capacity)

July 16, 1999.

In this proceeding, Carolina Power & Light Company (CP&L) has applied under 10 CFR 50.90 for a license amendment to increase the spent fuel storage capacity at its Shearon Harris Nuclear Power Plant (Harris), located in Wake and Chatham Counties, North Carolina. In its December 23, 1998 amendment request, CP&L seeks authorization to add rack modules to spent fuel pools ''C'' and ''D'' and place the pools in service. On January 7, 1999, the NRC staff issued a notice that the agency is (1) considering this license amendment application; (2) considering making a no significant hazards determination under 10 CFR 50.92 that would permit issuance of the amendment; and (3) affording the opportunity for a formal adjudicatory hearing on the CP&L application. The notice was published in the **Federal Register** on January 13, 1999. (64 FR 2237 (1999).)

By filing dated February 12, 1999, petitioner Board of Commissioners of Orange County, North Carolina (BCOC), made a timely request for a hearing relative to the CP&L license amendment application. On February 18, 1999, the Secretary of the Commission referred the CP&L application to the Atomic Safety and Licensing Board Panel to conduct any subsequent adjudication. On February 24, 1999, this Licensing Board was appointed to preside over this proceeding. (64 FR 10165 (1999).) The Board consists of Frederick J. Shon, Dr. Peter S. Lam, and G. Paul Bollwerk, III, who serves as Chairman of the Board.

On May 13, 1999, the Board conducted a one-day prehearing conference in Chapel Hill, North Carolina, to hear oral argument on the issues of BCOC's standing and the admissibility of its eight proffered contentions. The Board ruled on those matters in a July 12, 1999 issuance in which it concluded (1) BCOC did have standing to intervene as of right; and (2) two of its eight contentions were admissible. Accordingly, BCOC's hearing request was granted and it was admitted as a party to this proceeding. (*Carolina Power & Light Co.* (Sharon Harris Nuclear Power Plant), LBP–99–25, 50 NRC _____ (July 12, 1999).)[1]

In light of the foregoing, please take notice that a hearing will be conducted in this proceeding. This hearing will be governed by the formal hearing procedures set forth in 10 CFR Part 2, Subpart G (10 CFR 2.700–.790), subject to any election by the parties to utilize the hybrid hearing procedures in 10 CFR Part 2, Subpart K (10 CFR 2.1101–.1117).

During the course of the proceeding, the Board may conduct an oral

[1] A copy of the Board's July 12, 1999 decision can be found on the Internet at www.nrc.gov/OPA/reports/lbp9925.htm.

argument, as provided in 10 CFR 2.755, 2.1113, may hold additional prehearing conferences pursuant to 10 CFR 2.752, and may conduct evidentiary hearings in accordance with 10 CFR 2.750–.751, 2.1115. The public is invited to attend any oral argument, prehearing conference, or evidentiary hearing. Notices of those sessions will be published in the **Federal Register** and/or made available to the public at the NRC Public Document Rooms.

Additionally, as provided in 10 CFR 2.715(a), any person not a party to the proceeding may submit a written limited appearance statement setting forth his or her position on the issues in this proceeding. These statements do not constitute evidence, but may assist the Board and/or parties in defining the issues being considered. Persons wishing to submit a written limited appearance statement should send it to the Office of the Secretary, U.S. Nuclear Regulatory Commission, Washington, DC 20555–0001, Attention: Rulemakings and Adjudications Staff. A copy of the statement also should be served on the Chairman of the Atomic Safety and Licensing Board. At a later date, the Board may entertain oral limited appearance statements at a location or locations in the vicinity of the Harris facility. Notice of any oral limited appearance sessions will be published in the **Federal Register** and/or made available to the public at the NRC Public Document Rooms.

Documents relating to this proceeding are available for public inspection at the Commission's Public Document Room, the Gelman Building, 2120 L Street, NW., Washington, DC 20555; and at the NRC Local Public Document Room at the Cameron Village Regional Library, 1930 Clark Avenue, Raleigh, North Carolina 27605.

Dated: July 16, 1999, Rockville, Maryland.

For the Atomic Safety and Licensing Board.[2]

G. Paul Bollwerk, III,

Administrative Judge.

[FR Doc. 99–18725 Filed 7–21–99; 8:45 am]

BILLING CODE 7590–01–P

RAILROAD RETIREMENT BOARD

Agency Forms Submitted for OMB Review

Summary: In accordance with the Paperwork Reduction Act of 1995 (44 U.S.C. Chapter 35), the Railroad Retirement Board (RRB) has submitted the following proposal(s) for the collection of information to the Office of Management and Budget for review and approval.

Summary of Proposal(s):

(1) *Collection title:* Continuing Disability Report.

(2) *Form(s) submitted:* G–254, G–254a.

(3) *OMB Number:* 3220–0187.

(4) *Expiration date of current OMB clearance:* 10/31/1999.

(5) *Type of request:* Revision of a currently approved collection.

(6) *Respondents:* Individuals or households, Business or other-for-profit.

(7) *Estimated annual number of respondents:* 2,000.

(8) *Total annual responses:* 3,500.

(9) *Total annual reporting hours:* 790.

(10) *Collection description:* Under the Railroad Retirement Act, a disability annuity can be reduced or not paid, depending on the amount of earnings and type of work performed. The collection obtains information about a disabled annuitant's employment and earnings.

Additional Information or Comments: Copies of the form and supporting documents can be obtained from Chuck Mierzwa, the agency clearance officer (312–751–3363). Comments regarding the information collection should be addressed to Ronald J. Hodapp, Railroad Retirement Board, 844 North Rush Street, Chicago, Illinois, 60611–2092 and the OMB reviewer, Laurie Schack (202)–395–7316), Office of Management and Budget, Room 10230, New Executive Office Building, Washington, D.C. 20503.

Chuch Mierzwa,

Clearance Officer.

[FR Doc. 99–18757 Filed 7–21–99; 8:45 am]

BILLING CODE 7905–01–M

SECURITIES AND EXCHANGE COMMISSION

[Release No. 34–41621; File No. SR–CBOE–99–29]

Self-Regulatory Organizations; Notice of Filing of Proposed Rule Change by the Chicago Board Options Exchange, Inc. to Allow RAES Orders To Trade Against Orders in the Exchange's Limit Order Book

July 14, 1999.

Pursuant to Section 19(b)(1) of the Securities Exchange Act of 1934 (''Act'')[1] and Rule 19b–4 thereunder,[2] notice is hereby given that on June 23, 1999, the Chicago Board Options Exchange, Inc. (''CBOE'' or ''Exchange'') filed with the Securities and Exchange Commission (''Commission'') the proposed rule change as described in Items I, II, and III below, which Items have been prepared by the Exchange. The Commission is publishing this notice to solicit comments on the proposed rule change from interested persons.

I. Self-Regulatory Organization's Statement of the Terms of Substance of the Proposed Rule Change

The CBOE proposes to amend its rule governing the operation of its Retail Automatic Execution System (''RAES'') to provide for orders entered on RAES to trade against orders in the Exchange's customer limit order book. The text of the proposed rule change is available at the Office of the Secretary, the CBOE, and at he Commission.

II. Self-Regulatory Organization's Statement of the Purpose of, and Statutory Basis for, the Proposed Rule Change

In its filing with the Commission, the CBOE included statements concerning the purpose of and basis for the proposed rule change and discussed any comments it received on the proposed rule change. The text of these statements may be examined at the places specified in Item IV below. The CBOE has prepared summaries, set forth in Section A, B, and C below, of the most significant aspects of such statements.

A. Self-Regulatory Organization's Statement of the Purpose of, and Statutory Basis for, the Proposed Rule Change

1. Purpose

The Exchange is developing a system, the Automated Book Priority system, that will allow an order entered into RAES to trade directly with an order on the Exchange's customer limit order book in those cases where the prevailing market bid or offer is equal to the best bid or offer on the Exchange's book.[3] Currently, when a RAES order is entered into the Exchange's Order Routing System at a time when the prevailing market bid or offer is equal to the best bid or offer on the Exchange's book, the order is routed electronically to a Floor Broker's terminal or work station in the crowd subject to the

[2] Copies of this notice of hearing were sent this date by Internet e-mail transmission to counsel for (1) applicant CP&L; (2) intervenor BCOC; and (3) the NRC staff.

[1] 15 U.S.C. 78s(b)(1).

[2] 17 CFR 240.19b–4.

[3] In the event that the order in the book is for a smaller number of contracts than the RAES order, the balance of the RAES order will be assigned to participating market-makers at the same price at which the rest of the order was executed.

volume parameters of each firm. In the event that the firm routing the order is not routing orders to the crowd, the order would be routed to the firm's own booth.[4] The orders are routed to the Floor Brokers instead of being automatically executed at the market price, because CBOE Rule 6.45 provides that bids or offers displayed on the customer limit order book are entitled to priority over other bids or offers at the same price. Until the Automated Book Priority system was developed, the Exchange did not have a method to maintain the priority of orders on the customer limit order book other than to reject the order from RAES in those circumstances.

To implement the Automated Book Priority system, the CBOE proposes to amend paragraphs (b) and (c) of CBOE Rule 6.8, ''*RAES Operations in Equity Options,*'' to provide for RAES orders to trade directly against orders entered in the Exchange's customer limit order book. The Exchange also proposes to delete Interpretation .04 of CBOE Rule 6.8 which concerns how orders that have been ''kicked out'' pursuant to paragraph (c) should be handled. Of course, once a RAES order is ''kicked out'' or rerouted to a Floor Broker, that order becomes subject to market risk as there may be some delay between the time the order is rerouted and the time the order is actually filled by the Floor Broker in open outcry. In times of extreme market volatility, even a short period of time between the rerouting and the execution of the order could have a significant effect on the price at which the order is executed.

The Automated Book Priority system will both prevent the RAES order from becoming subject to market risk and preserve the priority of the booked order. Thus, the proposed rule change will benefit customers using the RAES system as well as those whose orders are in the Exchange's book because both categories of orders will be executed more quickly than they would have been executed otherwise.

Because the Exchange does not believe the Automated Book Priority system will be ready to be implemented until at least August 1999, the Exchange does not plan to actually implement this rule change until the system is ready to be implemented. The Exchange will provide its membership with prior notice by means of a Regulatory Circular informing them of the date the system will be implemented and the rule will be changed.

2. Statutory Basis

The CBOE believes the proposed rule change is consistent with and furthers the objectives of Section 6(b)(5)[5] of the Act in that it is designed to remove impediments to a free and open market and to protect investors and the public interest.

B. Self-Regulatory Organization's Statement on Burden on Competition

The CBOE does not believe that the proposed rule change will impose any burden on competition.

C. Self-Regulatory Organization's Statement on Comments on the Proposed Rule Change Received From Members, Participants, or Others

No written comments were solicited or received with respect to the proposed rule change.

III. Date of Effectiveness of the Proposed Rule Change and Timing for Commission Action

Within 35 days of the date of the publication of this notice in the **Federal Register** or within such longer period (i) as the Commission may designate up to 90 days of such date if it finds such longer period to be appropriate and publishes its reasons for so finding or (ii) as to which the self-regulatory organization consents, the Commission will:

(A) By order approve such proposed rule change, or

(B) Institute proceedings to determine whether the proposed rule change should be disapproved.

IV. Solicitation of Comments

Interested persons are invited to submit written data, views, and arguments concerning the foregoing, including whether the proposed rule is consistent with the Act. Persons making written submissions should file six copies thereof with the Secretary, Securities and Exchange Commission, 450 Fifth Street NW, Washington, DC 20549–0609. Copies of the submission, all subsequent amendments, all written statements with respect to the proposed rule change that are filed with the Commission, and all written communications relating to the proposed rule change between the Commission and any person, other than those that may be withheld from the public in accordance with the provisions of 5 U.S.C. 552, will be available for inspection and copying in the Commission's Public Reference Room. Copies of such filing will also be available for inspection and copying at the principal office of the CBOE. All submissions should refer to File No. SR–CBOE–99–29 and should be submitted by August 12, 1999.

For the Commission, by the Division of Market Regulation, pursuant to delegated authority.[6]

Margaret H. McFarland,

Deputy Secretary.

[FR Doc. 99–18658 Filed 7–21–99; 8:45 am]

BILLING CODE 8010–01–M

[4] Currently, RAES orders in options on IBM, the Dow Jones Industrial Average (DJX) and the Standard & Poor's 100 Stock Index (OEX) may be executed on RAES even where the prevailing market bid or offer equals the best bid or offer on the Exchange's book. Upon the implementation of the Automated Book Priority system, RAES orders in these option classes, like all other option classes, will trade against orders in the book in these circumstances.

[5] 15 U.S.C. 78f(b)(5).

[6] 17 CFR 200.30–3(a)(12).

SECURITIES AND EXCHANGE COMMISSION

[Release No. 34–41623; File No. SR–NYSE–99–10]

Self-Regulatory Organizations; Notice of Filing of Proposed Rule Change by the New York Stock Exchange, Inc. to Amend Rule 123A.40

July 16, 1999.

Pursuant to Section 19(b)(1) of the Security Exchange Act of 1934 (''Act''),[1] and Rule 19b–4 thereunder,[2] notice is hereby given that on March 19, 1999, the New York Stock Exchange, Inc. (''NYSE'' or ''Exchange'') filed with the Securities and Exchange Commission (''Commission'') the proposed rule change as described in Items, I, II and III below, which Items have been prepared by the NYSE. The Commission is publishing this notice to solicit comments on the proposed rule change from interested persons.

I. Self-Regulatory Organization's Statement of the Terms of Substance of the Proposed Rule Change

The proposed rule change would amend NYSE Rule 123A.40 to allow specialists to elect stop orders at a bid or offer that *betters* the market and would eliminate the requirement for specialists to obtain Floor Official approval, unless the price of the specialist's electing transaction is *more than 4/16* point away from the previous sale.

II. Self-Regulatory Organization's Statement of the Purpose of, and Statutory Basis for, the Proposed Rule Change

In its filing with the Commission, the Exchange included statements

[1] 15 U.S.C. 78s(b)(1).

[2] 17 C.F.R. 240.19b–4.

concerning the purpose of, and basis for, the proposed rule change and discussed any comments it received on the proposed rule change. The text of these statements may be examined at the places specified in Item IV below and is set forth in Sections A, B, and C below.

A. Self-Regulatory Organization's Statement of the Purpose of, and Statutory Basis for, the Proposed Rule Change

1. Purpose

NYSE Rule 123A.40 generally prohibits a specialist from making a transaction for his or her own account that would result in electing stop orders.[3] However, the Rule permits a specialist to be party to the election of a stop order under two sets of circumstances: (i) when the specialist's bid or offer is made with the prior approval of a Floor Official, has the effect of *bettering* the market, and the specialist guarantees that the stop order will be executed at the same price as the electing sale; and (ii) when the specialist purchases or sells stock *at the current bid or offer* in order to facilitate completion of a member's order at a single price, where the depth of the current bid or offer is not sufficient.

The Exchange proposes to amend part (i) of the Rule to allow the specialist to make a bid or offer that *betters* the market at a price that would elect stop orders and eliminate the requirement to obtain Floor Official approval, unless the price of the specialist's electing transactions is *more than* 4/16 point away from the previous sale. The Rule would retain the requirement that the specialist guarantee that stop orders be executed at the same price as the electing sale.

A review of specialists' stop order electing transactions shows that a significant percent of trades occur at little or no change in price. For example, a study of the difference between the electing stop price and last sale price for September through November 1998 shows that 86% of the electing sales took place at 4/16 point change or less from the last sale price. The proposed change follows the philosophy that smaller variation trades do not require immediate scrutiny by a Floor Official. The Exchange's program for surveying stop order elections would not be affected by the proposed change to NYSE Rule 123A.40.

Based on these statistics, therefore, the proposal would eliminate approximately 86% of required Floor Official approvals in this area. A comparison of Stop Election Forms (Floor Official approval slips) submitted during July and August 1997 versus the same weeks in 1998 shows that the number of such forms (and therefore requests for Floor Official approval) doubled in 1998. In 1998, on average, more than 800 Stop Election Forms a day were submitted during this period. The proposed change would significantly reduce the administrative burden on Floor Official and specialists without compromising the Exchange's ability to survey stop order elections.

2. Statutory Basis

The basis under the Act for the proposed rule change is the requirement under Section 6(b)(5)[4] that an Exchange have rules that are designed to promote just and equitable principles of trade, to remove impediments to, and perfect the mechanism of a free and open market and, in general, to protect investors and the public interest.

B. Self-Regulatory Organization's Statement on Burden on Competition

The Exchange does not believe that the proposed rule change will impose any burden on competition that is not necessary or appropriate in furtherance of the purposes of the Act.

C. Self-Regulatory Organization's Statement on Comments on the Proposed Rule Change Received From Members, Participants or Others

The Exchange has neither solicited nor received written comments on the proposed rule change.

III. Date of Effectiveness of the Proposed Rule Change and Timing for Commission Action

Within 35 days of the date of publication of this notice in the **Federal Register** or within such longer period (i) as the Commission may designate up to 90 days of such date if it finds such longer period to be appropriate and publishes its reasons for so finding or (ii) as to which the self-regulatory organization consents, the Commission will:

(A) By order approve the proposed rule change, or

(B) Institute proceedings to determine whether the proposed rule change should be disapproved.

IV. Solicitation of Comments

Interested persons are invited to submit written data, views and arguments concerning the foregoing, including whether the proposed rule change is consistent with the Act. Persons making written submissions should file six copies thereof with the Secretary, Securities and Exchange Commission, 450 Fifth Street NW, Washington, DC 20549–0609. Copies of the submission, all subsequent amendments, all written statements with respect to the proposed rule change that are filed with the Commission, and all written communications relating to the proposed rule change between the Commission and any person, other than those that may be withheld from the public accordance with the provisions of 5 U.S.C. 552, will be available for inspection and copying in the Commission's Public Reference Room.

Copies of such filing will also be available for inspection and copying at the principal office of the NYSE. All submissions should refer to File No. SR–NYSE–99–10 and should be submitted by August 12, 1999.

For the Commission, by the Division of Market Regulation, pursuant to delegated authority.[5]

Margaret H. McFarland,

Deputy Secretary.

[FR Doc. 99–18656 Filed 7–21–99; 8:45 am]

BILLING CODE 8010–01–M

SECURITIES AND EXCHANGE COMMISSION

[Release No. 34–41611; File No. SR–PCX–99–04]

Self-Regulatory Organizations; Notice of Filing of Proposed Rule Change by the Pacific Exchange, Inc. Relating to an Increase in the Maximum Size of Option Orders That May Be Executed Automatically

July 9, 1999.

Pursuant to Section 19(b)(1) of the Securities Exchange Act of 1934 (''Act'')[1] and Rule 19b–4 thereunder,[2] notice is hereby given that on February 10, 1999, the Pacific Exchange, Inc. (''PCX'' or ''Exchange'') filed with the Securities and Exchange Commission (''SEC'' or ''Commission'') the proposed rule change as described in Items I, II, and III below, which Items have been prepared by the PCX. On February 25, 1999 the Exchange submitted Amendment No. 1 to the proposed rule change.[3] On May 25, 1999 the Exchange

[3] A stop order is an order that becomes an executable market order, or limit order, once the specified price (''stop price'') is reached. A stop order is elected when the stock trades at or beyond the stop price and, thus, may not necessarily be executed at that price. *See* NYSE Rule 13.

[4] 15 U.S.C. 78f(b)(5).

[5] 17 CFR 200.30–3(a)(12).

[1] 15 U.S.C. 78s(b)(1).

[2] 17 CFR 240.19b–4.

[3] Amendment No. 1 sets the maximum order size for execution through Auto-Ex for equity options

submitted Amendment No. 2 to the proposed rule change.[4] On July 2, 1999 the Exchange submitted Amendment No. 3 to the proposed rule change.[5] The Commission is publishing this notice to solicit comments on the proposed rule change from interested persons.

I. Self-Regulatory Organization's Statement of the Terms of Substance of the Proposed Rule Change

The PCX is proposing to modify its rules on the automatic execution of option orders by expanding the maximum number of contracts that may be designated for automatic execution on an issue-by-issue basis. Specifically, the Exchange proposes to change the maximum order size for execution of equity options orders that are eligible to be executed electronically on the Exchange's Automatic Execution System (''Auto-Ex'') from twenty contracts to fifty contracts.

II. Self-Regulatory Organization's Statement of the Purpose of, and Statutory Basis for, the Proposed Rule Change

In its filing with the Commission, the PCX included statements concerning the purpose of and basis for the proposed rule change and discussed any comments it received on the proposed rule change. The text of these statements may be examined at the places specified in Item III below. The PCX has prepared summaries, set forth in sections A, B, and C below, of the most significant aspects of such statements.

A. Self-Regulatory Organization's Statement of the Purpose of, and Statutory Basis for, the Proposed Rule Change

1. Purpose

First, the Exchange proposes to amend its Rule 6.86, governing Trading Crowd Firm Disseminated Market Quotes. The Exchange proposes to add subsection 6.86(g) and to make technical changes to Rule 6.86 to make it consistent with proposed Rule 6.87(b).[6]

Specifically, the Exchange proposes to add subsection 6.86(g) to require that, if the Options Floor Trading Committee (''OFTC'') determines, pursuant to Rule 6.87(b), the size of orders in an issue that are eligible to be executed on Auto-Ex will be greater than twenty contracts, then the trading crowd will be required to provide a market depth in that greater amount. The Exchange proposes this rule change to update, clarify and keep consistent PCX rules governing size of market orders and market depth.

Second, the Exchange proposes to modify its rules on the automatic execution of Equity and Index Option orders by expanding the maximum number of contracts that may be designated for automatic execution, on an issue-by-issue basis, to fifty contracts.[7] Currently, the PCX Rule 6.87(b) provides that the Exchange's OFTC shall determine the size of orders that are eligible to be executed electronically on the Exchange's Auto-Ex system.[8] The rule provides that the OFTC may change the order size parameter of orders that may be executed on Auto-Ex on an issue-by-issue basis. The rule further provides that the maximum order size that the OFTC may designate for execution on Auto-Ex is twenty contracts.[9]

The Exchange proposes to distinguish between Equity and Index Options for matters relating to expansion of the maximum number of contracts that may be designated for automatic execution. The PCX proposes to increase the maximum size of Equity Option orders that the OFTC may designate for automatic execution in an issue from twenty contracts to fifty contracts. The PCX also proposes to allow the OFTC the ability to determine the size of Index Options orders that are eligible to be executed on Auto-Ex on an issue-by-issue basis for the following Index Options, with a maximum order size of fifty contracts: (1) the PSE Technology Index; (2) the Wilshire Small Cap Index; and (3) the Morgan Stanley Emerging Growth Index. The Exchange proposes these changes in an effort to meet the changing needs of customers in the market place and to give the Exchange better means of competing with other options exchanges for order flow, particularly in multiply traded issues. The Exchange also believes that the proposal will allow the Exchange to enhance its operational efficiency, particularly during times when large influxes of manual orders crate undue congestion in particular trading crowds.

Third, the Exchange proposes to add subsection 6.87(k) to address the unbundling of Auto-Ex orders. Specifically, the Exchange proposes that the OFTC will determine, on an issue-by-issue basis, the manner in which orders entered through the Auto-Ex system will be assigned to individual Market Makers for execution. Each Marker Maker who is participating on the Auto-Ex system will be required to execute a maximum of ten option contracts per Auto-Ex trade, except that, the OFTC may permit individual Market Makers and Lead Market Makers (''LMM'') to be allocated a number of contracts greater than ten and no more than fifty, upon the request of the individual Market Maker or LMM.

Fourth, the Exchange proposes that, in accordance with the provision on

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and for index options on the PSE Technology Index, the Wilshire Small Cap Index, and the Morgan Stanley Emerging Growth Index at fifty contracts. Additionally, in Amendment No. 1 the PCX withdrew SR–PCX–99–05, which was filed with the Commission on February 22, 1999. *See* letter from Robert P. Pacileo, Staff Attorney, PCX, to Michael A. Walinskas, Deputy Associate Director, Division of Market Regulation, Commission, dated February 24, 1999.

[4] In Amendment No. 2 the Exchange proposed to add a subsection to PCX Rule 6.87 to address the unbundling of Auto-Ex orders *See letter from Robert P. Pacileo, Staff Attorney, PCX, to Michael A. Walinskas, Associate Director, Division of Market Regulation, Commission, dated May 24, 1999.*

[5] In Amendment No. 3 the Exchange replaced the proposal in its entirety to restate and clarify the purpose of the proposal, to address technical modifications to PCX Rule 6.87 made in a separate filing with the Commission (SR–PCX–99–23), and to add a proposal to amend PCX Rule 6.86. *See* letter from Robert P. Pacileo, Staff Attorney, PCX, to Michael A. Walinskas, Associate Director, Division of Market Regulation, Commission, dated July 1, 1999.

[6] PCX Rule 6.87 has been renumbered and reorganized under SR–PCS–99–23, filed with the Commission on June 14, 1999. *See* Securities Exchange Act Release No. 41582 (June 30, 1999).

[7] The PCX Technology Department has confirmed that Pacific Options Exchange Trading System (''POETS'') is capable of, and has the capacity to, execute trades at 50-up on an issue-by-issue basis, which can equate to floor-wide 50-up if done for all issues.

[8] The Commission approved the POETS and its Auto-Ex features as a pilot program in January 1990. *See* Securities Exchange Act Release No. 27633 (January 18, 1990), 55 FR 2466 (order approving File No. SR–PSE–89–26). On July 30, 1993, the Commission approved the program on a permanent basis. *See* Securities Exchange Act Release No. 32703 (July 30 ,1993), 58 FR 42117 (August 6, 1993). The Auto-Ex system permits eligible market or marketable limit orders sent from member firms to be executed automatically at the displayed bid or offering price. Participating market makers are designated as the contra side to each Auto-Ex order. Participating market makers are assigned by Auto-Ex on a rotating basis, with the first market maker selected at random from the list of signed-on market makers. Auto-Ex preserves Book priority in all options. Automatic executions through Auto-Ex are currently available for public customer orders of ten contracts or less (or in certain issues, for twenty contracts or less) in all series of options traded on the Options Floor of the Exchange.

[9] Currently, however, PCX Rule 6.87(c) provides: ''The Options Floor Trading Committee may increase the size of Auto-Ex-eligible orders in one or more classes of multiply traded equity options to the extent that other options exchanges permit such larger size orders in multiply traded equity options of the same class or classes to be entered into their own automated execution systems. If the Options Floor Trading Committee intends to increase the Auto-Ex order size eligibility pursuant to this subsection, the Exchange will notify the Securities and Exchange Commission pursuant to Section 19(b)(3)(A) of the Exchange Act.''

LMMs' guaranteed participation in Rule 6.82(d)(2), the LMM in an issue will be required to either (i) participate in every other trade executed on Auto-Ex in that issue or (ii) participate in a percentage of every trade consistent with the amount of the LMM's guaranteed participation. The Exchange also proposes that the OFTC may require Market Makers or an LMM who is participating on Auto-Ex in a particular issue to execute a number of contracts greater than ten. However, before doing so, the OFTC must take into account whether doing so would place a Market Maker at undue risk based on that Market Maker's capitalization.

Finally, the Exchange proposes that the OFTC seek to assure that each Market Maker participating on Auto-Ex in a particular issue will be assigned up to the same maximum number of option contracts per Auto-Ex trade. The OFTC may permit exceptions to this procedure only in unusual situations where the OFTC finds good cause for permitting differences in the maximum number of contracts executed by individual Market Makers.

2. Basis

The Exchange believes that the proposed rule change is consistent with Section 6(b)[10] of the Act, in general, and furthers the objectives of Section 6(b)(5),[11] in particular, in that it is designed to facilitate transactions in securities, to protect investors and the public interest and to promote just and equitable principles of trade.

B. Self-Regulatory Organization's Statement on Burden on Competition

PCX does not believe that the proposed rule change will impose any burden on competition that is not necessary or appropriate in furtherance of the purposes of the Act.

C. Self-Regulatory Organization's Statement on Comments on the Proposed Rule Change Received From Members, Participants, or Others

No written comments were solicited or received with respect to the proposed rule change.

III. Date of Effectiveness of the Proposed Rule Change and Timing for Commission Action

Within 35 days of the date of publication of this notice in the **Federal Register** or within such longer period (i) as the Commission may designate up to 90 days of such date if it finds such longer period to be appropriate and publishes its reasons for so finding or (ii) as to which the self-regulatory organization consents, the Commission will:

(A) By order approve such proposed rule change, or

(B) Institute proceedings to determine whether the proposed rule change should be disapproved.

IV. Solicitation of Comments

Interested persons are invited to submit written data, views, and arguments concerning the foregoing, including whether the proposed rule change is consistent with the Act. Persons making written submissions should file six copies thereof with the Secretary, Securities and Exchange Commission, 450 Fifth Street, NW, Washington, DC 20549–0609. Copies of the submission, all subsequent amendments, all written statements with respect to the proposed rule change that are filed with the Commission, and all written communications relating to the proposed rule change between the Commission and any person, other than those that may be withheld from the public in accordance with the provisions of 5 U.S.C. 552, will be available for inspection and copying in the Commission's Public Reference Room. Copies of such filing will also be available for inspection and copying at the principal office of the PCX. All submissions should refer to File No. SR–PCX–99–04 and should be submitted by August 12, 1999.

For the Commission, by the Division of Market Regulation, pursuant to delegated authority.[12]

Margaret H. McFarland,

Deputy Secretary.

[FR Doc. 99–18657 Filed 7–22–99; 8:45 am]

BILLING CODE 8010–01–M

[10] 15 U.S.C. 78f(b).

[11] 15 U.S.C. 78f(b)(5).

[12] 17 CFR 200.30–3(a)(12).

SOCIAL SECURITY ADMINISTRATION

Statement of Organization, Functions And Delegations of Authority

This statement amends Part S of the Statement of the Organization, Functions and Delegations of Authority that covers the Social Security Administration (SSA). Notice is given that Chapter S1 for the Office of the Deputy Commissioner for Finance, Assessment and Management (DCFAM) is being amended to reflect the abolishment of the Office of Field Facilities Management (S1RK) in the Office of Facilities Management (S1R), DCFAM. Further notice is given that Chapter S1 is being amended to reflect functional realignments within the Office of Facilities Management (OFM). The changes are as follows:

Section S1R.10 The Office Facilities Management—(Organization): Delete

H. The Office of Field Facilities Management (S1RK). Re-letter ''I'' to ''H''.

Section S1R.20 The Office of Facilities Management—(Functions): Delete in its entirety

H. The Office of Field Facilities Management (S1RK). Re-letter paragraph ''I'' to ''H''.

D. The Office of Realty Management (S1RE).

Delete the first sentence and replace with ''The Office of Realty Management (S1RE) directs SSA's national real property program, including long- and short-range planning, design, construction, and leasing of central office and prospectus level field facilities, renovation projects, energy management, project management, acquisition management and utilization of space, installation of IWS/LAN and other automation projects, modular furniture installations, and the development and implementation of policies, procedures, and technical assistance to support these programs.''

Amend as follows:

G. The Office of Outlying Buildings Management (S1RJ).

''The Office of Outlying Buildings Management (S1RJ) directs operations at the Metro West, Security West, National Computer Center, Hollings Ferry, and Techwood Buildings and leased offices in the Washington, D.C. area that house Headquarters Staff, including long- and short-range planning, construction, and lease management, maintenance, repair, ongoing preventive maintenance, space planning, execution of safety, environmental health, and physical security policies, and the development of appropriate policies, procedures, and technical assistance to support these programs.''

Dated: July 6, 1999.

Paul D. Barnes,

Deputy Commissioner for Human Resources.

[FR Doc. 99–18659 Filed 7–21–99; 8:45 am]

BILLING CODE 4190–29–U

TENNESSEE VALLEY AUTHORITY

Environmental Impact Statement—Tims Ford Reservoir Land Management Plan, Franklin and Moore Counties, Tennessee

AGENCY: Tennessee Valley Authority (TVA).

ACTION: Notice of intent.

SUMMARY: This notice is provided in accordance with the Council on Environmental Quality's regulations (40 CFR parts 1500 to 1508) and TVA's procedures implementing the National Environmental Policy Act. TVA and the Tennessee Department of Environment and Conservation (TDEC), in partnership, will prepare an Environmental Impact Statement (EIS) on alternatives for management and disposition of Tims Ford Reservoir project lands in Franklin and Moore Counties, Tennessee.

DATES: Comments on the scope of the EIS must be received on or before August 31, 1999.

ADDRESSES: Written comments should be sent to Jon M. Loney, Manager, Environmental Management, Tennessee Valley Authority, 400 West Summit Hill Drive, Knoxville, Tennessee 37902–1499.

FOR FURTHER INFORMATION CONTACT: Harold M. Draper, NEPA Specialist, Environmental Management, Tennessee Valley Authority, 400 West Summit Hill Drive, WT 8C, Knoxville, Tennessee 37902–1499; telephone (423) 632–6889 or e-mail hmdraper@tva.gov

SUPPLEMENTARY INFORMATION:

Background

Tims Ford Reservoir has a surface area of 10,600-acres (4,290-hectare) on the Elk River in Franklin and Moore Counties, Tennessee. It was completed in 1970 by TVA for the purposes of flood control, hydroelectric generation, recreation, and economic development. The reservoir is 34 miles (54.7 kilometers) long at full pool. There are approximately 250 miles (400 km) of shoreline and 10,000 acres (4050 ha) of project lands around the impoundment. TVA and TDEC are considering new allocations for approximately 6,200 acres (2510 ha) of this land. The remainder is already committed to project operations and long-term easements.

The Tennessee Elk River Development Agency (TERDA) was created by the Tennessee General Assembly in 1963. The enabling legislation (TCA 64–1–301) that created TERDA states:

The agency is created for the purpose of developing and effectuating plans and programs for comprehensive development including the control and development of the water resources of those portions of the Elk River watershed and integrating plans, programs, and development activities with the overall economic development of the area described.

On May 17, 1966, TVA and TERDA entered into Contract No.TV–27333A to ''engage in a cooperative program of comprehensive, unified resource development for the purpose of fostering the orderly physical, economic, and social development of the Elk River area,'' which included the construction of the Tims Ford Dam and Reservoir. Under that agreement, properties that were voluntarily sold were purchased by the Federal Government for this project in the name of TERDA. Later, those properties below the 895-foot contour were transferred to TVA for reservoir project operations. Those tracts acquired under the power of eminent domain were purchased in the name of the United States Government and remain in the custody of TVA. In September 1980, Contract No. TV–27333A was replaced by Contract No. TV–50000A, which further defined the roles and responsibilities of each party in managing the overall Tims Ford project. In April 1996, the Tennessee General Assembly passed Public Chapter 816 of the Public Acts of 1996, which terminated TERDA and transferred all powers, duties, contractual obligations, functions, and remaining land interests of the agency to TDEC. TDEC was charged with the responsibility of disposing of the remaining land interests.

In February 1998, Contract No. TV–50000A was replaced by Contract No. 98RE2–229151, which redefined the obligations and responsibilities of each party to cooperatively develop a comprehensive Land Management and Disposition Plan. The EIS will evaluate the environmental impacts of implementing this Plan. Under this contract, all portions of project lands must be allocated to specific uses, including TVA project operations, resource protection, resource management, industrial/commercial, recreational, residential, and any other uses deemed desirable by the parties. In addition, the Plan will also determine which portions of such lands should be transferred to or retained by the State; transferred to or retained by TVA or other governmental entities for public purposes; or sold, leased, or otherwise disposed.

The Plan will seek to integrate land and water benefits, provide for optimum public benefit, and balance competing and sometimes conflicting resource use goals. By providing a clear statement of how TVA and TDEC intend to manage land and by identifying land for specific uses, TVA and TDEC hope to balance conflicting uses and facilitate decision making for use of its land. This Plan will be submitted for approval by the TVA Board of Directors and the Tennessee State Building Commission and adopted as policy to provide for long-term land stewardship and accomplishment of TVA responsibilities under the 1933 TVA Act, carry forth the purposes for which Congress approved funding for the Tims Ford project, and fulfill the intent of Public Chapter 816 of the 1996 Tennessee General Assembly.

In developing the plan, it is anticipated that lands currently committed to a specific use would be allocated to that current use unless there is an overriding need to change. Commitments include transfers, easements, leases, licenses, contracts, utilities, outstanding land rights, or developed recreation areas. All lands under TVA and TDEC control would be allocated in the planning process. At this time, TVA anticipates that four alternatives would be analyzed in the EIS. The No Action alternative would be chosen if either or both agencies decline to adopt a jointly-prepared land management and disposition plan. In the absence of a joint plan, TVA and TDEC would proceed with disposition or management of properties on a case-by-case basis, using the scope of the Tims Ford Project as originally set forth and subject to existing laws and policies. TDEC would be guided by Public Chapter 816.

A second alternative would seek to provide a balance of sensitive resource management, natural resource conservation, and development. A third alternative would allocate lands into categories that emphasize maximum development on suitable and capable tracts of land. The fourth alternative would prohibit any new development excluding existing uses. This alternative would deem all lands unsuitable for development and would allocate them for natural resource conservation.

Scoping

TVA and TDEC formally began the environmental review process with a press release on October 2, 1998, announcing a public comment period extending through December 1, 1998 to solicit input and to conduct public scoping meetings. Public meetings were held on November 9, 1998 at Winchester, Tennessee and on

November 10, 1998 at Fayetteville, Tennessee and attended by 181 people. TDEC also requested comments through a website (http://www.state.tn.us/environment/elk/) and requested written comments.

Subsequent to the scoping meetings, the agencies determined that an EIS would allow a better understanding of the impacts of the alternatives. Accordingly, this notice publishes the intent of the agencies to prepare an EIS. Based on the results of the previous scoping, the agencies anticipate that the EIS will include discussion of the potential effects of alternatives on the following resources and issue areas: visual resources, cultural resources, threatened and endangered species, terrestrial ecology, wetlands, recreation, water quality, aquatic ecology, and socioeconomics. Other issues which may be discussed, depending on the potential impacts of the alternatives, include floodplains, prime farmland, and air quality.

TVA is interested in receiving additional comments on the scope of issues to be addressed in the EIS. Written comments on the scope of the EIS should be received on or before August 31, 1999. TVA and TDEC anticipate completing the Draft EIS in the Fall of 1999. An opportunity to review and comment on the draft EIS will be provided at that time.

Dated: July 14, 1999.

Kathryn J. Jackson

Executive Vice President, River System Operations & Environment.

[FR Doc. 99–18760 Filed 7–21–99; 8:45 am]

BILLING CODE 8120–08–P

OFFICE OF THE UNITED STATES TRADE REPRESENTATIVE

[Docket No. WTO/D–170]

WTO Dispute Settlement Proceeding Regarding Canada—Patent Term

AGENCY: Office of the United States Trade Representative.

ACTION: Notice; request for comments.

SUMMARY: The Office of the United States Trade Representative (''USRT'') is providing notice of the request for the establishment of a dispute settlement panel under the Marrakesh Agreement Establishing the World Trade Organization (''WTO''), by the United States, to examine the Canadian Patent Act. In this dispute, the United States alleges that the patent term granted by the Canadian patent Act is inconsistent with obligations of Canada under the Agreement on Trade-Related Aspects of Intellectual Property Rights (''TRIPS Agreement''). The USTR invites written comments from the public concerning the issues raised in this dispute.

DATES: Although the USTR will accept any comments received during the course of the dispute settlement proceedings, comments should be submitted by September 1, 1999, to be assured of timely consideration by the USTR in preparing its first written submission to the panel.

ADDRESSES: Comments may be submitted to Sandy McKinzy, Litigation Assistant, Office of Monitoring and Enforcement, Room 122, Attn: Canada Patent Term Dispute, Office of the United States Trade Representative, 700 17th Street NW, Washington, DC 20508.

FOR FURTHER INFORMATION CONTACT: Geralyn Ritter, Assistant General Counsel, (202) 395–6800.

SUPPLEMENTARY INFORMATION: Pursuant to section 127(b) of the Uruguay Round Agreements (URAA)(19 U.S.C. 3537(b)(1), USTR is providing notice that on July 15, 1999, the United States submitted a request for the establishment of a WTO dispute settlement panel to examine whether the patent term as provided by the Canadian Patent Act is inconsistent with certain provisions of the TRIPS Agreement. The WTO Dispute Settlement Body (''DSB'') will consider the United States' request for the establishment of a panel for the first time on July 26, 1999.

Major Issues Raised and Legal Basis of the Complaint

The TRIPS Agreement obligates all Members of the WTO to grant a term of protection for patents that runs at least until twenty years after the filing date of the underlying application. The TRIPS Agreement also requires each Member to grant this minimum term to all patents existing as of the date of the application of the Agreement to that Member. Canada has been obligated to apply the provisions of the TRIPS Agreement in full since January 1, 1996. However, the Canadian Patent Act provides that the term granted to patents issued on the basis of applications filed before October 1, 1989, is 17 years from the date on which the patent is issued. The United States considers this to be inconsistent with Canada's obligations under Articles 33 and 70 of the TRIPS Agreement.

Public Comment: Requirements for Submissions

Interested persons are invited to submit written comments concerning the issues raised in this dispute. Comments must be in English and provided in fifteen copies to Sandy McKinzy at the address provided above. A person requesting that information contained in a comment submitted by that person be treated as confidential business information must certify that such information is business confidential and would not customarily be released to the public by the submitting person. Confidential business information must be clearly marked ''BUSINESS CONFIDENTIAL'' in a contrasting color ink at the top of each page of each copy.

Informaiton or advice contained in a comment submitted, other than business confidential information, may be determined by the USTR to be confidential in accordance with section 135(g)(2) of the Trade Act of 1974 (19 U.S.C. 2155(g)(2)). If the submitting person believes that information or advice may qualify as such, the submitting person—

(1) Must so designate the information or advice;

(2) Must clearly mark the material as ''SUBMITTED IN CONFIDENCE'' in a contrasting color ink at the top of each page of each copy; and

(3) Is encouraged to provide a non-confidential summary of the information or advice.

Pursuant to section 127(e) of the URAA (19 U.S.C. 3537(e)), the USTR will maintain a file on this dispute settlement proceeding, accessible to the public, in the USTR Reading Room: Room 101, Office of the United States Trade Representative, 600 17th Street, NW., Washington DC 20508.The public file will include a listing of any comments received by the USTR from the public with respect to the proceeding; the U.S. submissions to the panel in the proceeding, the submissions, or non-confidential summaries of submissions, to the panel received from other parties in the dispute, as well as the report of the dispute settlement panel, and, if applicable, the report of the Appellate Body. An appointment to review the public file (Docket WTO/D–170, Canada Patent Term) may be made by calling Brenda Webb, (202) 395–6186. The USTR Reading Room is open to the public from 9:30 a.m. to 12 noon and 1 p.m. to 4 p.m., Monday through Friday.

A. Jane Bradley,

Assistant U.S. Trade Representative for Monitoring and Enforcement.

[FR Doc. 99–18736 Filed 7–21–99; 8:45 am]

BILLING CODE 3190–01–M

DEPARTMENT OF TRANSPORTATION

Federal Aviation Administration

Aviation Rulemaking Advisory Committee; Transport Airplane and Engine issues—New Task

AGENCY: Federal Aviation Administration (FAA), DOT.

ACTION: Notice of new task assignment for the Aviation Rulemaking Advisory Committee (ARAC).

SUMMARY: Notice is given of a new task assigned to and accepted by the Aviation Rulemaking Advisory Committee (ARAC). This notice informs the public of the activities of ARAC.

FOR FURTHER INFORMATION CONTACT: Dorenda Baker, Transport Standards Staff (ANM–110) Federal Aviation Administration, 1601 Lind Avenue, SW., Renton, WA 98055–4056; phone (425) 227–2109; fax (425) 227–1320.

SUPPLEMENTARY INFORMATION:

Background

The FAA has established an Aviation Rulemaking Advisory Committee to provide advice and recommendations to the FAA Administrator, through the Associate Administrator for Regulation and Certification, on the full range of the FAA's rulemaking activities with respect to aviation-related issues. This includes obtaining advice and recommendations on the FAA's commitment to harmonize its Federal Aviation Regulations (FAR) and practices with its trading partners in Europe and Canada.

One area ARAC deals with is Transport Airplane and Engine Issues. These issues involve the airworthiness standards for transport category airplanes and engines in 14 CFR parts 25, 33, and 35 and parallel provisions in 14 CFR parts 121 and 135.

The Task

This notice is to inform the public that the FAA has asked ARAC to provide advice and recommendation on the following harmonization task:

Task: Flight Crew Error/Flight Crew Performance Considerations in the Flight Deck Certification Process

Step 1. Review relevant existing material (FAR/JAR 25 regulations, advisory material, policy, and related references) and make recommendations about what regulatory standards and/or advisory material should be updated or developed to consistently address design-related flight crew performance vulnerabilities, and prevention and management (detection, tolerance, and recovery) of flight crew error. This review should be accomplished in the context of both the Type Certification and Supplemental type Certification processes.

Step 2. Based on results of the Step 1 review, recommend new advisory material to address design-related vulnerabilities of flight crew performance and the management of flight crew error.

Step 3. Recommend (or plan for the development of) new regulatory material to address design-related vulnerabilities of flight crew performance and the management of flight crew error. If rulemaking is not recommended, provide reasons and propose non-rulemaking alternatives.

Step 4. Recommend an implementation plan for products of Steps 1–3, and develop Terms of Reference for fulfilling the plan.

Step 5. During accomplishment of these steps, identify implications for qualification and operations for communication to appropriate groups.

The FAA requests that ARAC draft appropriate regulatory documents with supporting economic and other required analyses, and any other related guidance material or collateral documents to support its recommendations. If the resulting recommendation is one or more notices of proposed rulemaking (NPRM) published by the FAA, the FAA may ask ARAC to recommend disposition of any substantive comments the FAA receives.

An interim report responding to the first three steps would be required from the ARAC working group within 18 months. The entire project shall be completed within 36 months of tasking.

ARAC Acceptance of Task

ARAC has accepted the task and has chosen to establish a new Human Factors Harmonization Working Group. The working group will serve as staff to ARAC to assist ARAC in the analysis of the assigned task. Working group recommendations must be reviewed and approved by ARAC. If ARAC accepts the working group's recommendations, it forwards them to the FAA as ARAC recommendations.

Working Group Activity

The Human Factors Harmonization Working Group is expected to comply with the procedures adopted by ARAC. As part of the procedures, the working group is expected to:

1. Recommend a work plan for completion of the task, including the rationale supporting such a plan, for consideration at the meeting of ARAC to consider transport airplane and engine issues held following publication of this notice.

2. Give a detailed conceptual presentation of the proposed recommendations, prior to proceeding with the work stated in item 3 below.

3. Draft appropriate regulatory documents with supporting economic and other required analyses, and/or any other related guidance material or collateral documents the working group determines to be appropriate; or, if new or revised requirements or compliance methods are not recommended, a draft report stating the rationale for not making such recommendations. If the resulting recommendation is one or more notices of proposed rulemaking (NPRM) published by the FAA, the FAA may ask ARAC to recommend disposition of any substantive comments the FAA receives.

4. Provide a status report at each meeting of ARAC held to consider transport airplane and engine issues.

Participation in the Working Group

The Human Factors Harmonization Working Group will be composed of technical experts having an interest in the assigned task. A working group member need not be a representative of a member of the full committee.

An individual who has expertise in the subject matter and wishes to become a member of the working group should write to the person listed under the caption **FOR FURTHER INFORMATION CONTACT** expressing that desire, describing his or her interest in the task, and stating the expertise he or she would bring to the working group. All requests to participate must be received no later than *Sept. 17, 1999.* The requests will be reviewed by the assistant chair and the assistant executive director, and the individuals will be advised whether or not the request can be accommodated.

Individuals chosen for membership on the working group will be expected to represent their aviation community segment and participate actively in the working group (e.g., attend all meetings, provide written comments when requested to do so, etc.). They also will be expected to devote the resources necessary to ensure the ability of the working group to meet any assigned deadline(s). Members are expected to keep their management chain advised of working group activities and decisions to ensure that the agreed technical solutions do not conflict with their sponsoring organization's position when the subject being negotiated is presented to ARAC for a vote.

Once the working group has begun deliberations, members will not be

added or substituted without the approval of the assistant chair, the assistant executive director, and the working group chair.

The Secretary of Transportation has determined that the formation and use of ARAC are necessary and in the public interest in connection with the performance of duties imposed on the FAA by law.

Meetings of ARAC will be open to the public. Meetings of the Human Factors Harmonization Working Group will not be open to the public, except to the extent that individuals with an interest and expertise are selected to participate. No public announcement of working group meetings will be made.

Issued in Washington, DC, on July 14, 1999.

Ida M. Klepper,

Acting Executive Director Aviation Rulemaking Advisory Committee.

[FR Doc. 99–18718 Filed 7–21–99; 8:45 am]

BILLING CODE 4910–13–M

DEPARTMENT OF TRANSPORTATION

Federal Aviation Administration

RTCA, Inc.; Government/Industry Free Flight Steering Committee

Pursuant to section 10(a)(2) of the Federal Advisory Committee Act (P.L. 92–463, 5 U.S.C., Appendix 2), notice is hereby given for an RTCA Government/Industry Free Flight Steering Committee meeting to be held August 12, 1999, starting at 1:00 p.m. The meeting will be held at the Federal Aviation Administration, 800 Independence Avenue, SW., Washington, DC 20591, in the Bessie Coleman Conference Center, Room 2AB (second floor).

The agenda will include: (1) Welcome and Opening Remarks; (2) Review of Summary of the Previous Meeting; (3) Report from FAA Office of Communications, Navigation, Surveillance on: (a) CPDLC Build I Program Risks and Mitigation Strategies and (b) Safe Flight 21, Ohio Valley Demonstration Update; (4) Report and Recommendations from the Free Flight Select Committee; (5) Other Business; (6) Date and Location of Next Meeting; (7) Closing Remarks.

Attendance is open to the interested public but limited to space availability. With the approval of the co-chairmen, members of the public may present oral statements at the meeting. Persons wishing to present statements or obtain information should contact the RTCA, Inc., at (202) 833–9339 (phone), (202) 833–9434 (facsimile), or dclarke@rtca.org (e-mail).

Members of the public may present a written statement at any time.

Issued in Washington, DC, on July 16, 1999.

Janice L. Peters,

Designated Official.

[FR Doc. 99–18717 Filed 7–21–99; 8:45 am]

BILLING CODE 4910–13–M

DEPARTMENT OF TRANSPORTATION

National Highway Traffic Safety Administration

[Docket No. NHTSA–99–5930]

RIN 2127–AE95

Federal Motor Vehicle Safety Standards; Occupant Crash Protection; Review: Passenger Car Back Seat Occupant Protection; Evaluation Report

AGENCY: National Highway Traffic Safety Administration (NHTSA), Department of Transportation.

ACTION: Request for comments on technical report.

SUMMARY: This notice announces the publication by NHTSA of a Technical Report concerning Safety Standard 208, Occupant Crash Protection, specifically the back seat lap/shoulder belt requirement. The report's title is the Effectiveness of Lap/Shoulder Belts in the Back Outboard Seating Positions. The primary objective of this report is to evaluate the effectiveness of lap/shoulder belts for back seat outboard occupants and whether they are more effective than lap belts for these occupants. Other objectives are to determine whether lap belts are effective, whether lap belts are harmful to back seat belt users in specific crash modes, and whether lap/shoulder belts correct the problems found with lap belts.

DATES: Comments must be received no later than November 19, 1999.

ADDRESSES:

Report: Interested people may obtain copies of the reports free of charge by sending a self-addressed mailing label to Publications Ordering and Distribution Services (NAD–51), National Highway Traffic Safety Administration, 400 Seventh Street, SW, Washington, DC 20590.

Comments: All comments should refer to the docket number of this notice and be submitted to: U. S. Department of Transportation Dockets, Room PL–401, Nassif Building, 400 Seventh Street, SW, Washington DC 20590. [Docket hours, 10:00 a.m.–5:00 p.m., Monday through Friday.]

FOR FURTHER INFORMATION CONTACT: Charles J. Kahane, Chief, Evaluation Division, Plans and Policy, National Highway Traffic Safety Administration, Room 5208, 400 Seventh Street, SW, Washington, DC 20590 (202–366–2560).

SUPPLEMENTARY INFORMATION: Back seat outboard lap/shoulder belts were first required in passenger cars after December 11, 1989 and in convertible passenger cars, light trucks, vans, and sport utility vehicle after September 1, 1991. Before this, passenger vehicles were required to have at least lap belts at all forward-facing rear outboard seating positions, lap/shoulder belts were optional.

Pursuant to the Government Performance and Results Act of 1993 and Executive Order 12866 (58 FR 51735), NHTSA reviews existing regulations to determine if they are achieving policy goals. Most of the analyses in this report are based on Fatality Analysis Reporting System (FARS) data from 1988 through the first six months of 1997. The primary analysis compares the fatality risk for back seat outboard belted occupants (lap or lap/shoulder belted) to the corresponding risk for unbelted occupants, as well as the fatality risk for lap/shoulder belted occupants to the risk for lap belted occupants. Fatality risk is the ratio of fatalities in the back seat to fatalities in the front seat (a control group). This procedure of comparing a subject group to a control group is called ''double pair comparison.''

The principal conclusions are: back seat lap belts are 32 percent effective in reducing fatalities and lap/shoulder belts are 44 percent effective in reducing fatalities when compared to unrestrained back seat occupants in passenger cars. In passenger vans and sport utility vehicles, lap belts are 63 percent effective and lap/shoulder belts are 73 percent effective. The change from lap to lap/shoulder belts has significantly enhanced occupant protection, especially in frontal crashes. In all crashes, lap/shoulder belts are 15 percent more effective than lap belts alone. In frontal crashes, lap/shoulder belts are 25 percent more effective than lap belts alone. Back seat lap belts reduce the risk of head injuries while increasing the risk of abdominal injuries in potentially fatal frontal crashes. Lap/shoulder belts reduce the risk of both head and abdominal injuries in potentially fatal frontal crashes relative to lap belts only: head injuries by 47 percent and abdominal injuries by 52 percent.

NHTSA welcomes public review of the technical report and invites the reviewers to submit comments about the data and the statistical methods used in the report. The agency is interested in learning of any additional data or information that could be used to expand or improve the analyses.

If a commenter wishes to submit certain information under a claim of confidentiality, three copies of the complete submission, including purportedly confidential business information, should be submitted to the Chief Counsel, NHTSA, at the street address given above, and 2 copies from which the purportedly confidential information has been deleted should be submitted to the Docket Section. A request for confidentiality should be accompanied by a cover letter setting forth the information specified in the agency's confidential business information regulation. (49 CFR Part 512).

All comments received before the close of business on the comment closing date will be considered, and will be available for examination in the docket at the above address both before and after that date. To the extent possible, comments filed after the closing date will also be considered. The NHTSA will continue to file relevant information as it becomes available in the docket after the closing date, and it is recommended that interested people continue to examine the docket for new material.

People desiring to be notified upon receipt of their comments in the rules docket should enclose a self-addressed, stamped postcard in the envelope with their comments. Upon receiving the comments, the docket supervisor will return the postcard by mail.

Authority: 49 U.S.C. 30111, 30168; delegation of authority at 49 CFR 1.50 and 501.8.

William H. Walsh,

Associate Administrator for Plans and Policy.

[FR Doc. 99–18671 Filed 7–21–99; 8:45 am]

BILLING CODE 4910–59–P

DEPARTMENT OF TRANSPORTATION

Surface Transportation Board

[STB Docket No. MC–F–20948]

Stagecoach Holdings plc—Control—Coach USA, Inc., et al.

AGENCY: Surface Transportation Board.

ACTION: Notice tentatively approving finance application.

SUMMARY: Stagecoach Holdings plc (Stagecoach), a noncarrier that does not control any U.S. carriers, filed an application under 49 U.S.C. 14303 to acquire control of Coach USA, Inc. (Coach), a noncarrier; its 7 noncarrier regional management subsidiaries (the management companies);[1] and the 79 motor passenger subsidiaries (the operating carriers) controlled by Coach through the management companies. Persons wishing to oppose the application must follow the rules under 49 CFR 1182.5 and 1182.8.[2] The Board has tentatively approved the transaction, and, if no opposing comments are timely filed, this notice will be the final Board action.

DATES: Comments must be filed by September 7, 1999. Applicants may file a reply by September 20, 1999. If no comments are filed by September 7, 1999, this notice is effective on that date.

ADDRESSES: Send an original and 10 copies of any comments referring to STB Docket No. MC–F–20948 to: Surface Transportation Board, Office of the Secretary, Case Control Unit, 1925 K Street, NW, Washington, DC 20423–0001. In addition, send one copy of comments to applicants' representatives: William C. Sippel, Oppenheimer Wolff & Donnelly (Illinois), Two Prudential Plaza, 45th Floor, 180 North Stetson Avenue, Chicago, IL 60601–6710; and Betty Jo Christian, Steptoe & Johnson LLP, 1330 Connecticut Avenue, N.W., Washington, DC 20036.

FOR FURTHER INFORMATION CONTACT: Beryl Gordon, (202) 565–1600. [TDD for the hearing impaired: (202) 565–1695.]

SUPPLEMENTARY INFORMATION: Stagecoach is a public limited company organized under the laws of Scotland with no bus or other transportation interests in the United States. With operations in eight other countries, however, Stagecoach is one of the world's largest providers of passenger transportation services.[3] It had annual revenues for the fiscal year ending April 30, 1999, of $2.475 billion.

Coach is a Delaware corporation that controls the operating carriers[4] through the management companies. Coach also controls several non-federally regulated bus, van, and taxicab companies.[5]

Stagecoach has formed two wholly owned subsidiaries for the purpose of

[1] The management companies are: Coach USA North Central, Inc.; Coach USA Northeast, Inc.; Coach USA South Central, Inc.; Coach USA Southeast, Inc.; Coach USA West, Inc.; Coach Canada, Inc.; and Yellow Cab Service Corporation.

[2] Revised procedures governing finance applications filed under 49 U.S.C. 14303 were adopted in *Revisions to Regulations Governing Finance Applications Involving Motor Passenger Carriers*, STB Ex Parte No. 559 (STB served Sept. 1, 1998).

[3] Stagecoach's principal business consists of divisions that provide significant bus and rail passenger services in the United Kingdom, and an overseas division that operates buses in Scandinavia, Hong Kong, New Zealand, Portugal, Australia, and China.

[4] Air Travel Transportation, Inc. (MC–166420); Airlines Acquisition Co., Inc. (MC–223575); Airport Bus of Bakersfield (MC–163191); Airport Limousine Service, Inc. (MC–315702); America Charters, Ltd. (MC–153814); ASTI, Inc. (MC–252353); Americoach Tours, Ltd. (MC–212649); Antelope Valley Bus, Inc. (MC–125057); Arrow Line, Inc. (MC–1934); Arrow Stage Lines, Inc. (MC–29592); Autocar Connaisseur, Inc. (MC–166643); Bayou City Coaches, Inc. (MC–245246); Black Hawk-Central City Ace Express, Inc. (MC–273611); Blue Bird Coach Lines, Inc. (MC–108531); Bonanza Bus Lines, Inc. (MC–13028); Browder Tours, Inc. (MC–236290); Brunswick Transportation Company d/b/a The Maine Line (MC–109495); Butler Motor Transit, Inc. (MC–126876); California Charters, Inc. (MC–241211); Cape Transit Corp. (MC–161678); Central Cab Company (MC–133058); Chenango Valley Bus Lines, Inc. (MC–141324); Clinton Avenue Bus Company (MC–223062); Colonial Coach Corp. (MC–39491); Community Coach, Inc. (MC–76022); Community Transit Lines, Inc. (MC–145548); Desert Stage Lines, Inc. (MC–140919); El Expreso, Inc. (MC–244195); Erie Coach Lines Company (MC–127027); Gad-About Tours, Inc. (MC–198451); GL Bus Lines, Inc. (MC–180074); Gray Line Air Shuttle, Inc. (MC–218255); Gray Line New York Tours, Inc. (MC–180229); Gray Line Tours of Southern Nevada (MC–127564); Grosvenor Bus Lines, Inc. (MC–157317); Gulf Coast Transportation, Inc. (MC–201397); H.A.M.L. Corp. (MC–195792); Hudson Transit Corporation (MC–133403); Hudson Transit Lines, Inc. (MC–228); International Bus Services, Inc. (MC–155937); Kansas City Executive Coach, Inc. (MC–203805); Keeshin Charter Services, Inc. (MC–118044); Keeshin Transportation, LP (MC–263222); Kerrville Bus Company, Inc. (MC–27530); K-T Contract Services, Inc. (MC–218583); Leisure Time Tours, Inc. (MC–142011); Metro Cars, Inc. (MC–276823); Mini Coach of Boston (MC–231090); Mountaineer Coach, Inc. (MC–229627); Niagara Scenic Bus Lines, Inc. (MC–30787); Olympia Trails Bus Co., Inc. (MC–138146); Orange, Newark, Elizabeth Bus, Inc. (MC–206227); P&S Transportation, Inc. (MC–255382); Pawtuxet Valley Bus Lines (MC–115432); PCSTC, Inc. (MC–184852); Pittsburgh Transportation Charter Services, Inc. (MC–319195); Powder River Transportation Services, Inc. (MC–161531); Progressive Transportation Services, Inc. (MC–247074); Red & Tan Charter, Inc. (MC–204842); Red & Tan Tours (MC–162174); Rockland Coaches, Inc. (MC–29890); Ross Tours, Inc. (MC–175674); Salt Lake Coaches, Inc. (MC–347528); Stardust Tours, Inc. d/b/a Gray Line Tours of Memphis (MC–318341); Suburban Management Corp. (MC–264527); Suburban Trails, Inc. (MC–149081); Suburban Transit Corp. (MC–115116); Syracuse and Oswego Coach Lines, Inc. (MC–117805); Texas Bus Lines, Inc. (MC–37640); Tippett Travel, Inc. d/b/a Marie's Charter Bus Lines (MC–174043); Transportation Management Services, Inc. (MC–237433); Trentway-Wagar, Inc. (MC–126430); Tucker Transportation Co., Inc. (MC–223424); Utica-Rome Bus Co., Inc. (MC–7914); Valen Transportation, Inc. (MC–212398); Van Nortwick Bros., Inc. (MC–149025); Wisconsin Coach Lines, Inc. (MC–123432); Worthen Van Service, Inc. (MC–142573); and 2948–7238 Quebec, Inc. d/b/a Visite Touristique de Quebec (MC–302514).

[5] The appropriate filing has been made under the Hart-Scott-Rodino Antitrust Improvements Act of 1976, 15 U.S.C. 18a, with respect to that portion of the transaction that involves Stagecoach's control of non-federally regulated entities.

effectuating the proposed transaction: SCH Holdings Corp. (Holdings); and SCH Acquisition Corp. (Acquisition), a wholly owned subsidiary of Holdings. Both of these companies are Delaware corporations, with no interest in any regulated carrier. Pursuant to an agreement among Stagecoach, Holdings, Acquisition, and Coach, Holdings has undertaken a cash tender offer for up to all of the outstanding shares of Coach. Upon satisfaction of certain conditions and completion of the tender offer, Acquisition will be merged with and into Coach, with Coach as the surviving entity. Coach will then be merged with and into Holdings, with Holdings as the surviving entity, and, upon completion of that merger, the name of Holdings will be changed to Coach USA, Inc. If more than 80% of the stock of Coach is tendered in response to the tender offer, the first of these mergers may be unnecessary.[6] After completion of these mergers, Coach will be a subsidiary of Stagecoach.[7] The transaction will not result in any transfer of operating authority held by any of the operating carriers or in any change in the essential nature of the services provided by those carriers. The management of Coach is expected to remain largely in place, and Stagecoach does not currently plan to change the manner in which Coach is operated.

Applicants submit that granting the application will be consistent with the public interest and will have no adverse effects on the adequacy of transportation to the public, fixed charges, or the interests of employees. Applicants also submit that the proposed transaction will have no adverse effect on competition, because it will not result in the consolidation of any currently independent motor passenger carriers. On the contrary, applicants believe that the transaction will significantly benefit the traveling public and employees through efficiency savings and innovations that will result from the combination of the financial and management resources of Stagecoach and Coach. Specifically, it is anticipated that by providing Coach access to Stagecoach's significant resources and global transportation management expertise, the transaction will enable Coach to expand its carrier acquisition program and to improve the level and amount of services already offered to the operating carriers. Further, it is anticipated that fixed charges may be reduced as a result of Stagecoach's ability to refinance Coach's existing debt on more favorable terms. Each of these benefits, applicants contend, will translate into benefits for the traveling public in the form of improved and more competitive bus services.

Applicants state that Coach and its subsidiaries will continue to observe current collectively bargained agreements and that no layoffs are anticipated as a consequence of the transaction.

Applicants certify that: (1) The aggregate gross operating revenues from interstate operations of the operating companies exceeded $2 million during the 12-month period ending December 31, 1998; (2) none of the operating carriers holds an unsatisfactory safety rating from the U.S. Department of Transportation; (3) each has sufficient liability insurance; (4) none of the parties is domiciled in Mexico nor owned or controlled by persons of that country; and (5) approval of the transaction will not significantly affect either the quality of the human environment or the conservation of energy resources. Additional information may be obtained from the applicants' representatives.

Under 49 U.S.C. 14303(b), we must approve and authorize a transaction we find consistent with the public interest, taking into consideration at least: (1) The effect of the transaction on the adequacy of transportation to the public; (2) the total fixed charges that result; and (3) the interest of affected carrier employees.

On the basis of the application, we find that the proposed acquisition of control is consistent with the public interest and should be authorized. If any opposing comments are timely filed, this finding will be deemed to be vacated and, unless a final decision can be made on the record as developed, a procedural schedule will be adopted to reconsider the application.[8] If no opposing comments are filed by the expiration of the comment period, this decision will take effect automatically and will be the final Board action.

Board decisions and notices are available on our website at WWW.STB.DOT.GOV.''

This decision will not significantly affect either the quality of the human environment or the conservation of energy resources.

It is ordered:

1. The proposed acquisition of control is approved and authorized, subject to the filing of opposing comments.

2. If timely opposing comments are filed, the findings made in this decision will be deemed as having been vacated.

3. This decision will be effective on September 7, 1999, unless timely opposing comments are filed.

4. A copy of this notice will be served on: (1) The U.S. Department of Justice, Antitrust Division, 10th Street & Pennsylvania Avenue, NW, Washington, DC 20530; and (2) the US Department of Transportation, Office of Motor Carriers-HIA 30, 400 Virginia Avenue, SW, Suite 600, Washington, DC 20004.

Decided: July 15, 1999.

By the Board, Chairman Morgan, Vice Chairman Clyburn, and Commissioner Burkes.

Vernon A. Williams,

Secretary.

[FR Doc. 99–18745 Filed 7–21–99; 8:45 am]

BILLING CODE 4915–00–P

[6] Applicants have indicated that the structure of the transaction may be altered as future circumstances warrant. For example, an additional holding company or U.S. limited partnership may be placed in the corporate chain between Stagecoach and Coach. Applicants have requested that the control authority granted herein include any such intermediate entities. Applicants have represented that any such change will not affect the material terms of the transaction, and that they will inform the Board of any changes in the present arrangement.

[7] Pending Board action on this application, the stock will be held in independent voting trusts.

[8] Under revised 49 CFR 1182.6(c), a procedural schedule will not be issued if we are able to dispose of opposition to the application on the basis of comments and the reply.

DEPARTMENT OF TRANSPORTATION

Surface Transportation Board

[STB Finance Docket No. 33775]

Delaware and Hudson Railway Company, Inc.—Trackage Rights Exemption—Metro North Commuter Railroad Company

Metro-North Commuter Railroad Company (Metro-North) has agreed to grant full service trackage rights to Delaware and Hudson Railway Company, Inc. (D&H), over Metro-North's rail line between CP7 near High Bridge, NY, at approximately milepost 6.6 in Bronx County, NY, and CP75 north of Poughkeepsie, NY, at approximately milepost 75.8 in Dutchess County, NY, a distance of 69.2 miles.[1] The scope of these rights and their terms were established by the Board in *CSX Corporation and CSX Transportation, Inc., Norfolk Southern Corporation and Norfolk Southern Railway Company—Control and Operating Leases/Agreements—Conrail Inc. and Consolidated Rail Corporation,* STB Finance Docket No. 33388 *et al.,*

[1] A redacted version of the trackage rights agreement between Metro-North and D&H was filed with the notice of exemption. The full version of the agreement, as required by CFR 1180.6(a)(7)(ii), was concurrently filed under seal along with a motion for a protective order, which is being addressed in a separate decision.

Decision Nos. 109 and 123 (STB served December 18, 1998 and May 20, 1999).

The transaction was scheduled to be consummated on or after July 6, 1999, the effective date of the exemption (7 days after the exemption was filed).

The purpose of the trackage rights is to enhance rail competition for movements of traffic on the east side of the Hudson River.

As a condition to this exemption, any employees affected by the trackage rights will be protected by the conditions imposed in *Norfolk and Western Ry. Co.—Trackage Rights—BN*, 354 I.C.C. 605 (1978), as modified in *Mendocino Coast Ry., Inc.—Lease and Operate*, 360 I.C.C. 653 (1980).

This notice is filed under 49 CFR 1180.2(d)(7). If it contains false or misleading information, the exemption is void *ab initio.* Petitions to revoke the exemption under 49 U.S.C. 10502(d) may be filed at any time. The filing of a petition to revoke will not automatically stay the transaction.

An original and 10 copies of all pleadings, referring to STB Finance Docket No. 33775, must be filed with the Surface Transportation Board, Office of the Secretary, Case Control Unit, 1925 K Street, NW, Washington, DC 20423–0001. In addition, one copy of each pleading must be served on Eric Von Salzen, Hogan & Hartson L.L.P., 555 Thirteenth Street, NW, Washington, DC 20004–1109.

Board decisions and notices are available on our website at ''WWW.STB.DOT.GOV.''

Decided: July 16, 1999.

By the Board, David M. Konschnik, Director, Office of Proceedings.

Vernon A. Williams,

Secretary.

[FR Doc. 99–18746 Filed 7–21–99; 8:45 am]

BILLING CODE 4915–00–P

DEPARTMENT OF THE TREASURY

Submission for OMB Review; Comment Request

July 15, 1999.

The Department of Treasury has submitted the following public information collection requirement(s) to OMB for review and clearance under the Paperwork Reduction Act of 1995, Public Law 104–13. Copies of the submission(s) may be obtained by calling the Treasury Bureau Clearance Officer listed. Comments regarding this information collection should be addressed to the OMB reviewer listed and to the Treasury Department Clearance Officer, Department of the Treasury, Room 2110, 1425 New York Avenue, NW., Washington, DC 20220.

DATES: Written comments should be received on or before August 23, 1999 to be assured of consideration.

Internal Revenue Service (IRS)

OMB Number: 1545–1398.

Form Number: IRS Form 9620.

Type of Review: Extension.

Title: Race and National Origin Identification.

Description: Form 9620 is an optically scannable form that is used to collect race and national origin data on all IRS employees and new hires. The form is a valuable tool in allowing the IRS to meet its diversity/EEO goals and as a component of its referral and tracking system and recruitment program.

Respondents: Individuals or households, Federal Government.

Estimated Number of Respondents: 50,000.

Estimated Burden Hours Per Respondent: 3 minutes.

Frequency of Response: Semi-annually, Annually.

Estimated Total Reporting Burden: 2,500 hours.

Clearance Officer: Garrick Shear, Internal Revenue Service, Room 5244, 1111 Constitution Avenue, NW, Washington, DC 20224.

OMB Reviewer: Alexander T. Hunt (202) 395–7860, Office of Management and Budget, Room 10202, New Executive Office Building, Washington, DC 20503.

Dale A. Morgan,

Departmental Reports, Management Officer.

[FR Doc. 99–18669 Filed 7–21–99; 8:45 am]

BILLING CODE 4830–01–P

DEPARTMENT OF THE TREASURY

Submission for OMB Review; Comment Request

July 15, 1999.

The Department of Treasury has submitted the following public information collection requirement(s) to OMB for review and clearance under the Paperwork Reduction Act of 1995, Public Law 104–13. Copies of the submission(s) may be obtained by calling the Treasury Bureau Clearance Officer listed. Comments regarding this information collection should be addressed to the OMB reviewer listed and to the Treasury Department Clearance Officer, Department of the Treasury, Room 2110, 1425 New York Avenue, NW., Washington, DC 20220.

DATES: Written comments should be received on or before August 23, 1999 to be assured of consideration.

Internal Revenue Service (IRS)

OMB Number: 1545–1501.

Form Number: IRS Form W–4V.

Type of Review: Extension.

Title: Voluntary Withholding Request.

Description: If an individual receives any of the following government payments, he/she may voluntarily complete Form W–4V to request that the payer withhold Federal Income tax. Those payments are unemployment compensation, social security benefits, tier I railroad retirement benefits, Commodity Credit Corporation loans or certain crop disaster payments under the Agricultural Act of 1949 or title II of the Disaster Assistance Act of 1988.

Respondents: Individuals or households, Farms.

Estimated Number of Respondents/ Recordkeepers: 19,700,000.

Estimated Burden Hours Per Respondent/Recordkeeper:

Recordkeeping—7 min.
Learning about the law or the form—5 min.
Preparing the form—7 min.
Copying, assembling, and sending the form to the Payer—10 min.

Frequency of Response: On occasion.

Estimated Total Reporting/ Recordkeeping Burden: 9,653,000 hours.

Clearance Officer: Garrick Shear, Internal Revenue Service, Room 5244, 1111 Constitution Avenue, NW, Washington, DC 20224.

OMB Reviewer: Alexander T. Hunt (202) 395–7860, Office of Management and Budget, Room 10202, New Executive Office Building, Washington, DC 20503.

Dale A. Morgan,

Departmental Reports Management Officer.

[FR Doc. 99–18670 Filed 7–21–99; 8:45 am]

BILLING CODE 4830–01–P

DEPARTMENT OF THE TREASURY

Fiscal Service

Surety Companies Acceptable on Federal Bonds: Folksamerica Reinsurance Company

AGENCY: Financial Management Service, Fiscal Service, Department of the Treasury.

ACTION: Notice.

SUMMARY: This is Supplement No. 1 to the Treasury Department Circular 570; 1999 Revision, published July 1, 1999, at 64 FR 35864.

FOR FURTHER INFORMATION CONTACT: Surety Bond Branch at (202) 874–6779.

SUPPLEMENTARY INFORMATION: The above mentioned company was listed in 64 FR

35895, July 1, 1999, as an acceptable reinsuring company on Federal bonds. Federal bond-approving officers are hereby notified that FOLKSAMERICA REINSURANCE COMPANY is now an acceptable surety on Federal bonds. Please annotate your reference copy of the Treasury Circular 570, 1999 revision, on page 35875 to reflect the following information:

FOLKSAMERICA REINSURANCE COMPANY. BUSINESS ADDRESS: One Liberty Plaza, New York, NY 10006. PHONE: (212) 312–2500. UNDERWRITING LIMITATION [b]: $32,850,000. SURETY LICENSES [f] [c]: AL, AZ, AR, DC, IL, IN, IA, MS, MT, NE, NM, NY, OH, OK, OR, PA, TX, UT, WI. INCORPORATED IN: New York.

Certificates of Authority expire on June 30 each year, unless revoked prior to that date. The Certificates are subject to subsequent annual renewal as long as the companies remain qualified (31 CFR part 223). A list of qualified companies is published annually as of July 1 in Treasury Department Circular 570, with details as to underwriting limitations, areas in which licensed to transact surety business and other information.

The Circular may be viewed and downloaded through the Internet at http://www.fms.treas.gov/c570/index.html or a hard copy may be purchased from the Government Printing Office (GPO), Subscription Service Washington, DC, telephone (202) 512–1800. When ordering the Circular from GPO, use the following stock number: 048000–00527–6.

Questions concerning this Notice may be directed to the U.S. Department of the Treasury, Financial Management Service, Financial Accounting & Services Division, Surety Bond Branch, 3700 East-West Highway, Room 6A04, Hyattsville, MD 20782.

Dated: July 15, 1999.

Michael C. Salapka,

Acting Director, Financial Accounting and Services Division, Financial Management Service.

[FR Doc. 99–18747 Filed 7–21–99; 8:45 am]

BILLING CODE 4810–35–M

DEPARTMENT OF THE TREASURY

Internal Revenue Service

Tax Exempt Advisory Committee

AGENCY: Internal Revenue Service (IRS), Treasury.

ACTION: Notice of intent to establish committee; request for nominations and comments.

SUMMARY: The Internal Revenue Service (IRS) proposes to establish the Tax Exempt Advisory Committee (TEAC). The purpose of TEAC is to provide an organized public forum for discussion of relevant employee plans, exempt organizations, tax-exempt bonds, and state, local and tribal government issues between officials of the IRS and representatives of the above communities; to enable the IRS to receive regular input with respect to the development and implementation of IRS policy concerning employee plans, exempt organizations, tax-exempt bonds, and state, local, and tribal government issues, and to enable the IRS to receive suggestions and constructive criticism with respect to the transformation of the IRS' existing Employee Plans/Exempt Organizations entity into the new Tax Exempt and Government Entities Division. This document seeks nominations of individuals to be considered for selection as TEAC members. Comments are requested on categories of membership and duties of the committee.

DATES: Written nominations must be received on or before September 20, 1999.

ADDRESSES: Nominations should be sent to Mr. Steven T. Miller, Acting Assistant Commissioner (EP/EO), Internal Revenue Service, 1111 Constitution Avenue, NW., Washington, DC 20224–0001, Attn: TEAC Nominations.

FOR FURTHER INFORMATION CONTACT: Ms. Toni Moore, (202) 622–6700 (not a toll-free number).

SUPPLEMENTARY INFORMATION: Pursuant to the Federal Advisory Committee Act, Public Law 92–463, 86 Stat. 770, notice is hereby given that the Secretary of the Treasury intends to establish the Tax Exempt Advisory Committee, hereafter referred to as TEAC. The purpose of TEAC is to provide an organized public forum for discussion of relevant employee plans, exempt organizations, tax-exempt bonds, and state, local and tribal government issues between officials of the IRS and representatives of the above communities; to enable the IRS to receive regular input with respect to the development and implementation of IRS policy concerning these communities; and to enable the IRS to receive suggestions and constructive criticism with respect to the transformation of the IRS' existing Employee Plans/Exempt Organizations entity into the new Tax Exempt and Government Entities Division. TEAC members will present in an organized and constructive fashion the interested public's observations about current or proposed IRS policies, programs, and procedures, and will suggest improvements.

The Secretary of the Treasury has determined that the work of TEAC is in the public interest in view of the size and importance of the tax-exempt and governmental sectors of the economy. The Assistant Commissioner (EP/EO), or her functional successor, the Commissioner, Tax Exempt and Government Entities Division, will be the Sponsoring Official and Chairperson of TEAC. Staff support essential to the execution of TEAC's responsibilities will be provided by the Office of the Assistant Commissioner (EP/EO), or its functional successor, the Office of the Commissioner, Tax Exempt and Government Entities Division.

TEAC members shall be appointed by the Secretary of the Treasury and shall serve for two-year terms. Committee members may serve not more than two consecutive terms. TEAC shall be comprised of not to exceed twenty-one (21) members. It is anticipated that working groups will be established to address such issues as employee plans, exempt organizations, tax exempt bonds, and issues relating to state, local and tribal governments. TEAC members will not be paid for their time or services. TEAC members will be reimbursed for their travel-related expenses to attend at least one public meeting per year, in accordance with 5 U.S.C. § 5703. TEAC members, their employers, or their sponsoring organizations will be responsible for travel-related expenses related to any scheduled working sessions.

The Secretary of the Treasury invites those individuals, organizations, and groups affiliated with employee plans, exempt organizations, tax-exempt bonds, and state, local or tribal governments, to nominate individuals for membership on TEAC. Nominations should describe and document the proposed member's qualifications for membership on TEAC. The Secretary seeks a diverse group of members representing a broad spectrum of persons interested in employee plans, exempt organizations, tax-exempt bonds, and state, local and tribal governments.

The IRS will not acknowledge receipt of nominations. However, individuals who are nominated will be contacted. Thereafter, biographical information must be completed and returned to the Acting Assistant Commissioner (EP/EO) within fifteen (15) working days of its receipt, to expedite the clearance process that is required before selection by the Secretary of the Treasury. The clearance process includes, among other things, pre-appointment and annual tax

checks, and a Federal Bureau of Investigation criminal and subversive name check and a security clearance.

Equal opportunity practices will be followed in all appointments to TEAC in accordance with Treasury and IRS policies. To ensure that the recommendations of TEAC have taken into account the needs of the diverse groups served by the Department of the Treasury and the Employee Plans/Exempt Organizations entity, or its functional successor, membership shall include, to the extent practicable, individuals with demonstrated ability to represent minorities, women, and persons with disabilities.

Dated: July 15, 1999.

Steven T. Miller,

Acting Assistant Commissioner, (Employee Plans and Exempt Organizations).

[FR Doc. 99–18667 Filed 7–21–99; 8:45 am]

BILLING CODE 4830–01–U

UNITED STATES INFORMATION AGENCY

Culturally Significant Objects Imported for Exhibition Determinations: ''Contemporary Egyptian Art''

ACTION: Notice.

SUMMARY: Notice is hereby given of the following determinations: Pursuant to the authority vested in me by the Act of October 19, 1965 (79 Stat. 985, 22 U.S.C. 2459), Executive Order 12047 of March 27, 1978 (43 FR 13359, March 29, 1978), and Delegation Order No. 85–5 of June 27, 1985 (50 FR 27393, July 2, 1985). I hereby determine that the objects to be included in the exhibit ''Contemporary Egyptian Art,'' imported from abroad for the temporary exhibition without profit within the United States, are of cultural significance. These objects are imported pursuant to loan agreements with foreign lenders. I also determine that the exhibition or display of the listed objects at the Metropolitan Museum of Art from September 13, 1999 to January 23, 2000 is in the national interest. Public Notice of these Determinations is ordered to be published in the **Federal Register**.

FOR FURTHER INFORMATION CONTACT: For a copy of the list of exhibit objects or other information, please contact Jacqueline Caldwell, Assistant General Counsel, Office of the General Counsel, 202/619–6982. The address is Room 700, U.S. Information Agency, 301 4th Street, S.W., Washington, D.C. 20547–0001.

Dated: July 16, 1999.

R. Wallace Stuart,

Deputy General Counsel.

[FR Doc. 99–18673 Filed 7–21–99; 8:45 am]

BILLING CODE 8230–01–M

Corrections

Federal Register

Vol. 64, No. 140

Thursday, July 22, 1999

This section of the FEDERAL REGISTER contains editorial corrections of previously published Presidential, Rule, Proposed Rule, and Notice documents. These corrections are prepared by the Office of the Federal Register. Agency prepared corrections are issued as signed documents and appear in the appropriate document categories elsewhere in the issue.

DEPARTMENT OF THE INTERIOR

Fish and Wildlife Service

50 CFR Part 17

Endangered and Threatened Wildlife and Plants; Final Designation of Critical Habitat for the Rio Grande Silvery Minnow

Correction

In rule document 99–16985, beginning on page 36274, in the issue of Tuesday, July 6, 1999, make the following correction(s):

1. On page 36275, in the first column, in the first full paragraph, in the 11th line, ''ensured'' should read ''ensued''.

2. On the same page, in the second column, in the second full paragraph, in the fourth line from the bottom, ''one'' should read ''once''; and in the last line, ''Elephant Butt Reservoir'' should read ''Elephant Butte Reservoir''.

3. On the same page, in the third column, in the second paragraph, in the fourth line, ''elephant butte'' should read ''Elephant Butte''; and in the last line, ''Riverbed'' should read ''riverbed''.

4. On the same page, in the same column, under the heading **Previous Federal Action**, in the first paragraph, in the third line from the bottom, ''Theratened'' should read ''Threatened''.

5. On page 36276, in the first column, in the second full paragraph, in the 13th line, ''New'' should read ''new''.

6. On page 36278, in the third column, in the second full paragraph, in the seventh line, ''must'' should read ''might''; and in the tenth line, ''ion'' should read ''in''.

7. On page 36281, in the first column, in the second full paragraph, in the first line, ''constrains'' should read ''constraints''; and in the 13th line, ''Rio Grand'' should read ''Rio Grande''.

8. On the same page, in the second column, in the paragraph designated *Issue 1:*, in the 24th line, after ''Acacia'' add ''to''.

9. On page 36282, in the first column, in the paragraph designated *Service Response:*, in the 11th line, ''alternation'' should read ''alteration''.

10. On the same page, in the second column, in the paragraph designated *Issue 4:*, in the ninth line, ''silivery'' should read ''silvery''.

11. On the same page, in the third column, in the seventh line from the bottom, ''U.S. Fish and Wildlife Service'' should read ''*U.S. Fish and Wildlife Service*''.

12. On page 36283, in the first column, in the paragraph designated *Issue 8:*, in the fifth line, ''Elephant Butte. Reservoir'' should read ''Elephant Butte Reservoir''.

13. On the same page, in the same column, in the first paragraph designated *Service Response:*, in the second line, ''alternations'' should read ''alterations''.

14. On the same page, in the same column, in the paragraph designated *Issue 9:*, in the second line, ''wasterwater'' should read ''wastewater''.

15. On the same page, in the same column, in the second paragraph designated *Service Response:*, in the 11th line, after ''would'' add ''also''.

16. On the same page, in the same column, in the paragraph designated *Issue 10:*, in the third line, ''working'' should read ''wording''.

17. On page 36284, in the first column, in the fourth line from the bottom, ''San Acadia Dam'' should read ''San Acacia Dam''.

18. On the same page, in the second column, in the paragraph designated *Issue 19:*, in the eighth line, ''what'' should read ''then''.

19. On the same page, in the third column, in the second paragraph designated *Service Response:*, in the third line, ''members'' should read ''numbers''.

20. On page 36286, in the first column, in the paragraph designated *Issue 31:*, in the sixth line, ''San Juan-China Project'' should read ''San Juan-Chama Project''.

21. On the same page, in the third column, under the heading **Required Determinations**, in the second line from the bottom, after ''will'' add ''not''.

§ 17.95 [Corrected]

22. On page 36288, in the second column, in amendatory instruction 3, in the first line, ''19.95(e)'' should read ''17.95(e)''.

23. On the same page, in the third column, in § 17.95(e), in the second paragraph, in the ninth line, ''Santa Fee Railroad'' should read ''Santa Fe Railroad''.

[FR Doc. C9–16985 Filed 7–21–99; 8:45 am]

BILLING CODE 1505–01–D

DEPARTMENT OF JUSTICE

Drug Enforcement Administration

21 CFR Part 1308

[DEA–183F]

Schedules of Controlled Substances: Placement of Ketamine into Schedule III

Correction

In rule document 99–17803 beginning on page 37673 in the issue of Tuesday, July 13, 1999, make the following corrections:

On page 37674, in the third column, in paragraph 4., in the fifth and sixth lines from the bottom ''May 15, 2000'' should read ''April 13, 2000''.

[FR Doc. C9–17803 Filed 7–21–99; 8:45 am]

BILLING CODE 1505–01–D

DEPARTMENT OF JUSTICE

Immigration and Naturalization Service

8 CFR Part 241

[INS No. 1848–97]

RIN 1115–AE83]

Early Release for Removal of Criminal Aliens in State Custody Convicted of Nonviolent Offenses

Correction

In proposed rule document 99–17563, beginning on page 37461, in the issue of Monday, July 12, 1999, make the following corrections:

1. On page 37462, in the third column, in the 23rd line, after '' alien'' add ''breach any of the conditions of his/her release.''

2. On the same page, in the same column, in the 23rd line, before ''must'' add ''The alien''.

[FR Doc. C9–17563 Filed 7–21–99; 8:45 am]

BILLING CODE 1505–01–D

Federal Register

Thursday
July 22, 1999

Part II

Environmental Protection Agency

40 CFR Part 403

Streamlining the General Pretreatment Regulations for Existing and New Sources of Pollution; Proposed Rule

ENVIRONMENTAL PROTECTION AGENCY

40 CFR PART 403

[FRL–6377–6]

RIN 2040–AC58

Streamlining the General Pretreatment Regulations for Existing and New Sources of Pollution

AGENCY: Environmental Protection Agency (EPA).

ACTION: Proposed rule.

SUMMARY: Today, EPA is proposing to revise several provisions of the General Pretreatment Regulations that address restrictions on and oversight of industrial users who introduce pollutants into publicly owned treatment works (POTWs). EPA is also proposing changes to certain program requirements to be consistent with National Pollutant Discharge Elimination System (NPDES) requirements. The proposals would reduce the regulatory burden on both industrial users and State and POTW Control Authorities without affecting environmental protection.

DATES: Written comments on this proposed rule must be submitted on or before September 20, 1999. Comments provided electronically will be considered timely if they are submitted by 11:59 P.M. (Eastern time) September 20, 1999.

ADDRESSES: Commenters are requested to submit an original and two copies of their comments and enclosures (including references) to the Comments Clerk for Pretreatment Program Streamlining, Water Docket (MC–4101), Environmental Protection Agency, 401 M Street, S.W., Washington, D.C. 20460. Commenters who would like acknowledgment of their comments should include a self-addressed, stamped envelope. No facsimiles (faxes) will be accepted.

EPA will also accept comments electronically. Comments should be addressed to the following Internet address: ow-docket@epamail.epa.gov''. Electronic comments must be submitted as an ASCII or WordPerfect file avoiding the use of special characters and any form of encryption. Electronic comments must be identified by the docket number W–97–09, and may be filed online at many Federal Depository Libraries. No confidential business information (CBI) should be sent via e-mail.

This document has also been placed on the Internet for public review and downloading from the Office of Wastewater Management home page at the following location: ''www.epa.gov/owm.''

The public may inspect the administrative record for the proposed rulemaking at EPA's Water Docket, Room EB–57 (East Tower Basement), 401 M Street, S.W., Washington, D.C. 20460. The record for this rulemaking has been established under docket number W–97–09, and includes supporting documentation. The public may inspect the administrative record between the hours of 9 a.m. and 4 p.m., Monday through Friday, excluding legal holidays. For access to these docket materials, please call (202) 260–3027 to schedule an appointment. As provided in 40 CFR Part 2, a reasonable fee may be charged for copying any material in the docket.

FOR FURTHER INFORMATION CONTACT: Jeffrey B. Smith, U. S. EPA, Office of Wastewater Management (OWM), Permits Division (4203), 401 M Street, S.W., Washington, D.C. 20460, (202) 260–5586.

SUPPLEMENTARY INFORMATION:

Affected Entities

Entities potentially affected by this action are governmental entities responsible for implementation of the National Pretreatment Program and industrial facilities subject to Pretreatment Standards and requirements. These entities include:

Category	Examples of regulated entities
Local government	Publicly Owned Treatment Works.
State government	States and Tribes acting as Pretreatment Program Control Authorities or as Approval Authorities.
Industry	Industrial Users of POTWs

This table is not intended to be exhaustive, but rather provides a guide for readers regarding entities likely to be regulated by this action. This table lists the types of entities that EPA is now aware could potentially be regulated by this action. Other types of entities not listed in the table could also be regulated. To determine whether your organization or facility is regulated by this action, you should carefully examine the applicability criteria in §§ 403.3, 403.5, 403.6, 403.7, 403.8, 403.12, and 403.15 of Part 403 of Title 40 of the Code of Federal Regulations. If you have questions about the applicability of this action to a particular entity, consult the person listed in the preceding **FOR FURTHER INFORMATION CONTACT** section.

Information in this preamble is organized as follows:

I. Background

A. What Is the National Pretreatment Program?

The National Pretreatment Program is part of the Clean Water Act (CWA)'s water pollution control program. The

program is a joint regulatory effort by local, State, and federal authorities that requires the control of industrial and commercial sources of pollutants discharged to municipal wastewater plants (called ''publicly owned treatment works'' or ''POTWs''). Control of pollutants prior to discharge of wastewater to the sewer minimizes the possibility of pollutants interfering with the operation of the POTW and reduces the levels of toxic pollutants in wastewater discharges from the POTW and in the sludge resulting from municipal wastewater treatment.

B. What Regulation Is EPA Proposing To Revise?

EPA is today proposing to streamline various provisions of the General Pretreatment Regulations for Existing and New Sources of Pollution codified at 40 CFR Part 403. The Clean Water Act directs EPA to develop regulations in order to control pollutants which may pass through or interfere with POTW treatment processes or contaminate sewage sludge. On June 26, 1978, EPA promulgated the General Pretreatment Regulations, which established standards and procedures for controlling the introduction of wastes into POTWs (43 FR 27736). There have been a number of revisions to the General Pretreatment Regulations. The last major revisions were to implement the Domestic Sewage Study (55 FR 30082, July 24, 1990).

The General Pretreatment Regulations require POTWs that meet certain criteria to develop pretreatment programs to control industrial discharges into their sewage collection systems. These programs must be approved by either EPA or the State acting as the pretreatment ''Approval Authority.'' More than 1,500 POTWs have developed Approved Pretreatment Programs pursuant to the regulations in 40 CFR 403.8. These POTWs act as the pretreatment ''Control Authority'' with respect to the industrial users that discharge to their systems. In the absence of an approved POTW pretreatment program, the State or EPA Approval Authority serves as the Control Authority.

Industrial users of POTWs must comply with Pretreatment Standards prior to introducing pollutants into a POTW. POTWs are required to impose ''local limits'' to prevent pass through and interference from the pollutants discharged into their systems. The General Pretreatment Regulations also include general prohibitions that forbid industrial users from causing pass through and interference, and specific prohibitions against the discharge of pollutants that cause problems at the POTW such as corrosion, fire or explosion, and danger to worker health and safety.

EPA has also developed national categorical Pretreatment Standards that apply numeric pollutant limits to industrial users in specific industrial categories. The General Pretreatment Regulations include reporting and other requirements necessary to implement these categorical standards (40 CFR 403.12 (b)).

C. Why Is EPA Proposing To Revise The Regulation?

EPA is working to improve the regulatory programs to protect public health and the environment, while maintaining or improving the programs' effectiveness. While adoption of the General Pretreatment Regulations has resulted in more consistent implementation of the pretreatment program on a national basis, many individual POTWs and industrial users have experienced problems implementing various requirements.

The President's Report on ''Reinventing Environmental Regulations'' (March 1995) pledged to provide ''more common sense and fairness in our regulations.'' The goal of this initiative is to provide greater flexibility, reduce burden, and achieve greater environmental results at less cost. To this end, EPA is committed to streamlining the National Pretreatment Program to reduce the burden of technical and administrative requirements that affect industrial users and POTW and State Control Authorities.

D. How Were Stakeholders Consulted in Developing Today's Proposal?

Through various outreach efforts, EPA has identified a number of provisions of the General Pretreatment Regulations that could be revised in order to reduce regulatory burden without affecting environmental protection. These provisions are the subject of today's proposal.

In 1995, EPA's Office of Wastewater Management initiated an evaluation of all of the General Pretreatment Regulations in 40 CFR Part 403 in order to identify streamlining opportunities. Based on input from various stakeholders, EPA developed issue papers that summarized 11 areas in which the Pretreatment Regulations might be streamlined.

In May 1996, the issue papers were distributed to a broad base of external stakeholders (States, cities, trade associations, professional organizations, and environmental interest groups). The issue papers were also publicly available on an EPA electronic bulletin board (Point Source Information Provision Exchange System or ''PIPES'') that was accessible through the Agency's Internet website at ''http://www.epa.gov/owm.'' Synopses of the outreach effort were published in several trade association newsletters.

Thirty-five outside stakeholders provided written comments on the proposed issues. The Agency also considered the recommendations of the joint Water Environment Federation and Association of Metropolitan Sewerage Agencies Workshop (the WEF/AMSA Workshop) discussed below.

The Agency next prepared a draft of today's proposal and preamble, which discussed 13 issues or changes to the regulations. This draft ''letter to stakeholders'' was circulated to outside stakeholders in May 1997. After reviewing comments received from 70 outside stakeholders, the Agency then prepared today's notice.

Significant comments received during the preliminary outreach effort are discussed in this preamble to the proposed rule. EPA continues to solicit comment on all of the proposals and alternative options discussed below. The Agency plans to have additional discussions with interested parties during the comment period to help ensure that the Agency has the views of such parties and the best possible data upon which to base decisions for the final rule.

E. What role Did WEF and AMSA Play in the Development of This Proposal?

In the summer of 1996, the Water Environment Federation (WEF) and the Association of Metropolitan Sewerage Agencies (AMSA) sponsored an independent, parallel effort to provide recommendations for streamlining the National Pretreatment Program. WEF and AMSA convened a four-day workshop to explore pretreatment program streamlining and reinvention opportunities. The sponsors invited a group of pretreatment experts that was intended to represent a broad range of stakeholder interests, including environmental organizations, industry, large and small POTWs, States, EPA, and technical consultants.

The workshop participants developed a series of recommendations that were included in a final report. The WEF/AMSA Workshop Final Report addresses the issues that EPA had sent out for stakeholder review in May 1996 as well as additional issues recommended by the workshop participants.

The WEF/AMSA Workshop Final Report was presented to EPA's Assistant Administrator for Water in September 1996. Where appropriate, the comments and recommendations in the report are discussed below.

The WEF/AMSA Workshop Final Report also discusses ideas for broad-based reinvention options that emphasize fundamentally new and different approaches to achieving the environmental objectives of the National Pretreatment Program. EPA is addressing these options through pilot program proposals submitted by POTWs in response to a June 23, 1998 Project XL program **Federal Register** solicitation.

II. Description of Proposed Changes

Today's proposal addresses thirteen specific issues and a few miscellaneous changes pertaining to the General Pretreatment Regulations. The proposal, in places, prints portions of existing regulatory text without change. This is done to better describe the proposed revisions. For example, 40 CFR 403.6(b) is reprinted in its entirety with the only amendment being a revision to the cited location of the definition of New Source in 40 CFR 403.3 from (k) to (l). However, EPA does not solicit, and will not respond to, comments on existing regulatory provisions not proposed to be amended, nor will such provisions be subject to judicial review upon promulgation of the final rule. EPA is soliciting comment only on the revisions described in this preamble.

A. Specific Prohibition Regarding pH (40 CFR 403.5(b)(2))

a. Existing Rule

What pH limits are addressed in this section?

Acidic wastes can corrode sewer pipes, for example those made of concrete, and allow the release of pollutants to the environment. To address this concern, the General Pretreatment Regulations include a minimum pH limit as part of the specific prohibitions at 40 CFR 403.5(b) that apply to all nondomestic dischargers to POTWs. Section 403.5(b)(2) prohibits the discharge of ''Pollutants which will cause corrosive structural damage to the POTW, but in no case discharges with pH lower than 5.0, unless the works is specifically designed to accommodate such Discharges.''

EPA is proposing to also allow POTWs with Approved Pretreatment Programs to accept temporary discharges with a pH below 5.0 to the extent that the POTWs can document that the discharges will not damage their systems. The proposal would authorize POTWs to allow nondomestic dischargers that continuously monitor the pH of their discharge to briefly discharge wastes with a pH below 5.0.

Is 5.0 the appropriate pH limit for all POTWs?

Although acidic wastewater can damage a POTW's collection system, such as one constructed of concrete sewer pipes, some POTWs have collection systems, or portions of collection systems, that are constructed with acid-resistant materials such as clay pipe. Such collection systems that are generally tolerant of acidic wastewater may be used to convey acidic wastewater without damage to the collection system. In these cases, it may not be necessary to require a nondomestic discharger to maintain the pH of its discharge at or above 5.0. In considering whether a collection system may be acid tolerant, the POTW is cautioned to inspect the construction materials of all collection system joints. Highly acidic wastes could adversely react with metal, concrete and mortar sealing joints in the sewers, resulting in infiltration of water during high water table or rainy seasons and exfiltration of wastes during other times.

The existing regulation at 40 CFR 403.5(b)(2) provides that the 5.0 limit does not apply if the treatment works ''is specifically designed to accommodate such discharges.'' This language suggests that the ability to accept low pH wastes must have been intended for the entire POTW, including the collection system, at the time of the construction of the POTW. In fact, as part of a 1984 EPA survey (''Hydrogen Sulfide Corrosion in Wastewater Collection and Treatment Systems, Report to Congress;'' September 1991 (430/09–91–009)), half of the jurisdictions with severe corrosion problems in the collection systems were found to have minor or no corrosion problems at the wastewater treatment plants. However, the current rule does not clearly allow a POTW to document that all or part of its system can safely accept temporary excursions below pH 5.0 if it is not specifically designed to do so.

Are industrial users that continuously monitor for pH currently allowed brief excursions from the 5.0 limit?

Many industrial users use monitoring instrumentation that measures and displays the pH of the discharge and continuously records the pH of the discharge. These records indicate whether the pH of the effluent remained within limits and the length of time, if any, it was outside of the limits.

For various reasons, some nondomestic dischargers that continuously monitor pH experience drops in their effluent pH below the 5.0 limit for short periods of time, sometimes only a few minutes. These low pH excursions might not harm the collection systems or cause interference or pass-through at the wastewater treatment plants. The current pH prohibition does not provide for these occurrences and, because the Clean Water Act is a strict liability statute, these events are violations of the Act. POTWs frequently must devote substantial administrative resources to responding to these minor short-term violations.

b. Stakeholder Comments

What changes did EPA suggest in its stakeholder outreach efforts?

EPA recommended that industrial users that continuously monitor pH be allowed to have periodic excursions below 5.0 if the Control Authority establishes that the excursions will not harm its system and authorizes the excursion in the industrial users' permits. EPA also recommended allowing POTWs to establish alternate pH limits if the POTW can demonstrate that it can handle such wastes. Finally, EPA solicited comments regarding whether Approval Authority concurrence should be required.

How did stakeholders respond?

Most commenters either supported the recommendation as written or gave qualified support with various suggestions for implementing the recommendation. Several commenters stated that the pH provisions at 40 CFR 401.17 (discussed below) could serve as a basis for alternative pH requirements, and several Control Authorities stated that they were already applying such methods when selecting the enforcement action in response to such pH violations. The September 30, 1996, final report from the WEF/AMSA Pretreatment Streamlining Workshop recommended that EPA retain the national standard and provide new flexibility by allowing POTWs to establish alternative pH requirements based upon site-specific conditions.

Other commenters disagreed that such revision to the rule is needed as long as flexibility is written into the POTW's Enforcement Response Plan. Eight commenters did not favor the change to the rule because they believed it would add to Control Authorities' workload and be too burdensome to implement.

Four commenters did not favor the change, having experienced corrosion damage to the POTW collection system at the current 5.0 pH limit. Instead, they favored raising the minimum pH limit. One of these commenters cautioned that systems constructed of acid-resistant materials often included manhole inverts constructed of concrete and similar materials that are susceptible to corrosion, thus rarely being entirely resistant.

In response to EPA's request for comments regarding whether Approval Authority concurrence should be required to implement a revised pH prohibition, some commenters considered pH to be primarily a local issue and did not favor Approval Authority concurrence. They believed that, in most cases, the Approval Authority has limited direct knowledge of the details of individual users or the circumstances that would allow for periodic pH excursions. In addition, these commenters believed that requiring Approval Authority concurrence would generate significant delays, additional program costs, and increased administrative burden without substantial benefit. Other commenters stated that Approval Authority concurrence would be necessary as an important safeguard to protecting a POTW's system, particularly for POTWs without Approved Pretreatment Programs.

Although most commenters believed that the proposed flexibility in pH should be available to all POTWs, one commenter suggested expansion of the record keeping or reporting requirements for POTWs with unapproved pretreatment programs to ensure adequate technical oversight for POTWs with limited staff expertise. A second commenter recommended that such POTWs be required to develop legal authority, but not necessarily a full pretreatment program, to properly enforce the General Pretreatment Regulations as prerequisite to being allowed to implement an alternative pH limit. EPA believes that the expertise, resources, and administrative functions needed to support the alternative requirements can only be sustained by POTWs with Approved Pretreatment Programs.

c. Today's Proposal

What is EPA proposing?

EPA is today proposing to allow POTWs with Approved Pretreatment Programs to authorize temporary excursions below pH 5.0 provided that the POTW maintains a written technical evaluation that supports the finding that the alternative pH requirements do not have the potential to cause corrosive structural damage to the POTW or other violations of 40 CFR 403.5(a) and (b). For industrial users that continuously monitor the pH of their discharges, POTWs could generally allow discharges below 5.0, or they could allow such temporary excursions by a limited group of industrial users.

Any alternative pH requirements developed by a POTW would be enforceable as Pretreatment Standards under the Clean Water Act. (The general narrative prohibition against pollutants that will cause corrosive structural damage at 40 CFR 403.5(b)(2) would still apply.)

In developing today's proposal, EPA attempted to address both the concern that corrosive structural damage to POTWs be prevented and the desire to provide the regulated community and the public with a more efficient and flexible industrial pretreatment program. In the September 1991 EPA Report to Congress (430/09–91–009), EPA concluded that some municipalities are not aware of sewer corrosion problems until catastrophic failure occurs. However, significant advances have occurred during the past twenty years in the areas of sewer corrosion detection and measurement, and sewer design and rehabilitation. EPA is interested in comment on whether the requirement for a site-specific technical study would adequately protect the significant public investment in wastewater collection infrastructure.

What would a POTW include in its technical evaluation?

A POTW desiring to implement alternative pH requirements would be required to prepare a written technical evaluation explaining its site-specific investigation and findings regarding the corrosion safety of the alternative pH requirements and their effect on compliance with the other general and specific Pretreatment Standards. The technical evaluation may be broad and cover a POTW's entire service area. Alternatively, the technical evaluation may be narrow and cover only a portion of the POTW's service area or specific nondomestic dischargers.

Corrosion is dependent upon a number of site-specific conditions including, but not limited to, the pH and other characteristics of an industrial discharge including its chemical composition, temperature, volume, velocity, turbulence, the buffering capacity and other characteristics of the wastewater in the collection system, the characteristics of the sewer pipe used in the collection system including its size, age, material of construction, formation of hydrogen sulfide gas, and time since last cleaning, and other design parameters of the POTW.

In developing alternative pH limitations, POTWs must consider the effect pH may have on other wastewater constituents, potential worker safety issues, and interference, and should be mindful of the pH limitations under State and federal hazardous waste laws. For example, an extremely low pH may cause toxic gases to form in the collection system in violation of the worker health and safety provision at 40 CFR 403.5(b)(7).

Could POTWs rely on the variance allowed direct dischargers under 40 CFR 401.17?

The effluent guideline regulations list certain conditions at 40 CFR 401.17 under which excursions from pH limits are allowed for direct dischargers. However, POTWs would not be able to rely on 40 CFR 401.17 as the basis for alternative pH requirements under today's proposal. EPA developed 40 CFR 401.17 based upon the technological ability of direct dischargers to continuously meet a pH limit between 6.0 and 9.0. The pretreatment requirements, by comparison, are based on preventing corrosion in the sewer system and are much less restrictive. Under today's proposal, a Control Authority may establish a temporary lower limit less than 5.0, and the existing Pretreatment Regulations do not impose a specific upper limit. The recommendations from the WEF/AMSA Pretreatment Streamlining Workshop noted the inappropriateness of attempting to use 40 CFR 401.17 as a basis for alternative pH requirements because the reason for the pH requirement is different. The alternative pH requirements a POTW develops under today's proposal must prevent corrosive structural damage to the POTW, prevent violations of 40 CFR 403.5(a) and (b), and be based upon the POTW's site-specific conditions.

How will POTWs implement the new, flexible requirements?

A POTW may conduct the pH technical evaluation as part of a broad local limits evaluation, or as a specific evaluation that addresses only pH. The proposed revisions and evaluation would be submitted as a nonsubstantial program modification in accordance with 40 CFR 403.18. The required technical support documents must be available upon request to the public, regulated community, regulatory agencies, and other interested parties.

A POTW would authorize the use of the alternative pH requirements in the industrial user control mechanism and the local ordinance or other legal authority under 40 CFR 403.8(f)(1). The authorization should specify the technical circumstances and/or conditions under which such discharges are allowed, in support of the findings within the technical evaluation. Once applied, the POTW would be required to oversee the alternative pH requirements to confirm that corrosive structural damage and other violations of 40 CFR 403.5(a) and (b) are not occurring. A POTW with an Approved Pretreatment Program under 40 CFR Part 403 would report its ongoing oversight actions and findings in its annual pretreatment report under 40 CFR 403.12(i). EPA is requesting comment on what measures should be considered adequate oversight to ensure corrosive structural damage of the sewer system does not occur.

What are the benefits of today's proposal?

EPA expects today's proposal to significantly reduce the POTW's administrative burden of responding to minimal, short-term pH violations. One commenter submitted data that 30.9 administrative hours were expended during a two-year time period in response to 53 pH-only violations from industries with continuous pH monitoring. The commenter reported that 34 of those violations had pH values greater than 4.0 and lasted less than 15 minutes, and that none had any impact on the collection and treatment system. A second commenter reported that approximately 21 administrative hours were spent in one year in response to 21 pH-only violations from an industry with continuous pH monitoring. Ten excursions lasted 10 minutes or less, eight excursions lasted 15–35 minutes, one excursion lasted 60 minutes, one excursion lasted 180 minutes, and one excursion lasted 240 minutes. The lowest pH excursion was 4.5, and the commenter reported that none of the excursions adversely affected the treatment works. Today's proposal would allow Control Authorities to redirect enforcement and remediation resources to those cases where substantial pH control problems exist.

In addition, EPA is requesting comment on a provision to expand the flexibility regarding pH limitations in today's proposal by allowing POTWs that can safely accept continuous discharges with a pH below 5.0 to accept those wastes. This provision, if adopted, would remove the ''specifically designed'' criterion for such discharges in the existing pH prohibition. EPA specifically requests examples, supported by data if available, of situations in which a POTW could safely accept continuous discharges with a pH below 5.0, but where it cannot make use of the ''specifically designed'' criterion to authorize such discharge under current regulations. Were EPA to adopt such a provision in the final rule, it would be subject to the same documentation and oversight requirements as the proposed authorization of short term pH excursions.

More generally, EPA is interested in comments regarding all aspects of today's proposal for alternative pH requirements. Whenever possible, such comments should be supported by data.

B. Equivalent Mass Limits for Concentration Limits (40 CFR 403.6(c))

a. Existing Rule

How are categorical standards expressed?

National categorical Pretreatment Standards establish limits on pollutants discharged to POTWs by facilities in specific industrial categories. The standards establish pollutant limitations in different ways for different categories. EPA has established categorical Pretreatment Standards that are: (1) concentration-based standards that are implemented directly as concentration limits; (2) mass limits based on production rates; (3) both concentration-based and production-based limits; and (4) mass limits based on a concentration standard multiplied by a facility's process wastewater flow. This section will focus only on concentration standards that are implemented directly as concentration limits.

May a mass limit be imposed in lieu of a concentration limit under the current regulations?

The current regulations do not allow an alternative mass limit to be developed where a concentration-based standard requires a concentration limit. Section 40 CFR 403.6(d) allows the Control Authority to develop equivalent mass limits for concentration-based standards in order to prevent dilution. However, both the mass limit and concentration limit are then enforceable, so the mass limit would not be an alternative limit.

Alternative equivalent limits are currently allowed only for production-based mass limits. Section 40 CFR 403.6(c)(2) allows standards expressed in terms of mass of pollutant per unit of production to be expressed as either a concentration or mass limit.

How do mass limits promote water conservation?

The lack of flexibility in concentration limitations can cause problems for industrial users that are attempting to minimize water use. Throughout the country, water conservation practices have been instituted by industries and municipalities due to drought conditions and environmental considerations as well as the rising cost of water. As reported in the New York Times, November 10, 1998, pp A1, A16, ''the United States Geological Survey has reported that the nation's use of water has declined significantly over the past 2 decades, even though the population has been growing. * * * Americans used 9% less water in 1995 than they did in 1980, even though the population grew by 16% within that same time frame. * * * The use of water in industry has fallen to 29 billion gallons a day, the lowest amount since records were first kept in 1950 * * *. The Northeast, Midwest and Middle Atlantic regions showed the largest decrease of water usage, at about 17% between 1980 and 1995.''

Although water conservation usually reduces the variability in pollutant and hydraulic loadings and will often facilitate treatment, reduced water use can increase the concentration of pollutants in the reduced volume of water, even though the total mass of the discharged pollutants may have been decreased. A facility that significantly reduces water use might exceed its concentration limit despite having reduced the pollutants in its discharge. If the facility could comply with a mass limit that is equivalent to the total pollutant load from the concentration limit, then the total pollutant loading to the POTW would be unchanged or reduced, even though the effluent concentration might be increased.

For example, the metal finishing industry employs a number of industrial processes that are heavily dependent upon use of water. Of the more than 40 processes regulated under the categorical standard for metal finishing, rinse water is generally the largest component of the total process water used. By combining different rinse techniques, a plant can greatly reduce water consumption. In some cases facilities can use a ''closed loop'' rinsing arrangement that continually recirculates rinse water, thereby greatly reducing the discharge volume.

The use of different rinse techniques will result in wide variations in water

use. For example, ''alkaline cleaning,'' a common metal finishing operation, requires dramatically different amounts of rinse water, depending upon the rinsing techniques used. Using a single-stage water rinse may require 1,500 liters per square meter (l/m²) of treated surface whereas a three-stage countercurrent rinsing technique reduces water use to 29 l/m² (''Development Document for Effluent Limitations Guidelines and Standards for the Metal Finishing Point Source Category,'' EPA 440/1–83/091, June 1983). Retrofitting a metal finishing line by installing a countercurrent rinsing system in conjunction with other water reduction practices could result in concentrations that exceed applicable categorical Pretreatment Standards. Some other examples of water conservation techniques include: (1) Timed rinses; (2) conductivity probes in the rinse tanks; (3) flow restrictors which limit the amount of water which can be added to a rinse tank; and (4) valves to allow operators to turn off incoming water to the rinse tanks when no parts are being processed.

b. Stakeholder Comments

What changes did EPA suggest in its stakeholder outreach efforts?

EPA's letter to stakeholders solicited comment on revising the current requirements to allow equivalent mass limits as an alternative to concentration limits developed from concentration-based standards where the industrial user has instituted water conservation practices. The draft language would have explicitly tied the determination of reduced water use to the model technology assumed by EPA in the development of the applicable national categorical Pretreatment Standard.

How did stakeholders respond?

Sixty-nine commenters responded to the draft issue paper on this subject. A substantial majority (66 of the 69) of the commenters were in favor of the proposed regulatory changes. Various commenters, however, suggested specific requirements that they believe EPA should impose on industrial users or Control Authorities as a condition to granting a mass limit equivalent to the applicable concentration-based categorical Pretreatment Standard. Others asked for clarification of the condition suggested by EPA.

Many commenters questioned how a Control Authority could ascertain whether the industrial user failed to meet a concentration-based limit solely due to reduced water use and attendant higher concentration levels in the discharged wastewater. Some questioned whether EPA's model technology was an appropriate benchmark for determining normal water use. Several commenters suggested that the industrial user be required to demonstrate that it has installed best available technology economically achievable (BAT) for wastewater treatment or instituted pollution prevention measures and is still unable to meet the assigned concentration limit. Other commenters recommended that the industrial user show that it has historically been in compliance with all of its permit conditions, is capable of accurate flow measurement, and has detailed, long-term records on its wastestream discharges before it could be considered for an equivalent mass limit. Several commenters suggested that the industrial user be required to install accurate flow measurement equipment in order to qualify for a mass limit. One commenter suggested that mass limits be considered only for those small categorical industrial users (CIUs) that discharge less than 1,000 gallons per day (gpd).

EPA believes that it is not necessary to impose only one technical criterion as a prerequisite to granting an industrial user an alternative mass limit. Each criterion that might be imposed has its shortcomings. Historical water use is not necessarily an indication of appropriate water use. Because many effluent guideline development documents were published over a decade ago, the model treatment technologies considered by EPA in developing a categorical Pretreatment Standard may not be the most commonly used or state-of-the art treatment option currently available. To qualify for a mass limit, the industrial user would demonstrate that the installed BAT, including in-plant controls, produces removal efficiencies equivalent to those treatment technologies outlined in the Development Document.

Specific criteria would deprive Control Authorities of flexibility. EPA prefers to let the Control Authority evaluate the information presented and judge whether a mass limit is more appropriate than a concentration limit. Because mass limits are frequently more difficult to implement than concentration limits, EPA does not expect that they will be imposed where concentration limits are more appropriate.

Several commenters felt that EPA should clarify that the imposition of a mass limit in lieu of a concentration limit for a particular categorical Pretreatment Standard should not be a unilateral decision by the Control Authority. For most situations, EPA agrees that this is a reasonable approach. However, there may be circumstances where a Control Authority (*i.e.*, POTW) may wish to design its Pretreatment program based upon a mass limits approach. In this instance, the POTW would derive mass limits from the applicable concentration standards for each individual categorical industrial user. These mass limits would then be applied in lieu of the concentration limits. Under the current regulations, if the POTW wishes to apply mass limits derived from a concentration standard, the categorical industrial user covered by a concentration standard would still need to comply with the categorical concentration limits and the equivalent mass limits. In both scenarios, the technically-based local limits established by the POTW also apply.

Two commenters requested that the regulatory language require that the Approval Authority review and approve all conversions of concentration-based limits to mass limits. One commenter suggested that the regulatory language in 40 CFR 403.6(c)(7) be modified to specifically require the Control Authority to document how the mass limit is derived. Today's proposal would not require prior approval by the Approval Authority. Like other instances in which Control Authorities apply categorical standards to their industrial users, the application of the standards will be reviewed as part of the ongoing oversight process. The Control Authority is required to maintain sufficient documentation to support the established limits.

c. Today's Proposal

What is EPA proposing?

The Agency is proposing to allow Control Authorities to set equivalent mass limits as an alternative to concentration limits to meet concentration-based categorical Pretreatment Standards in cases where an industrial user has installed BAT treatment or a treatment technology that yields removal efficiencies that are equivalent to BAT, and the Industrial User is employing water conservation methods and technologies that substantially reduce water use. Specifically, EPA is proposing that § 403.6(c) be revised to clarify that equivalent mass limits may be authorized by the Control Authority in lieu of promulgated concentration-based limits for industrial users. The Control Authority would be required to

document how the mass limits were derived and make this information publicly available.

EPA has received a Project XLC (eXcellence in Leadership Community) proposal from an organization in Steele County, Minnesota. This project proposal includes the use of mass limits in lieu of concentration limits for categorical industrial discharges to the POTW. The Steele County XLC Project is currently at the Final Project Agreement development stage. Where implementation of an XLC project requires regulatory relief, EPA may draft a site-specific rule to allow the project to be undertaken. If this XLC project is ready to proceed before EPA finalizes the complete Pretreatment streamlining proposal, EPA may promulgate, based on today's proposal and the comments received, a separate site-specific rule to allow the industries involved in the Steele County XLC project to use, at the discretion of the Control Authority, the change at 40 CFR 403.6(c) of today's proposal.

Who determines whether an alternative mass-based limit will be applied?

As specified under 40 CFR 403.6(d), the strict prohibition that the industrial user not use dilution as a substitute for treatment remains in effect. No user introducing wastewater pollutants into a POTW may augment the use of process wastewater or otherwise dilute the wastewater as a partial or total substitute for adequate treatment to achieve compliance with a Pretreatment Standard. Currently, Control Authorities may impose mass limits in addition to the concentration limits where the facility is suspected of diluting its effluent to meet a concentration standard or in other cases where mass limits are deemed appropriate (40 CFR 403.6(d)). In this case, the facility would be required to comply with both the concentration limit and the mass limit.

Today's proposal would provide Control Authorities with the ability to establish equivalent mass limits for concentration-based categorical Pretreatment Standards similar to the authority available under 40 CFR 403.6(c)(2) for situations involving production-based categorical Pretreatment Standards. Under today's proposal, the equivalent mass limits would be applied in lieu of the concentration limits. A categorical industrial user may request a mass limit. The industrial user should determine if it meets the criteria for such a limit, that is, that it is utilizing control measures at least as effective as the model treatment technologies on which the applicable categorical standard was based, and is employing water conservation methods and technologies that substantially reduce water use. However, the Control Authority would decide whether the use of alternate equivalent mass limits is appropriate.

How will the Control Authority determine whether an alternative mass limit is appropriate?

The Control Authority will need to judge whether the application of a mass limit in lieu of a concentration limit is appropriate. This judgement should include a finding that the industrial user is utilizing control measures at least as effective as the model treatment technologies on which the categorical standard was based, and is employing water conservation methods and technologies that substantially reduce water use. The industry must be able to provide documentation that clearly explains the water conservation practices it has employed and how the water conservation methods have led to the waste being concentrated in the wastewater discharge to the point that it cannot meet the concentration limit even though its control measures are as effective as the model treatment technologies. In making this judgement, the Control Authority may review the corresponding categorical standard Development Document for potential control options. The Control Authority might also review current trade association literature for other control options that have become available since the Development Document was produced. The categorical standards do not dictate what treatment technologies must be used; however, they do set standards to be achieved and these standards are based on certain model technologies. The Control Authority should understand these technologies and consider their effectiveness when determining whether an alternate mass limit is appropriate.

How will equivalent mass limits be calculated?

In order to establish a mass limit, the Control Authority will need to determine an appropriate flow from the industrial user's facility. Again, the determination should be based upon the Control Authority's judgment and supported by the above sources of information. The appropriate flow should be based upon a reasonable estimate of the flow required to achieve the facility's production goals using BAT and in the absence of the water saving technology. The flow would then be multiplied by the concentration standard to determine the alternative mass limit that would be applied to the facility.

These equivalent standards will be modified pretreatment standards. As with any modified standard, in order for the Approval Authority and the public to be able to verify compliance by the CIUs with these equivalent standards, the Control Authority will need to document how the mass limit calculations were derived and make the documents publicly available (i.e., to the Approval Authority, EPA, the general public or any third party requesting this information).

What additional information is EPA requesting?

EPA is requesting comment on the need for and appropriateness of this proposed addition to the existing regulations. Further, EPA is interested in data related to processes and technologies that result in reduced discharges to the point where compliance with concentration limits is problematic. Situation-specific examples of processes and technologies with data would be helpful. EPA is also interested in commenters views on whether this option should be limited to situations in which the industrial user is employing water conservation methods. Are there other situations in which substitution of mass limits for concentration limits would be appropriate? The Agency is also requesting comment on whether it is appropriate to require public and/or Approval Authority review of an industrial user's proposed mass limit prior to Control Authority approval.

C. Equivalent Concentration Limits for Flow-Based Standards (40 CFR 403.6(c))

a. Existing Rule

What is a flow-based mass limit?

National categorical Pretreatment Standards establish limits on pollutants discharged to POTWs by members of specific industries. The standards establish limitations on the amount of pollutants to be discharged by individual dischargers in different ways for different categories. Some Pretreatment Standards currently require the limits to be expressed in terms of mass, based on the facility's flow. For such ''flow-based standards,'' the national guideline contains pollutant concentrations that relate to the discharges from specified categories of industry. For an individual facility, the Control Authority develops a mass limit by multiplying the applicable pollutant concentration (expressed in terms of mass of pollutant per volume of discharge) by the average daily flow

from the facility (expressed in terms of volume per day). The result is a limit on the mass of pollutants per day.

Why was the mass limit approach developed?

EPA has used mass limits to encourage flow reduction and to prevent dischargers from meeting concentration limits by diluting their wastewater. The first categorical standards to require mass limits established an allowable quantity of mass of pollutant per unit of production at the facility. Individual limits required knowledge of a facility's production rates. In order to develop a national production-based standard, production rates must correlate to achievable wastewater flows.

EPA uses concentration-based standards if production and achievable wastewater flow cannot be correlated nationally. EPA explained this approach in the preamble to the proposed Organic Chemicals, Plastics, and Synthetic Fibers (OCPSF) regulation (48 FR 11828, March 21, 1983). The concentration-based standard is applied as a mass limit by multiplying the concentration by the process wastewater flow at the specific facility. This approach minimizes the potential for dilution of process wastewaters by non-process wastewater.

What are the problems with mass limits based on flow?

Flow-based mass limits can, however, be difficult for the Control Authority to implement. To develop a flow-based mass limit, the Control Authority must determine an appropriate process wastewater flow for the facility and then multiply that by the appropriate concentration standard. This is difficult in cases where the facility has highly variable production that leads to flows that often vary week-to-week or day-to-day. This is especially true for smaller facilities where production tends to be more variable and installation of equipment to provide flow equalization may not be practical.

Testing for compliance with the flow-based mass limit requires having accurate information on the flow from all regulated processes at the time the sample is taken. Testing for compliance with a concentration limit only requires taking the wastewater sample and comparing the sampled concentration to the limit.

May alternative limits be developed for flow-based categorical standards?

Currently, 40 CFR 403.6(c) allows Control Authorities to apply an equivalent concentration limit to implement a Pretreatment Standard expressed in terms of mass of pollutant per unit of production. The regulations do not allow equivalent concentration limits in cases where the Pretreatment Standard requires a mass limit to be calculated based on the facility's process wastewater flow.

b. Stakeholder Comments

What changes did EPA suggest in its stakeholder outreach efforts?

EPA recommended allowing Control Authorities to set equivalent concentration limits in cases where Pretreatment Standards currently require the limits to be expressed in terms of mass, based on the facility's flow (e.g., the Organic Chemicals Plastics and Synthetic Fibers [OCPSF] standard). EPA also requested comment on restricting this to situations where the facility had highly variable flows.

How did stakeholders respond?

The majority of respondents expressed varying degrees of support for the recommendation put forth by the Agency for equivalent limits. There were a few opposed to the recommendation, and others that provided additional issues for consideration without indicating approval or disapproval. The commenters who endorsed the recommendation to allow equivalent concentration limits stated that this would be helpful to POTWs and industries because it would make determining compliance much easier.

Those who opposed the recommendation indicated they felt it was more appropriate to revise the individual categorical standards than the General Pretreatment Regulations. The Agency considered revising the individual standards, but believes revisions of the General Pretreatment Regulations are appropriate because the issue being addressed is an implementation issue rather than a standards development issue. The issue here is how these standards are to be applied rather than whether the development of these standards was appropriate. This is explained in more detail throughout the following sections.

Some commenters felt the equivalent limits should be available to all dischargers regulated by mass limits. The Agency considered this, but determined it would not be appropriate given the way the concentration-based standards were designed to be implemented based on process wastewater flow. This is further explained in Section c, ''Today's Proposal.''

c. Today's Proposal

What is EPA proposing?

Today, EPA is proposing to allow Control Authorities to set limits on industrial users by applying the concentration numbers in a flow-based standard directly as equivalent concentration limits. The Control Authority would be allowed to apply such equivalent concentration limits only if the flow from the facility is so variable that the development of mass limits is impractical. Section 40 CFR 403.6(d) will continue to prohibit facilities from increasing flow in order to meet their concentration limits through dilution.

As with other concentration limits, the Control Authority should be certain that dilution is not occurring and that the discharge represents regulated process wastewater flows. The concentration may need to be adjusted using the combined wastestream formula in 40 CFR 403.6(e) if the wastestream is mixed with non-process wastewater or wastewater from other processes.

Note that flow-based standards, like all national categorical Pretreatment Standards, are self-implementing. Facilities to which these standards are applicable must comply with the standards even if the control authority has not issued a permit or other control mechanism that establishes facility-specific limits. If the control authority issues a permit or other control mechanism that correctly implements the flow-based standard as a concentration limit, then compliance with the standard would be measured through compliance with the concentration limit. However, if the control authority issues a permit or other control mechanism that applies an incorrectly calculated equivalent limitation, the industrial user would still be responsible for complying with the correct standard, i.e. the mass limit or the correctly calculated equivalent concentration limit.

Would the equivalent concentration limit replace the mass limit?

Yes, provided it is calculated correctly, as discussed above. Today's proposal would be implemented in the same manner as Control Authority's setting of equivalent limits for production-based standards under the existing regulations. As with other equivalent concentration limits under 40 CFR 403.6(c), under today's proposal the equivalent limits will be deemed Pretreatment Standards for the purposes of § 307(d) of the Clean Water Act and will be enforceable as such.

Why is the proposal limited to facilities with highly variable flows?

Under today's proposal, the Control Authority would be allowed to directly apply the concentration listed in the standard to those facilities with highly variable flow because calculating a mass limit based on a reasonable long-term average flow would be impractical only for these facilities. In this situation, application of the concentration standard would be equivalent to a mass limit derived from flow.

In the case of a concentration standard expressed as a mass limit based on the process wastewater flow, the Control Authority currently derives a mass limit by multiplying the industrial user's average daily flow rate of process wastewater regulated under the standard by the concentration set out in the standard. Using the OCPSF category as an example, the flow rate must be based on a reasonable measure of the actual long-term average daily flow of the regulated process wastewater (52 FR 42522, November 5, 1987; Memorandum dated February 8, 1988, from James Elder, Director of the Office of Water Enforcement and Permits to Regional Water Management Division Directors and NPDES State Directors).

If the flow of the discharge from a facility is so highly variable that determining a reasonable long-term average flow is impractical, then calculating a mass limit may also be impractical. If the Control Authority finds that determining a reasonable long-term average flow is impractical, the actual flow must be used. Since the actual flow value would then be used both for setting the mass limit and for determining the mass in the discharge when sampled for compliance, the flows would cancel out and the result would be the same as comparing the sampled concentrations directly to the concentration in the flow-based standard in order to determine compliance. In other words, the total mass discharged to the POTW based on the concentration limit would be the same as if the mass limit were used.

How would EPA define ''highly variable flow'?

EPA recognizes that the Control Authority must have some discretion to determine when, under site-specific conditions, flow is ''highly variable.'' In each case where a Control Authority allows equivalent limits, the Control Authority should document why the equivalent limits were necessary. The justification should not be based on one instance of substantial increase or decrease in flow. The Control Authority should also be sure that dilution is not taking place (40 CFR 403.6(d)). In the Stakeholder Review Draft of this proposal, the Agency recommended a demonstration that average flows regularly differ from the long term average by ± 20 percent. The use of 20 percent is consistent with EPA's ''Guidance Manual for the Use of Production-based Pretreatment Standards and the Combined Wastestream Formula'' (EPA 833–B–85–201, September 1985). EPA received a number of comments concerning the use of 20 percent as a measure. Many commenters felt 20 percent was appropriate, while others felt 30 or 40 percent would be more appropriate. A few commenters pointed out that the definition of ''highly variable'' should include both percent change and duration, such that the total flow (not the flow rate) in a fixed period of time has changed by 20 percent. Today EPA is requesting further comment on numerically defining the term ''highly variable flow.'' EPA is also requesting comment on whether this alternative should be limited to facilities with highly variable flow. Are commenters aware of other situations where the implementation of a flow-based standard is impractical (e.g., obtaining accurate measurements of flow is costly)'' Alternatively, are there situations where substituting concentration limits for flow-based limits would be desirable even though implementing the flow-based limits is not ''impractical'' The Agency is also requesting comment on whether it is appropriate to require public and/or Approval Authority review of an industrial user's proposed concentration limit prior to Control Authority approval.

D. Oversight of Categorical Industrial Users (40 CFR 403.3(u), 403.8(f) and 403.10(f))

a. Existing Rule

Should all categorical industrial users be considered significant?

POTWs with Approved Pretreatment Programs and States acting as Pretreatment Control Authorities are required to provide certain minimum oversight of significant industrial users (SIUs). The required minimum oversight includes inspection and sampling of each SIU annually, reviewing the need for a slug control plan every two years, and issuing a permit or equivalent control mechanism every five years (40 CFR 403.8(f)(1)(iii) and (2)(v) and 403.10(f)(2)(i)). Industrial users that are not SIUs are not necessarily subject to this oversight.

Control Authorities have expressed concern with the rigidity of the oversight requirements, especially with respect to smaller facilities that are subject to categorical Pretreatment Standards and facilities that they believe have no potential to cause pass through or interference. If these facilities were excluded from the definition of SIU, Control Authorities could, on a case-by-case basis, determine adequate sampling and inspection frequencies and whether individual permits are necessary for the facilities.

What facilities are currently defined as significant industrial users?

''Significant industrial user'' is defined in existing 40 CFR 403.3(t) to include two types of facilities. The first includes all industrial users that are subject to a Pretreatment Standard for New or Existing Sources. These standards are often referred to as national categorical Pretreatment Standards, and facilities subject to the standards are referred to as categorical industrial users (CIUs). Today's proposal would exclude certain ''non-significant'' CIUs from the definition of SIU.

The second category of facilities included in the definition of SIU includes certain facilities that are not CIUs. All non-categorical facilities that discharge 25,000 gallons per day or more of process wastewater are considered SIUs, as are facilities that contribute a process wastestream constituting 5 percent or more of the average dry weather or organic capacity of the POTW. The control authority may exclude such a facility from the SIU definition based upon a finding that it does not have a reasonable potential to adversely affect the operation of the plant or to cause a violation of any Pretreatment Standard or requirement. Control Authorities may also consider smaller facilities to be SIUs if the facilities have the potential to cause problems with a POTW's operations or violate Pretreatment Standards or requirements.

Since Control Authorities already have flexibility with regard to oversight of non-categorical facilities, they are not the focus of today's proposal.

What is the history of the definition of SIU?

The definition of SIU and related requirements were established in July 1990 by the rule to implement the Domestic Sewage Study (''the DSS Rule'') (55 FR 30082, July 24, 1990). Before this regulatory revision, sampling and inspection frequency were only

recommended in EPA guidance (''Pretreatment Compliance Monitoring and Enforcement Guidance,'' September 1986). The proposed DSS Rule (53 FR 47649, November 23, 1988) would have required Control Authorities to inspect and sample SIUs at least once every two years. The proposal requested comment on whether to require annual inspections and sampling. The preambles to the proposed and final rule did not specifically address whether to adopt a different requirement for oversight of smaller SIUs.

The proposed Metal Products and Machinery rule (60 FR 28269, May 21, 1995) solicited comment on whether, as an alternative to exempting low-discharge industrial users from the rule, EPA should revise Part 403 to reduce monitoring, reporting, and inspection requirements applicable to small-flow facilities. Today's proposal elaborates on that issue.

Can CIUs that do not discharge regulated pollutants be considered SIUs?

Some categorical standards only require a certification statement that an industrial user does not use a pollutant of concern. See, e.g., 40 CFR 439.16, Pretreatment Standard for Existing Sources, Pharmaceutical Manufacturing. Other standards may require that there be no discharge of process wastewater. See, e.g., 40 CFR 455.46, Pretreatment Standard for Existing Sources, Pesticide Formulating, Packaging, and Repackaging. An industrial user is considered to be subject to the categorical standard if it meets the applicability requirements of the standard. It should be noted that in the applicability section of the various categorical standards, the term ''discharge'' includes the potential to discharge. For example, a pharmaceutical manufacturer may comply with monitoring requirements in 40 CFR 439.16(a)(2) by filing a semi-annual certification that it does not use or generate cyanide, while a pesticide formulator may comply with the monitoring requirements of 40 CFR 455.46 by filing a semi-annual certification of no discharge. Under current regulations, Control Authorities must regulate these facilities as SIUs. Under today's proposal, the facility would still be subject to the categorical standard, but at the discretion of the Control Authority, might not be considered an SIU.

If the only wastestream that an industrial user discharges (or could potentially discharge) to the POTW is not subject to the requirements of any Pretreatment Standard for New or Existing Sources, the facility would not be considered a categorical industrial user for the purposes of 40 CFR Part 403. For example, if an industrial user that employs a 100 percent recycle of process wastewater at no time has or will discharge regulated process wastewater to the POTW and does not have the potential to discharge regulated process wastewater to the POTW, the industrial user would not be considered to be subject to the categorical standard for the process and, therefore, would not be required to be regulated as an SIU. Under the existing regulations, Control Authorities should consider issuing ''no discharge'' permits to such facilities with provisions such as a requirement to provide notice of changes in operation and to allow inspections. Control Authorities should also consider whether the facility presents a reasonable potential for discharging pollutants of concern and warrants regulation as an SIU.

Commenters have pointed to confusion regarding whether POTWs are required to sample facilities that have no discharge from any regulated process. EPA notes that POTWs are not currently required to sample facilities that do not discharge, and no revision to the regulations is necessary.

b. Stakeholder Comments

What changes did EPA suggest in its 1997 letter to stakeholders?

EPA's 1997 letter to stakeholders solicited comment on revising the current definition of significant industrial user to exclude certain non-significant facilities that are subject to national categorical Pretreatment Standards. The draft suggested a definition of ''non-significant'' that included (1) facilities that never discharge concentrated wastes such as solvents, spent plating baths, filter backwash, and sludges, or more than 100 gallons per day (gpd) of other process wastewater, and (2) facilities subject only to certification requirements after having met baseline monitoring report requirements (e.g., pharmaceutical manufacturers).

The 1996 WEF/AMSA Pretreatment Streamlining Workshop had recommended excluding facilities under 100 gpd from the definition of significant industrial user. The Workshop also presented recommendations for additional streamlining. One of the Workshop's recommendations was that Control Authorities be able to exempt from the definition of SIU any categorical industrial user that has no reasonable potential to adversely affect the POTW's operation.

The Workshop also recommended that EPA allow Control Authorities more flexibility in the oversight of facilities that would continue to be defined as SIUs. Specifically, the Workshop recommended that EPA allow Control Authorities more flexibility in sampling SIUs, while perhaps keeping the annual inspection requirement. EPA's draft sought comment on these recommendations and also on whether to allow POTWs more flexibility in sampling SIUs that had been in consistent compliance.

How did Stakeholders Respond?

Most commenters supported allowing POTWs to reduce oversight at least of non-significant categorical industrial users that discharge up to 100 gpd. Most municipal commenters not only supported exempting facilities that discharge 100 gpd but would have raised the limit to anywhere from 300 gpd to 4,000 gpd.

Several commenters, however, thought that the definition of SIU should not be changed. A slight majority of State commenters opposed deleting even 100 gpd facilities from the definition of SIU because it would result in the elimination of minimum oversight requirements. A few commenters stated that requirements should be reduced by amending the national categorical standards, not the definition of SIU.

Some commenters opposed a definition based on flow and preferred one based on total mass or on potential to impact the POTW. One made a specific recommendation that SIU status be determined by considering both the flow and its toxicity using the toxic weighting factors used by EPA in guideline development.

A few commenters addressed whether facilities that are in consistent compliance should be allowed to be excluded from oversight as SIUs. They generally supported the idea but opposed as arbitrary the suggestion that only 50 percent of SIUs could be excluded under the exception. One commented that, regardless of its compliance history, any SIU with the potential to adversely impact the POTW should be an SIU.

Approval Authority commenters generally opposed and POTW commenters generally supported not requiring Control Authorities to regulate as an SIU any industrial user that did not present a potential to adversely impact the POTW. One supporter of the concept suggested that a facility should not be required to be an SIU if it could

discharge all of its process chemicals to the POTW without treatment and without impacting the POTW.

c. Today's Proposal

What changes to the SIU definition is EPA proposing?

EPA is proposing to allow Control Authorities to exempt non-significant categorical industrial users from the definition of significant industrial user. Today's proposal would define non-significant categorical industrial users as (1) facilities that never discharge untreated concentrated wastes that are subject to the categorical Pretreatment Standard as identified in the development document for the standard, and never discharge more than 100 gallons per day (gpd) of other process wastewater, and (2) industrial users subject only to certification requirements after having met baseline monitoring report requirements (e.g., pharmaceutical manufacturers).

Regardless of whether they are considered SIUs, all categorical industrial users would still be required to comply with applicable categorical Pretreatment Standards and the related reporting requirements in 40 CFR 403.12. Control Authorities would still be required to perform the same oversight of non-significant categorical industrial users that is required for other facilities that are not SIUs, including notifying the categorical industrial user of its status and requirements (40 CFR 403.8(f)(2)(iii)); receiving and reviewing required reports (40 CFR 403.8(f)(2)(iv) and 40 CFR 403.12(b), (d), & (e)); random sampling and inspection (40 CFR 403.8(f)(2)(v)); and investigating noncompliance as necessary (40 CFR 403.8(f)(2)(vi)).

The POTW's annual report would provide a list of the facilities that are being regulated as non-significant facilities. After an initial list is provided, deletions and additions may be keyed to the previously submitted list.

Will EPA consider criteria other than a 100 gpd flow-cutoff for non-significant CIUs?

EPA recognizes that any numeric flow cutoff would have both advantages and disadvantages. The 100 gpd criterion was supported by the stakeholders at the WEF/AMSA meeting, and EPA is including this criterion in today's proposal. It is clear from comments on drafts of this proposal that there is no consensus on an appropriate higher number. The 100 gpd flow is a conservative number that most commenters could support. EPA estimates that about 2 percent of current CIUs might be eligible for non-significant status using this criterion.

In today's proposal EPA is again requesting comment on alternative criteria for determining non-significant status. Such alternative criteria might include a higher flow cutoff or a numeric cutoff based on some alternative criteria such as the estimated mass of pollutant loadings or the percentage of a POTW's total flow discharged by a particular CIU. Alternatively, the criteria might be narrative and include a qualitative description of what constitutes a significant industrial user. Commenters are encouraged to provide data on the likely effects of alternate criteria, including the number of CIUs that would be eligible for non-significant status and any adverse impacts on POTWs or the environment that might result.

EPA is also requesting comment on what consideration should be given to the compliance record of the non-significant CIU. That is, prior to designating a CIU as non-significant, should POTWs examine the compliance record of the CIU and its potential to maintain a high level of consistent compliance with pretreatment standards and requirements? EPA is interested in other possible ways of providing flexibility related to the compliance record of the industry. If EPA promulgates a relatively narrow exclusion, such as the 100 gpd cutoff in today's proposal, it might be appropriate to offer greater flexibility to POTWs to target oversight resources to SIUs with the greatest potential to cause harm to the POTW or the environment. One such alternative would be to relax the minimum monitoring requirements for facilities with a consistent record of superior environmental performance, as was recently done for direct dischargers (''Interim Guidance for Performance-based Reduction of NPDES Permit Monitoring Frequencies,'' April 1996). This would not only reduce administrative burden, but would provide an incentive for facilities to reduce pollutant loadings still further. EPA requests comment on this or similar alternatives to allow better targeting of POTW oversight resources.

How would the flow from non-daily batch dischargers be counted?

Under the proposal, the 100 gpd criterion is a daily maximum and cannot be aggregated for the purpose of periodic batch dischargers. EPA is interested in comments, however, on whether to allow the non-significant definition to include facilities that discharge up to 500 gallons of process wastewater once per week. One commenter suggested that not allowing aggregation would discourage efficient treatment of these wastes. EPA, however, does not believe that the benefits to the industrial user of being defined as non-significant are sufficient to pressure facilities into inefficient practices, because that definition affects requirements applicable to the Control Authority.

E. Categorical Industrial User Monitoring (40 CFR 403.12)

a. Existing Rule

What are the current minimum sampling requirements for categorical industrial users?

The Pretreatment Regulations have required since 1978 that all facilities subject to national categorical Pretreatment Standards submit to their Control Authority twice per year a report on the pollutants in their effluent stream that are limited by the applicable categorical Pretreatment Standards (40 CFR 403.12(e)(1)). The report must include the results of sampling and analysis of the effluent which is representative of conditions occurring during the reporting period at a frequency necessary to assess and assure compliance with applicable standards (40 CFR 403.12(g)). The regulations make clear that these are minimum requirements and Control Authorities have the flexibility to increase sampling and reporting requirements. The regulations also require the Control Authority to sample all SIUs at least once per year (40 CFR 403.8(f)(2)(v)).

The regulations allow the Control Authority to perform the sampling required of the categorical industrial users (40 CFR 403.12(g)(1)). Commenters stated that it is not clear whether, when Control Authority sampling detects a violation, it is the Control Authority or the user that must resample within 30 days. Resampling is required by 40 CFR 403.12 when the sampling by the user detects a violation.

b. Stakeholder Comments

What changes did EPA suggest in its 1997 letter to stakeholders?

EPA discussed two options in its 1997 letter to stakeholders. The first option was tied to the proposal to allow Control Authorities to reduce oversight of non-significant facilities (Proposal D). For those non-significant facilities that a Control Authority would not be required to sample, because they are no longer SIUs, but which would still be required to self-monitor because they

are categorical industrial users, the Control Authority could elect to sample the facility and only require the facility to self-monitor once per year.

EPA also solicited comment on whether to allow Control Authorities to waive all self-monitoring of non-significant facilities. The facility's minimum monitoring requirements would be determined by the Control Authority.

Under both approaches, the facilities would still be required to file Baseline Monitoring Reports and 90-day compliance reports, and to comply with the categorical standard.

How did stakeholders respond?

Almost all commenters supported streamlining at least to the extent of allowing one annual sample by a POTW and one by a non-significant categorical industrial user. There was concern that the proposal did not provide much streamlining and would create a category that would have to be tracked separately. Many argued that EPA should go further and allow Control Authorities complete discretion to set minimum monitoring requirements for non-significant facilities. Some commenters thought these facilities should not be subject to categorical standards at all. Others said that there should be no minimum requirements for facilities that are not SIUs, even if they are subject to a national categorical standard. There was little support, however, for an alternative approach that would have waived all industrial user monitoring only if a Control Authority conducted unannounced monitoring annually.

One trade association said that it would actively oppose this proposal because it favors small facilities. EPA does not believe that the proposal inappropriately favors small industrial users. POTWs are already allowed to perform the sampling that users are otherwise required to perform. This proposal merely authorizes a different allocation of that sampling. Control Authorities could provide this relief only if they find the sampling to be adequate to assure compliance by the facility.

One stakeholder commented that 40 CFR 403.12(g) already allows one annual sample to be taken by the Control Authority and one to be taken by the categorical industrial user. EPA does not agree with this interpretation. This particular part of the regulation was established on October 17, 1988, in response to the findings of the Pretreatment Implementation Review Task Force (PIRT) (''Pretreatment Implementation Review Task Force Final Report to the Administrator,'' January 30, 1985). The Pretreatment Implementation Review Task Force recommended changing the language in 40 CFR 403.12 to allow for POTW monitoring in lieu of self-monitoring. This change was to address concerns by POTWs that some industrial user monitoring was not reliable and the fact that some users would prefer that the POTW conduct the monitoring. Individual samples taken by the Control Authority and the CIU at different times during the year would not address the reliability issue.

Other commenters noted that three samples are required annually when the POTW samples for the industrial user, with additional samples required if violations are detected. At the time the PIRT regulatory changes were made, the regulations required that CIUs report their compliance status twice per year; this in turn required sampling a minimum of two times per year. At this time there was no minimum sampling frequency required to be performed by the POTW. Since the PIRT regulatory changes clearly established that the POTW could assume the responsibility for the CIUs' sampling, only two samples were required. In the 1990 regulatory changes resulting from the Domestic Sewage Study (DSS), the Agency required that POTWs sample effluent from each SIU at least once per year (40 CFR 403.8(f)(2)(v)). The preamble supporting this regulatory change did not discuss a need for POTWs to sample three times per year in cases where the POTW had assumed responsibility for the categorical industrial user's monitoring. The discussion in the preamble focused on the need for a minimum frequency of independent sampling by the POTW to check the industrial user's monitoring data. If the POTW is already doing the twice per year sampling in lieu of the categorical industrial user, then the independent check is achieved. This is also explained in the ''Industrial User Inspection and Sampling Manual for POTWs'' (p. 102; EPA 831-B–94-001, April 1994).

c. Today's Proposal

What is EPA proposing?

This proposal is tied directly to the definition of non-significant categorical industrial user proposed today to be included in 40 CFR 403.3(u)(1)(i). EPA is proposing elsewhere today to allow Control Authorities to exempt ''non-significant'' categorical industrial users from the definition of Significant Industrial Users. In conjunction with that proposal, EPA is also proposing to not establish any minimum inspection and sampling requirements for non-significant categorical industrial users. Instead, the new requirements would allow the Control Authority to establish the appropriate level of inspection and industry and Control Authority sampling for these facilities. In addition, EPA is proposing to establish new minimum reporting requirements for non-significant categorical industrial users. EPA is proposing that at a minimum, a non-significant facility would be required to annually report and certify its status as a non-significant facility, and certify that it is in compliance with the applicable Pretreatment Standards. A Control Authority may require more frequent sampling, inspections, or reporting as it finds necessary to ensure compliance with the categorical standards.

Today's proposal would not require each compliance certification from a non-significant facility to be supported by sampling data. Such facilities, however, must have a reasonable basis for their compliance certifications. When sampling is not performed, the non-significant facility must describe the basis for its compliance certification, such as no changes in any processes that generate process wastewaters or no change in raw chemicals used. EPA recommends that sampling by the industry or Control Authority be performed from time to time to confirm compliance with the categorical standards.

Who must resample when POTW sampling indicates a violation?

The current regulations specify that an industrial user must repeat sampling within 30 days whenever its sampling indicates a violation, unless the Control Authority is sampling monthly or performed sampling at the industrial user in the interim between the industrial user's initial sampling and the receipt of the results of its sampling (40 CFR 403.12(g)(2)). Although the regulations state that a Control Authority may perform the industrial user's sampling and analysis (40 CFR 403.12(g)(1) and (h)), they do not state that resampling is required when the Control Authority's sampling indicates a violation.

EPA is also proposing today that if the POTW has performed the sampling for the industrial user, the POTW must resample when a violation is detected unless it requires the user to perform the repeat sampling. EPA believes that the current requirement that the user resample when a violation is detected should also apply when the POTW samples for the user in order to

determine when the user has returned to compliance. The POTW currently may elect to perform the resampling for the user. If it does not, however, the user should still be required to perform the required resampling. EPA notes that it is in the user's interest to assure that resampling occurs as soon as possible because it will be assumed that the user continues to be in noncompliance until sampling indicates that the user has returned to compliance. Further, today's proposal requires the POTW, in cases where the POTW has performed the sampling, to notify the industrial user as soon as possible after it becomes aware of a violation based upon the sampling results.

Should minimum monitoring be the same as required of NPDES permittees?

EPA is also interested in comment on whether to require one annual sample to be taken by either a non-significant categorical industrial user or its Control Authority. This approach would be consistent with the minimum monitoring requirement for NPDES permittees, which is only once per year (40 CFR 122.44(i)(2)).

EPA notes, however, that there are differences between the Pretreatment program and the NPDES permitting program that suggest that additional minimum monitoring is appropriate in the Pretreatment program. All dischargers to waters of the United States are required to have an NPDES permit and thus are subject to the NPDES minimum monitoring requirements. The minimum monitoring requirements of the Pretreatment program only apply to those users that have been defined as significant industrial users. Approximately 85 percent of the industrial dischargers to POTWs are not considered significant and have no minimum monitoring requirements (''National Pretreatment Program, Report to Congress;'' pp. ES–4, ES–5, 3–2 and 3–11; July 1991 (21W–004)). Also, the Pretreatment program primarily controls toxic pollutants and pollutants in quantities that could cause pass through or interference at the POTW, while an NPDES permit is required for the addition of any pollutants to waters of the United States from a point source.

Should EPA revise guidelines to exempt non-significant facilities?

The WEF/AMSA Workshop Report recommended that EPA consider exempting non-significant facilities as it develops new and revises existing categorical Pretreatment Standards. The proposed Metal Products and Machinery rule (60 FR 28209, May 30, 1995) is an example of EPA having considered the appropriateness of including small facilities within the scope of an effluent guideline.

As noted in its recent ''Effluent Guidelines Plan Update'' (62 FR 8726, February 26, 1997), EPA is committed to promulgating regulations for several industries under court ordered schedules. In order to determine whether small facilities should be excluded from existing guidelines, EPA could have to collect and analyze data and information currently not in the administrative record. Any decisions would have to be based on current data for each industry under examination and would be collected with OMB approval under the Paperwork Reduction Act. Since there are currently more than 30 different industries subject to categorical standards, data collection would create a heavy burden on industry and would represent a substantial effort on the part of EPA which would adversely impact the current court ordered schedules. For these reasons, EPA does not believe existing guidelines and categorical standards should be reopened to consider exempting ''non-significant'' facilities. EPA does agree, however, there should be an examination as to whether small facilities should be regulated as it develops new categorical Pretreatment Standards.

F. Slug Control Plans (40 CFR 403.8(f)(2)(v))

a. Existing Rule

What is a slug discharge and how are they regulated?

Two separate provisions in Part 403 define and address slug discharges. A slug discharge is ''* * * any discharge of a non-routine, episodic nature, including but not limited to an accidental spill or non-customary batch discharge'' (40 CFR 403.8 (f)(2)(v). Section 40 CFR 403.5(b)(4) prohibits industrial users from introducing ''* * * any pollutant, including oxygen demanding pollutants (BOD, etc.) released in a Discharge at a flow rate and/or pollutant concentration which will cause Interference with the POTW.'' Because slug discharges can cause Interference with a POTW operation, they are regulated by this specific prohibition and the more general prohibition against introducing into a POTW pollutants that can cause Pass Through or Interference (40 CFR 403.5(a)(1)). Today's proposal does not alter these prohibitions.

Current regulations also require Control Authorities to ensure that industrial users have policies and procedures in place to prevent or mitigate the effects of slug discharges. Control Authorities must ''* * * evaluate, at least once every two years, whether each such Significant Industrial User needs a plan to control slug discharges'' (40 CFR 403.8(f)(2)(v)). Today's proposal addresses the requirement that Control Authorities review the need for a slug control plan every two years.

What is a slug control plan?

The primary function of a ''slug control plan'' is to ensure that an SIU has a planning and implementation tool to prevent Interference at a POTW treatment facility by a non-routine or accidental discharge. The minimum elements required in a slug control plan are (1) a description of discharge practices, (2) a description of all stored chemicals at the facility, (3) procedures for immediately notifying the POTW of the slug discharge and providing written follow-up notification, and (4) a variety of procedures (e.g., inspection and maintenance of chemical storage areas) for preventing adverse impacts from any accidental spills (40 CFR 403.8(f)(2)(v)(A) to (D)).

Why should the regulation be changed?

Many POTWs believe the requirement to review the need for a SIU's slug control plan every two years is unproductive administrative paperwork. One large metropolitan POTW required only two of its 150 designated SIUs to prepare slug control plans. The WEF/AMSA report characterizes a slug control plan as ''a token piece of paper which gives little added protection to the significant industrial user or the POTW.'' Although the slug control plan requirement is designed to protect POTWs, periodic evaluation of the continuing need for and/or development of a slug control plan, alone, does not necessarily provide for any greater environmental protection.

b. Stakeholder Comments

What changes did EPA suggest in the 1997 draft sent to stakeholders for review?

In the 1997 draft sent to stakeholders for review, EPA proposed eliminating the requirement that POTWs evaluate the need for a slug control plan for each SIU every two years. POTWs would be given the flexibility to review the need for slug control plans or other actions as part of their ongoing oversight of industrial users. Where a slug control plan is found to be necessary, appropriate requirements would be placed in the SIU's permit.

How did stakeholders respond?

A substantial majority of the 70 commenters supported the draft recommendations as being reasonable, appropriate, and in keeping with EPA's proposed streamlining efforts. Fifty-one of the commenters essentially agreed with the discussion and language as written. Fourteen reviewers had no comments on the proposal. Of the remaining commenters, most were either neutral or wanted additional language that would clarify the type of slug discharge that would trigger a Control Authority to require the development of a slug control plan. One commenter stated that their organization would not change anything relating to their practice with regard to slug control plans and that they would retain their very stringent local ordinances requiring a two-year evaluation of the plans.

Several commenters noted that most industrial users already have spill plans in place and that it would be more practical and eliminate confusion for the industrial user to prepare one slug and spill prevention plan that satisfies the various requirements of the Pretreatment program, the Spill Prevention Control and Countermeasures Plan required by the Clean Water Act (CWA) and various hazardous waste laws. EPA agrees with this suggestion and encourages industrial users, POTWs, and other entities to explore ways of having one document satisfy all of the spill planning requirements.

The WEF/AMSA report suggested that EPA substitute the phrase ''uncontrolled releases'' for ''slug discharge.'' Slug discharges, however, are not limited to uncontrolled releases but may include any nonroutine discharge. In subsequent comments, WEF suggested that the definition of ''slug discharge'' be expanded to clarify that it is a nonroutine discharge that has the potential to cause interference or pass through or in any other way violate the Control Authority's regulations, local limits or permit conditions. EPA has incorporated this suggestion into today's rule.

Will oversight be adequate without a two-year review requirement?

Two commenters opposed the draft proposal because they believe that the Approval Authorities would no longer be able to hold the Control Authorities accountable for continuing to conduct slug load evaluations. The proposed regulatory changes, however, do not absolve Control Authorities from the requirement to prevent disruptions caused by slug discharges.

In many instances, operating conditions at an SIU will not have changed significantly since the issuance of its individual control mechanism and the facility will be in compliance with all of its permit conditions. Under these circumstances, the requirement to review and evaluate the need for a slug control plan could be an unproductive use of resources by the Control Authority. Control Authorities are required to periodically inspect industrial users and should be aware of changes at an SIU that may necessitate a reconsideration of the SIU's slug control plan.

The existing regulations also require that industrial users ''* * * promptly notify the POTW in advance of any substantial change in the volume or character of pollutants in their discharge' (40 CFR 403.12(j)). Upon receiving this notice, the POTW could determine whether revision of the industrial user's slug control plan is necessary.

Do the proposed changes impose any additional burden upon the industrial user?

EPA does not intend that today's proposal impose any new requirements on IUs, but it does formalize the requirement for SIUs to control slug discharges (where determined to be necessary by the Control Authority) by adding incorporation of the requirement into SIUs' permits (40 CFR 403.8(f)(1)(iii)(F)). The focus of today's proposal is to address the frequency with which POTWs must consider the adequacy of an SIU's slug control plan or other measures to control slug discharges. One commenter strongly opposed any changes to the current regulation by arguing that the changes in EPA's draft proposal to stakeholders would add to the regulatory burden. This commenter feels that the draft regulatory language would require Control Authorities to force the industrial user to undertake physical improvements deemed desirable by the Control Authority. The commenter also stated that the CWA confers no authority upon a Control Authority to directly regulate a user's physical plant or production practices.

EPA promulgated the requirement for a two-year review cycle of the need for a ''slug control plan'' in the Domestic Sewage Study rulemaking (55 FR 30082, July 24, 1990). In the preamble discussion to that rulemaking, EPA explained the need for POTWs to implement slug control programs. As part of the discussion, EPA referenced the guidance manual, ''Control of Slug Loadings to POTWs'' (EPA 21W–4001, February 1991), which was then under preparation. This manual provides detailed guidance for POTWs to evaluate whether significant industrial users need to develop slug control plans. It also provides guidance for significant industrial users to then develop those slug control plans. This recognizes that POTWs will need to determine whether existing situations may impact their treatment works, while industries are in the best position to solve problems relative to their physical plants or production processes. Part 403 only requires that, where found to be necessary, a POTW must require a significant industrial user to develop a plan to prevent slug discharges. As indicated by the discussion above, this has always been EPA's interpretation of the requirement in 40 CFR 403.8(f)(2)(v) although today's proposal clarifies the regulatory language.

c. Today's Proposal

What is EPA proposing?

Today's proposal would eliminate the requirement that POTWs evaluate the need for a slug control plan for each SIU every two years. The Agency proposes to amend the language in 40 CFR 403.8(f)(2)(v) to give POTWs the flexibility to review the need for slug control plans or other actions as part of their ongoing oversight of industrial users. To encourage some minimum review, today's proposal would also add 40 CFR 403.8(f)(1)(iii)(F) to require that, where a slug control plan is found to be necessary, appropriate requirements would be placed in the industrial user's individual control mechanism.

What would industrial users be required to do to comply with these proposed changes?

Today's proposal would not impose new burdens on SIUs. All SIUs still should take positive action to eliminate or mitigate the effects of a slug discharge. These actions may include constructing physical containment facilities as well as implementing sound management practices to prevent slug discharges.

What actions must the POTW take to ensure that adequate slug control mechanisms are implemented by the significant industrial user?

EPA expects that, as an integral part of its ongoing oversight of all SIU facilities, the POTW will consider whether adequate measures are in place to avoid slug discharges. The POTW is authorized to use its own discretion in determining the timing, level of detail, and commitment of resources necessary

to ensure the facility has adequate measures in place to prevent slug discharges. POTWs still may require that the SIU develop a slug control plan or similar management tool whenever that facility's slug prevention measures are judged to be inadequate.

The proposed changes to the regulations should reduce the paperwork burden imposed upon the SIU and POTW while maintaining environmental protection. Both parties should take tangible, protective measures to eliminate the risk of slug discharges.

G. Sampling for Pollutants Not Present (40 CFR 403.12(e))

a. Existing Rule

Generally, what are the current periodic sampling and reporting requirements?

Currently, 40 CFR 403.12(e)(1) requires industrial users subject to categorical Pretreatment Standards to submit reports to the Control Authority at least twice a year indicating the nature and concentration of all pollutants in their effluent that are limited by the standards. Section 40 CFR 403.8(f)(2)(v) requires Control Authorities to sample these industrial users at least annually.

Is monitoring required for regulated pollutants that are not expected to be present in a categorical industrial user's waste stream?

Sampling is currently required for all pollutants limited by the categorical Pretreatment Standard even if certain pollutants regulated by the standard are not reasonably expected to be present. For example, the pollutants might be expected to not be present based upon prior sampling and analysis, knowledge of process chemistry, raw materials use, and potential byproducts.

b. Stakeholder Comments

What changes did EPA suggest in its 1997 letter to stakeholders?

EPA suggested revising its regulations to allow industrial users to forego sampling of a pollutant regulated by a categorical standard if the user demonstrated through sampling and other technical data that the pollutant is not present and certified on each report that the pollutant is only present at background levels with no increase due to the industrial user's activities. The Control Authority would still be required to sample all SIUs for all regulated pollutants at least once per year. In addition, EPA specifically requested comments on:

- How to define what is meant by ''not present'';
- Determining an adequate technical basis to support a decision that sampling be waived or reduced; and
- Whether reduced monitoring should apply to organic chemicals given their relative variability in production and as contaminants in raw materials.

The comments received on specific issues are discussed below with EPA's proposal on each issue.

How did the stakeholders respond?

EPA received comments on the draft issue paper from 60 stakeholders. Virtually all of the respondents stated that EPA should either reduce or eliminate sampling of pollutants not expected to be present in effluent. One commenter would support the concept only if a prohibition of subsequent discharge is included, similar to that which is proposed for NPDES requirements (see discussion below). Another commenter believed that the current requirement to sample for all pollutants provides the best evidence to support determinations regarding the presence or absence of pollutants.

c. Today's Proposal

How is EPA proposing to define ''not expected to be present''?

Today's proposal would authorize a Control Authority to allow an industrial user subject to categorical Pretreatment Standards to not sample for a pollutant if the pollutant is not expected to be present in its wastestream in a quantity greater than the background level present in its water supply, with no increase in the pollutant due to the regulated process. This flexibility is already available for noncategorical industrial users, via the local limits allocation method implemented by the Control Authority. There would also be a reduced sampling requirement for the Control Authority once it had determined that a pollutant was not expected to be present. Most commenters agreed that EPA should not propose an absolute definition of ''not present'' because limitations on analytical detection capabilities would preclude an industrial user from being able to certify that any pollutant is ''not expected to be present'' in its wastewater. Some commenters preferred the term ''not regulated.'' EPA notes, however, that the pollutants will continue to be regulated even if the industrial user has been authorized not to sample for them. The requirement to comply with each pollutant limit in a standard can be ended only through modification of the categorical Pretreatment Standard. If sampling indicates that an industrial user has exceeded a limit, the user will be in violation of that limit and must resume sampling immediately.

Other commenters suggested that the standard for not sampling should be ''not detectable'' or Below Detection Limit (''BDL'') rather than not expected to be present. EPA is not proposing a standard that refers to the detectability of a pollutant. In light of the increasingly low detection limits that result from modern analytical methods, the pollutant may in fact be detectable but only at background levels that are not of regulatory concern. If EPA established the absence or the non-detectability of a pollutant as the threshold criterion for reduced sampling frequency, EPA anticipates that few if any industrial users would be able to avail themselves of the option.

Stakeholders did not generally support the approach in which sampling could be waived if the pollutant is expected to be 50 percent below the regulated permit limit. Some commenters specifically disagreed with the percentage approach, as it suggested the possibility that the pollutant was added during the industrial process and could be higher under upset or abnormal circumstances. This suggests that compliance could not adequately be demonstrated without regular monitoring.

What information would be required to support a conclusion that a pollutant is not expected to be present?

Today's proposal would require the Control Authority's decision to waive sampling to be based upon both sampling and other technical data, such as the raw materials, industrial processes, and potential by-products. EPA is not proposing that a specific amount of sampling data be required but is interested in comment.

Influent and effluent sampling may be necessary for the initial determination to support the technical factors. After the Control Authority notifies an industrial user that a pollutant is ''not expected to be present,'' subsequent periodic compliance reports may be limited to the submission of the certification statement. Three commenters thought that EPA should establish a regulatory minimum amount of sampling to be conducted for the determination of ''not expected to be present.'' For example, the regulation might require three years of sampling data to document that the pollutant is not expected to be present. Existing sampling data could be used to support requests for reduced sampling. For new facilities or processes, a shorter time might be appropriate if technical data

supported it. Dischargers subject to Metal Finishing Guidelines (40 CFR Part 433), for example, submit Total Toxic Organics (TTO) analytical results for the organics that are reasonably expected to be present as part of the baseline monitoring report; after submission and approval of a Toxic Organic Management Plan, subsequent compliance reports contain a certification statement in lieu of the TTO self-monitoring. On the other hand, the appropriate amount of sampling may be site-specific and better determined by the Control Authority. The Control Authority would be able to consider the specific processes and pollutants involved and other circumstances that would support the reliability of the industrial user's certification that there has been no increase of the pollutant in its wastewaters due to its activities.

EPA is also soliciting comment on whether sampling of influent should be required. Although not favored by eight commenters, most commenters agreed with the concept of either sampling influent water to the industrial processes or using the public water system quality reports to characterize ''background'' quality during the initial determination of ''not expected to be present.''

The Safe Drinking Water Act and its Amendments (SDWA) prescribe specific monitoring and quality assurance requirements on public water systems, data which the industrial user and Control Authority could obtain via the public record to characterize the background quality. However, an industrial user that uses make-up water from a non-public water system could conduct a similar monitoring program to generate a representative data set for its process influent.

Today's proposal would require that, in addition to sampling data, the decision to waive sampling be based on technical factors. Such factors include knowledge of the raw materials used by the industrial user and knowledge of the facility's processes and potential by-products, but do not include pretreatment process capability and efficiency. All factors considered should be documented in the industrial user's individual control mechanism file.

Would any ongoing sampling be required for pollutants not expected to be present?

EPA is proposing that, after a determination has been made that a pollutant is not expected to be present, the Control Authority may waive sampling of that pollutant by the industrial user or reduce the required frequency of sampling to less than twice per year. The Control Authority would only be required to perform the sampling and analysis required by 40 CFR 403.8(f)(2)(v) for all regulated pollutants once during the term of the industrial user's individual control mechanism.

Commenters were split on whether EPA should continue to require ongoing sampling at some reduced frequency to verify that the pollutant is not expected to be present. Several recommended annual monitoring for all regulated pollutants by either the industrial user or the Control Authority, and a few recommended less frequent verification at times such as permit renewal. Eight commenters stated that the Control Authority should not be required to sample the industrial user if the Control Authority had already determined that the pollutants were not expected to be present. EPA believes that, if the Control Authority has determined, based on both sampling data and a technical evaluation that a pollutant is not expected to be present at levels above background, and if the industrial user continues to certify that there is no increase of the pollutant in its effluent due to the activities of the industrial user, then it is appropriate to allow the Control Authority to determine whether to sample the facility more frequently than once during the term of the permit and how often to require sampling by the industrial user. However, EPA is requesting comment on what the rule should specify regarding Control Authority oversight.

Who would authorize industrial users to reduce the sampling frequency?

Today's proposal would allow the Control Authority to authorize reduced sampling. One commenter suggested that further approval procedures (e.g., requiring Approval Authority concurrence) would likely result in delays and administrative costs that would subvert the streamlining benefits sought by EPA. EPA agrees that prior approval from Approval Authorities should not be necessary. Approval Authorities would review the implementation of this provision as part of their regular oversight activities.

Would industrial users be required to certify that a pollutant is not expected to be present and that processes have not changed?

EPA is proposing that an industrial user submit, as part of its regular semi-annual monitoring reports, certifications that there has been no increase in the pollutant in its wastewater due to activities of the industrial user. The willingness of an industrial user to so certify will provide assurance that the pollutant is in fact not present above background levels because a false statement is criminally punishable under 40 CFR 403.12(n).

Most of the commenters responding to this issue were in favor of some type of industrial user certification process. Comment varied as to whether the certification should be submitted semi-annually, annually, or biennially. A few commenters noted that the certification process was consistent with the existing procedures for certifying in lieu of sampling for TTOs. One commenter thought a certification process is not needed because industrial users are already required to notify POTWs if their discharges change substantially. An application form, signed and certified by the industrial user prior to issuance of the user permit, was suggested by a commenter as a possible implementation tool to document and aid enforcement of any change in the other technical factors (industrial process, raw materials, etc.) used in the determination of ''not expected to be present.''

Would relief be allowed for pollutants that are regulated as indicators of other pollutants?

Today's proposal would allow Control Authorities to waive sampling of indicator pollutants to the same extent as other pollutants. One commenter said that the technical information documenting that a pollutant is not expected to be present should be provided for all pollutants of concern and not just the indicator pollutant. The Agency disagrees. Even if the pollutant is regulated as an indicator for other pollutants, the Agency believes that periodic sampling for the indicator can be waived if technical information and past sampling support the conclusion that the indicator pollutant will not be present.

Would EPA apply reduced monitoring for organic chemicals?

Today's proposal would not allow reduced monitoring for discharges subject to the Organic Chemicals, Plastics, and Synthetic Fibers (OCPSF) guidelines. However, EPA is requesting comment on whether Control Authorities should be able to waive sampling at OCPSF facilities of organic chemicals that are not expected to be present. Because the constituents in the effluent from organic chemical manufacturers may vary significantly over time, past information may not be reliable as evidence of whether the pollutant will be present in the future.

The preamble to the OCPSF guidelines discussed the need for minimum monitoring of all regulated organic chemicals (52 FR 42522, November 5, 1987). EPA imposed on OCPSF facilities standards for a wide range of pollutants because of the diversity of sources that could introduce pollutants into the wastewater, such as raw materials, contaminants in raw materials, process changes, and byproducts. Many of the organic toxic pollutants are directly manufactured by OCPSF facilities as well as used as raw materials or generated as byproducts in industry processes. It would be difficult to guarantee that a plant will not discharge any of the regulated pollutants.

EPA is interested in comment on whether Control Authorities should be able to waive sampling for organic chemicals at OCPSF facilities if a facility establishes that a pollutant is not expected to be present and certifies to that effect. EPA is also interested in comments on whether any restriction on relief from sampling for organic chemicals not expected to be present should apply to sources of organic chemicals other than OCPSF facilities.

How does the proposal compare with NPDES requirements?

Direct discharging facilities subject to NPDES permits are similarly required to sample for all regulated pollutants. Proposed changes (61 FR 65268, December 11, 1996) to the NPDES regulations in 40 CFR 122.44(a)(2) would give the Regional Administrator or State Program Director the authority to allow dischargers subject to technology-based effluent limitation guidelines and standards to forego sampling of a pollutant found in 40 CFR subchapter N if the discharger has demonstrated through sampling and other technical factors that the pollutant is not expected to be present in quantities greater than the background level and the discharger certifies on each discharge monitoring report submitted to the Permitting Authority that the pollutant is present in its wastestream only at background levels with no increase in the pollutant due to activities of the discharger. This exclusion would apply only for the term of the permit and would not be available to new sources/new dischargers for the dischargers' first permit term.

Similarly, under the Pretreatment Regulations, an industrial user that is allowed to not sample for a pollutant is still subject to the pollutant limits in the applicable national categorical Pretreatment Standard.

Under today's proposal, such limits would continue to be placed in the CIU's permit or other control mechanism, but the Control Authority would be allowed to eliminate the user's self-monitoring requirements. The Control Authority would be required to sample all pollutants regulated by the applicable categorical standard at least once during the term of the CIU's permit. If any new information indicated that the CIU was in fact discharging the pollutant at greater than background concentrations, the industrial user could not certify that there has been no increase in the pollutant due to its activities and would be required to resume monitoring. If the level of the pollutant exceeds the standard, the industrial user would be liable for violating the categorical standard. If the industrial user fails to provide notice of the change in discharge, it is also liable for violating 40 CFR 403.12(j).

H. Use of Grab and Composite Samples (40 CFR 403.12(b), (d), (e), (g) and (h))

a. Existing Rule

Which sampling requirements are addressed in this section?

Part 403 is very specific regarding when grab and composite samples must be used for baseline monitoring reports and 90-day compliance reports. See 40 CFR 403.12(b)(5)(iii) and (d). For those reports, the industrial user generally must collect (1) a minimum of four grab samples for determination of pH, cyanide, total phenols, oil and grease, sulfides, and volatile organic compounds and (2) 24-hour composite samples for all other pollutants. Those regulations also specify that composite samples must be flow-proportional unless the industrial user demonstrates that this is infeasible. For periodic compliance reports under 40 CFR 403.12(e) and (h), however, there is no regulatory language that specifically addresses the use of grab and composite samples.

This section of today's proposal addresses (1) the application of 40 CFR 403.5(b)(5)(iii) provisions to the periodic compliance reports; (2) when a time-proportional sample may be used instead of a flow-proportional sample; (3) when multiple grab samples may be composited prior to analysis; (4) whether four grab samples are required whenever grab sampling is appropriate; and (5) the sampling of facilities that discharge less than 24 hours per day. Other issues raised by commenters are also addressed.

What are ''grab samples'' and when are they required?

A grab sample is ''* * * a sample which is taken from a wastestream without regard to the flow of the wastestream and over a period of time not to exceed 15 minutes'' (''Industrial User Inspection and Sampling Manual for POTWs,'' EPA 831/B–94–001, April 1994). However, grab samples of volatile organic compounds (VOCs) must be collected almost instantaneously (i.e., less than 30 seconds of elapsed time) and properly preserved (''Comparison of Volatile Organic Analysis Compositing Procedures,'' EPA 821/R–95–035, September 1995). An analysis of an individual grab sample provides a measurement of pollutant concentrations in the wastewater at a particular point in time. Grab samples are usually collected manually, but can be obtained with a mechanical sampler.

Grab samples are required in order to accurately analyze those pollutant parameters that may be affected by biological, chemical, or physical interactions and/or exhibit marked physical and compositional changes within a short time after collection. Grab samples should be used when (1) wastewater characteristics are relatively constant; (2) parameters to be analyzed are likely to be affected by the compositing process, such as the procedures used for oil and grease; (3) composite sampling is infeasible or the compositing process is liable to introduce artifacts of sampling; and (4) the parameters to be analyzed are likely to change with storage. In particular, accurate determination of pH, temperature, total phenols, oil and grease, sulfide, volatile organic compounds, and cyanide requires properly collecting and carefully preserving grab samples.

What are composite samples and when are they required?

A composite sample is formed by mixing discrete samples or ''aliquots.'' For a ''flow-proportional'' composite sample, each individual aliquot is collected after the passage of a defined volume of discharge (e.g., every 2,000 gallons). For a ''time-proportional'' composite sample, the aliquots are collected after the passage of a defined period of time (e.g., once every two hours), regardless of the volume or variability of the rate of flow during that period. Flow-proportional compositing is usually preferred when effluent flow volume varies appreciably over time. The number of discrete samples necessary for a composite sample to be representative of the discharge depends

upon the variability of the pollutant concentration and the flow.

Automatically collected composite samples are usually preferred to collecting grab samples and then manually compositing the grabs into a single sample. Possible handling errors made during the compositing process could yield a sample that is not truly representative of the discharge. However, composite samples can be prepared from manually collected grab samples if each grab contains a fixed volume that is retrieved at intervals that correspond to the periods of wastewater discharge or time of the facility's operation.

When may the requirement for flow-proportional composite samples be waived?

The current regulations allow Control Authorities to waive the requirement for flow-proportional compositing of samples for baseline monitoring reports and 90-day compliance reports in limited circumstances. The Control Authority may accept sample data that are obtained from time-proportional composite sampling or a minimum of four grab samples if flow-proportional sampling is infeasible (e.g., the facility cannot accurately measure flow) and the industrial user demonstrates that these alternative sampling techniques will provide a representative sample of the effluent (40 CFR 403.12(b)(5)(iii)).

b. Stakeholder Comments

What changes did EPA suggest in the May 1997 letter to stakeholders?

In the 1997 draft sent out for stakeholder review, EPA requested comment on whether to allow manual collection and compositing of grab samples for cyanide, volatile organic compounds, and other pollutants not affected by the compositing process.

The draft also discussed the applicability of time-proportional versus flow-proportional sampling methodologies for stakeholder review and comment. EPA attempted to clarify the meaning of ''infeasible'' in the current regulatory language that allows the use of time-proportional composite sampling where flow-proportional sampling is determined to be ''infeasible'' (40 CFR 403.12(b)(5)(iii)).

The Agency also proposed that the same sampling and analytical procedures that are required for baseline monitoring reports and 90-day compliance reports be applicable to the periodic compliance reports required under 40 CFR 403.12(e) and (h). The draft recommended, however, that Control Authorities retain the flexibility to determine the number of grab samples needed for periodic compliance reports, while four grabs would continue to be required for the other reports.

EPA also requested comment on the WEF/AMSA Workshop's proposal to eliminate the sampling protocols and requirements specified in the current regulations and instead define what would constitute a ''representative sample.''

How did stakeholders respond?

There was no clear consensus on the regulatory changes proposed in the draft document. Thirteen commenters had no comment on the proposal. Nineteen commenters essentially agreed with the draft as written. However, the remaining 45 reviewers had fairly divergent opinions as to how the pretreatment sampling requirements could be streamlined. A significant number of respondents (28 out of the 70 commenters) supported the WEF/AMSA proposal to develop a definition and criteria for a ''representative sample'' that would eliminate much of the regulatory language describing sampling requirements in 40 CFR 403.12 (b), (d), (e), (g) and (h).

What are EPA's responses to specific stakeholder comments?

Several commenters did not support manually compositing cyanide and volatile organic compounds because they believed the sample integrity and accuracy would be compromised. In response, EPA notes that reliable procedures for collecting and compositing cyanide and volatile organics have been developed and EPA has published guidance manuals describing the applicable sampling and analysis methodologies. See ''Industrial User Inspection and Sampling Manual for POTWs,'' EPA 831/B–94–001, April 1994, and ''Comparison of Volatile Organic Analysis Compositing Procedures,'' EPA 821/R–95–035, September 1995.

Another commenter stated that the sampling procedures outlined in 40 CFR Part 136 adequately discuss the relationship between grab and composite samples and that no changes to the regulations are necessary. EPA notes, however, that it continues to receive questions relating to sampling issues and believes that clarification of sampling procedures is necessary.

Other commenters requested that EPA clarify when a composite sample is generated for the purpose of determining compliance with prescribed sample holding times (i.e., does the ''clock'' start running when the first or last sample aliquot is collected?). EPA notes that for most circumstances sampling procedures specify that the time the last sample aliquot is collected should be the starting time for calculating sample holding times. Also, this requirement is consistent with sampling procedures used in developing individual effluent limitation guidelines for specific categorical industries in 40 CFR 405–471. However, the holding time can commence at the beginning of the compositing period if it is known that beginning the holding time at the end of the compositing period would result in degradation of the sample. See 40 CFR 136.3, Table II notes.

Another commenter proposed that EPA accept continuous recording pH meter records in lieu of discrete grab samples as a demonstration of compliance with pH limits. In response, EPA notes that, as long as the facility uses EPA-approved methods, continuous recording pH meter records are acceptable to demonstrate compliance with pH limits. The industrial user must provide documentation (recording charts and meter calibration records) to verify adherence to the pH range specified in the permit and accuracy of the metering system.

Several commenters believe the proposed regulatory changes will actually increase the workload if manually composited samples are required. In their opinion, compositing samples would be technically more difficult to collect and their inspectors would need additional training to acquire the necessary technical expertise to implement these programmatic changes. One commenter believes POTWs should not be given any authority to prescribe manual compositing of grab samples merely because the POTW determined that the sample quality would not be affected by the compositing process. In response, EPA notes that today's proposal does not require the compositing of individual samples prior to analysis, but rather provides that option in circumstances where it is not now clearly allowed. The only reason to composite the individual grab samples prior to analysis is to save resources; this technique should not be required if compositing the samples results in added expense.

Did commenters support allowing time-proportional sampling when flow-proportional sampling is infeasible?

The merits and inadequacies of using flow-proportional versus time-proportional sampling methodologies generated many comments. A majority

of the commenters believe that time-proportional sampling is as accurate and far less complicated than flow-proportional sampling. Several commenters stated their belief that time-proportional sampling provides data representative of most waste streams and should always be an acceptable sampling technique. A number of commenters stated that flow-proportional sampling should only be required when flow metering equipment has already been installed at a facility. One commenter pointed out the fact that the magnitude of the flow has little effect on the representativeness of time-proportional versus the flow-proportional sampling techniques; the variability of the flow is the critical factor.

Several other commenters stated that the effluent limitation guidelines for various categorical standards were developed using time-proportional sample data. In their opinion, EPA's insistence upon using flow-proportional sampling techniques to demonstrate compliance with categorical standards is inconsistent and unsupportable. However, if the facility flow rates are so variable that time-proportional sampling would give inaccurate, unrepresentative results, then other, accurate sampling protocols, such as flow-proportional sampling, should be used. In other words, the industrial user bears the responsibility for providing representative sampling data at all times.

Other stakeholders stated that batch dischargers and minimal flow facilities cannot effectively or accurately measure effluent flow and, therefore, cannot use flow-proportional sampling techniques. Many of these facilities have space and right-of-way limitations that make installation of conventional flow measurement systems (e.g., weirs or flumes) difficult. Several commenters stated that installing and maintaining accurate flow measurement devices for small dischargers may add a significant cost burden and have no beneficial impact upon the representativeness of the data obtained. In most cases, commenters stated that time-proportional sampling saves both time and money without compromising accuracy.

Under today's proposal, the Control Authority would be able to authorize the use of time-proportional composite sampling in lieu of flow-proportional sampling upon determining that time-proportional sampling will produce a representative sample.

Did commenters support extending the sampling provisions in 40 CFR 403.12(b)(5)(iii) to periodic compliance reports?

Numerous commenters (mainly POTWs) felt that the Control Authorities should have complete authority to select whatever sampling protocols they believe provide accurate results. Many interpreted the existing regulatory language in 40 CFR 403.12(g)(3) as providing them with the authority to unilaterally set sampling protocols for all periodic compliance reports. EPA recognizes the confusion surrounding this issue. EPA believes that the regulations need to be revised to clarify the applicability of the sampling provisions in existing 40 CFR 403.12(b)(5)(iii) to periodic compliance reports. At the same time, EPA is proposing to revise those provisions to give the Control Authority more flexibility to determine what procedures are necessary for an industrial user to obtain a representative sample.

Could EPA require sampling to be ''representative'' and not specify the sample type?

The WEF/AMSA Workshop Report recommended that all references to sample ''types'' (e.g., grab versus composite, flow-proportional versus time-proportional) be dropped and that the regulatory language require only that the sample be a ''representative sample.'' EPA would then define the term ''representative sample'' to provide the POTW with the flexibility to specify the appropriate sampling protocols. The Report highlighted issues that would have to be addressed in order to define a ''representative'' sample. These issues include (1) the appropriate sampling period (e.g., 24-hours or during the period of discharge); (2) use of flow-proportional versus time-proportional methods; (3) use of grab samples versus composite samples; (4) use of grab samples for pH monitoring; (5) use of grab samples for degradable and volatile parameters; (6) allowing manual compositing of samples when the methodology is approved by the Administrator; and (7) applying the criteria to instantaneous, daily maximum and monthly average limits.

A significant number of stakeholders were in favor of this proposal and requested that EPA both develop a definition and provide guidance outlining specific criteria necessary to define what constitutes a ''representative sample'' for specific industrial process scenarios. Several commenters asked that EPA provide a definition of ''representative sample'' in 40 CFR 403.3 and outline more specific guidelines in 40 CFR 403.12(g).

One dissenting commenter pointed out that the demonstration of a sample's ''representativeness'' is an additional element in making a determination of ''infeasibility.'' This commenter argued that if the Agency does not provide concrete guidance to define all cases of ''infeasibility,'' then the issue of what type of sample is truly representative cannot be resolved.

EPA is not prepared to offer a comprehensive definition of what constitutes a ''representative sample'' or specific guidance at this time. Given all of the physical parameters (type of pollutant, volume, concentration, viscosity, chemical reactivity) and different techniques for preserving, compositing (if appropriate), and analyzing the sample(s), a single, all-encompassing definition of a ''representative sample'' may not be achievable. EPA solicited comments on how to define a ''representative sample'' in the May 1997 pre-proposal draft; however, no commenter provided specific suggestions. EPA believes that it would be difficult to develop appropriate criteria that could be applied to all types of ''representative samples.''

EPA believes that the current regulations, as proposed to be modified today, set minimum guidelines for what would constitute a representative sample. EPA solicits input on how any or all of the factors discussed above could be used to define a ''representative sample.'' Stakeholders are encouraged to provide comment and supporting data describing which current requirements are not necessary to obtain a representative sample, or how a representative sample could be more specifically defined. EPA will assess the comments and develop an appropriate response for inclusion in the final regulation.

c. Today's Proposal

What is EPA proposing?

EPA is proposing to clarify the sampling requirements in 40 CFR 403.12. The requirements of 40 CFR 403.12(b)(5)(iii), which currently are explicitly applicable to the baseline monitoring reports and 90-day reports required by 40 CFR 403.12(b) and (d), would be extended to the periodic reports required in 40 CFR 403.12(e) and (h). These changes will be accomplished by consolidating the new requirements for all of the reports in 40 CFR 403.12(g). Redundant sections would be removed.

The proposed regulatory changes would eliminate the requirement that a minimum of four grab samples be taken in all instances to measure pH, cyanide, total phenols, oil and grease, sulfides and volatile organic compounds. Control Authorities will have the flexibility to determine the appropriate number of grab samples required for periodic compliance reports. For new facilities, the industrial user would still be required to take a minimum of four grab samples to measure pH, cyanide, total phenols, oil and grease, sulfide and volatile organic compounds to meet baseline monitoring and 90-day compliance report requirements. For existing facilities where historical sampling data are available, the Control Authority may authorize a lower minimum. EPA is interested in comment on whether the Control Authorities should be allowed the flexibility to determine the appropriate number of grab samples required to meet baseline monitoring and 90-day compliance report requirements for facilities without historical sampling data as well.

EPA is also proposing to clarify the language currently in 40 CFR 403.12(b)(5)(iii) in two ways. First, EPA is proposing to specifically allow compositing of certain types of grab samples prior to their analysis. The pollutants that could be composited include cyanide, volatile organic compounds, and any other parameters that the Control Authority finds are unaffected by the compositing process as documented in approved EPA methods.

EPA is also proposing that Control Authorities may authorize time-proportional or grab sampling in lieu of flow-proportional sampling as long as the samples are representative of the discharge.

When and what type of grab samples could be manually composited?

Today's proposal would allow multiple grab samples for cyanide and volatile organic compounds collected during a 24-hour period or an operating day to be manually composited in the laboratory prior to analysis. Control Authorities also would be allowed to authorize manually composited grab samples for other parameters that are unaffected by compositing procedures. The main concern is that a composite sample provide an accurate representation of the pollutant in the wastewater. The composite sample should provide analytical results that are comparable to averaged results of the individual grab samples taken over a specific time interval. Generally, a sample can be composited if the analytical method does not require rinsing of the sample vessel as a part of the process and the individual aliquots were properly preserved. In all cases where a series of grab samples is manually composited, those parameters that have preservation requirements in 40 CFR Part 136 must be properly preserved and/or stored at the time of collection as required by the specific analytical method employed prior to compositing. In addition, EPA wishes to reaffirm that some pollutants are not amenable to the compositing process. Total residual chlorine, pH, and temperature samples can not be ''composited'' under any circumstances because the results would be changed by the compositing process. Therefore, today's proposal would not allow Control Authorities to authorize manually composited samples for these parameters.

Although analytical procedures for compositing oil and grease samples have been developed, the general consensus among laboratory experts is that current techniques do not provide consistently reliable results. However, continuing advances in analytical technology may provide methodologies that will make accurate compositing of oil and grease samples technically less cumbersome and more cost effective in the near future. Therefore, the Control Authority should have the flexibility of allowing industrial users to submit data from composited oil and grease samples as long as the sampling and analytical procedures used are sanctioned by EPA in 40 CFR Part 136 or outlined in technical guidance documents.

EPA guidance (''Industrial User Inspection and Sampling Manual for POTWs,'' EPA 831/B–94–001, April 1994) describes procedures for manually compositing individual grab samples that will provide accurate results. The reader should also consult the regulations in 40 CFR Part 136 to identify the accepted analytical protocols for specific classes of compounds or individual parameters. A separate guidance manual (''Comparison of Volatile Organic Analysis Compositing Procedures,'' EPA 821/R–95–035, 1995) describes procedures for accurate compositing of volatile organic compounds.

When could flow-proportional sampling be waived?

Today's proposal would allow Control Authorities to waive the requirement that industrial users collect flow-proportional samples. The regulation would no longer require Control Authorities to require the industrial user to demonstrate that flow-proportional samples are ''infeasible.''

If the Control Authority doubts the equivalency of the two sampling methodologies (time-proportional versus flow-proportional samples), because of highly variable flow or other complicating factors, it still may require the industrial user to demonstrate that the time-proportional or grab samples are representative of the discharge prior to allowing the industrial user to submit such samples. Today's proposal, however, would delete the requirement that the demonstration be made in all cases.

As always, the Control Authority should prescribe a sampling protocol that produces representative results. The selected protocol should take into consideration all of the operation conditions and the physical configuration of the industrial user facility.

What are the sampling requirements for those facilities that do not discharge continuously?

Today's proposal would clarify that, although a ''24-hour composite sample'' must be taken within a 24-hour period, the sample should only be collected during that portion of the 24-hour period that the industrial user is discharging from the regulated process and/or from the treatment unit. Continuous sampling over a 24-hour period for a facility that discharges its process wastewater for less than 24 hours (*e.g.*, an 8-hour shift or a 20–30 minute batch discharge) could cause the sample to be diluted in the sampler. Since flows of non-industrial wastewater routinely occur after the shift is over, use of an automatic sampler programmed for a 24-hour sampling protocol would yield unrepresentative results. The proposed 40 CFR 403.12(g)(3) would clarify that industrial users must collect samples that are commensurate with the time period during which the industrial wastewater is actually being discharged. However, the industrial user and Control Authority should be careful to ensure that if wastewater is discharged other than at the time of composite sample collection, that wastewater is not a regulated wastestream.

I. Removal Credits (40 CFR 403.7)

a. Existing Rule

Generally, what aspects of the removal credit regulation is EPA addressing today?

Removal credits are a regulatory mechanism by which industrial users may discharge a pollutant in quantities

that exceed what would otherwise be allowed under an applicable categorical pretreatment standard because it has been determined that the POTW to which the industrial user discharges consistently treats the pollutant. Today, EPA is proposing to revise one aspect of the removal credit regulations in 40 CFR 403.7.

EPA is clarifying that existing restrictions on removal credit authority for POTWs subject to Overflows apply to Combined Sewer Overflows (CSOs) and Sanitary Sewer Overflows (SSOs). In addition, those restrictions are being revised based on suggestions from several representatives of the SSO subcommittee of EPA's Urban Wet Weather Flows Federal Advisory Committee to further restrict removal credits upstream of SSOs and CSOs and to be consistent with a judicial decision allowing removal credits only to the extent that a pollutant is consistently treated.

Although discussed in previous stakeholder drafts, EPA is not proposing to amend Part 403 to make removal credits available for those pollutants that are not now listed in Part 403, Appendix G as eligible for removal credits. Instead, EPA expects that POTWs that desire removal credits for pollutants not listed in Appendix G will petition the Agency either for promulgation of Part 503 standards for the pollutants for which removal credits are desired or for an amendment to Table II of Part 403, Appendix G. In order for a petition to be considered by EPA, it must contain documentation consistent with the records of decision underlying current Appendix G listings. (Petitioners are referred to ''Technical Support Document for the Round Two Sewage Sludge Pollutants'' (EPA–882–R–96–003, August 1996).) Data must be included on the toxicity, fate, effects, and environmental transport properties of individual pollutants adequate to allow EPA to construct a Part 503 numerical standard, or to allow EPA to make a finding that the concentration of the pollutant in sewage sludge is not sufficient to create a reasonable probability of negative human health or environmental impacts from that pollutant contained in the sewage sludge considering the specific sewage sludge use or disposal practice being employed by the POTW.

b. Background on Sewage Sludge Issue

When are removal credits authorized?

Section 307(b) of the Clean Water Act directed EPA to establish national Pretreatment Standards for categories of sources to prevent interference with POTW operation and pass-through of inadequately treated pollutants. Because, in certain instances, POTWs could provide some or all of the treatment of an industrial user's wastewater that would be required pursuant to the Pretreatment Standard, the Act also established a discretionary program for POTWs to grant ''removal credits'' to their industrial users. The credit, in the form of a less stringent categorical Pretreatment Standard, allows an increased concentration of a pollutant in the flow from the industrial user's facility to the POTW provided certain requirements are met.

Section 307(b) establishes a three-part test a POTW must meet in order to obtain removal credit authority for a given pollutant. Removal credits may be authorized only if (1) the POTW ''removes all or any part of such toxic pollutant,'' (2) the POTW's ultimate discharge would ''not violate that effluent limitation, or standard which would be applicable to that toxic pollutant if it were discharged'' directly rather than through a POTW, and (3) the POTW's discharge would ''not prevent sludge use and disposal by such [POTW] in accordance with section [405] * * *'' (§ 307(b)). Through several rulemakings, EPA promulgated and revised its removal credit regulations, which are codified at 40 CFR 403.7.

Why are sludge standards a prerequisite to removal credit authority?

The United States Court of Appeals for the Third Circuit interpreted the Clean Water Act as requiring EPA to promulgate the comprehensive sewage sludge regulations required by CWA § 405(d)(2)(A)(ii) before any removal credits could be authorized. See *NRDC* v. *EPA*, 790 F.2d 289, 292 (3rd Cir., 1986); *cert. denied*. 479 U.S. 1084 (1987). Congress made this explicit in the Water Quality Act of 1987, which provided that EPA could not authorize any removal credits until it issued the sewage sludge use and disposal regulations. On February 19, 1993, EPA promulgated Standards for the Use or Disposal of Sewage Sludge, which are codified at 40 CFR Part 503 (58 FR 9248).

At the same time EPA promulgated the Part 503 regulations, EPA also amended its General Pretreatment Regulations to make removal credits available for the pollutants controlled by those sewage sludge use or disposal standards. EPA also added a new Appendix G to Part 403 that includes two tables of pollutants which would be eligible for removal credits so long as the other procedural and substantive requirements of 40 CFR Part 503 and 40 CFR 403.7 are met. The first table (Appendix G—Table I) lists, by use or disposal practice, the pollutants that are regulated in Part 503 and eligible for removal credit authorization. The second table (Appendix G—Table II) lists, by use or disposal practice, additional pollutants that are eligible for removal credits if the concentration of the pollutant in the sewage sludge does not exceed a prescribed concentration. The pollutants in Appendix G—Table II are the pollutants that EPA evaluated and decided not to regulate during development of the Part 503 regulations. See 58 FR 9381–9385. Minor revisions to Appendix G were made on October 25, 1995 (60 FR 54763).

Will EPA be issuing standards for additional pollutants in sewage sludge?

EPA is now in the second stage of development of sewage sludge standards. The Agency has completed the process of identifying a second set of pollutants that may cause adverse effects on public health or the environment in sewage sludge that is used or disposed (''Round Two Sewage Sludge Pollutants''). The final list of pollutants was submitted to the District Court in Oregon in November 1995 as part of litigation to compel the Agency to develop sewage sludge standards (*Gearhart* v. *Browner*, Civ. No. 89–6266-HO, D. Oregon.) EPA has identified only two additional pollutant categories for which limits may be developed in Round Two: dioxins/dibenzofurans and coplanar polychlorinated biphenyls (PCBs).

How did EPA determine which pollutants to consider for Round Two sewage sludge standards?

The analysis supporting the selection of these pollutants, and the exclusion of others, is presented in ''Technical Support Document for the Round Two Sewage Sludge Pollutants'' (EPA–882-R-96–003, August 1996). The pollutants analyzed in that document can be divided into three groups. The first group consists of pollutants that were detected in more than 10 percent of the samples in EPA's 1988 National Sewage Sludge Survey and that had not already been regulated in Round One. For these pollutants EPA performed a thorough review of the scientific literature for human health and toxicity data. To the extent data were available, they were reviewed to determine whether the presence of the pollutants in sewage sludge would present an unreasonable risk to public health and the environment when sewage sludge is used or disposed.

The second group of pollutants consists of pollutants that were detected at least once but in less than 10 percent of the total samples. EPA examined these pollutants only to determine whether they were highly toxic.

The third group consisted of pollutants not detected in any sample during the National Sewage Sludge Survey. EPA did not consider these pollutants for inclusion in Round Two.

EPA decided not to consider further for regulation those pollutants that are either not frequently detected, or are not known to present an unreasonable risk. Pollutants were either not analyzed or not fully analyzed by EPA because they were not detected, were detected infrequently in samples from the National Sewage Sludge Survey, or sufficient data and information on the pollutants' toxicity, fate, effects and environmental transport properties were not available for EPA to make a finding for further regulation.

Would pollutants that EPA is not considering for sewage sludge standards be eligible for removal credits?

When promulgating the initial regulations under Part 503, EPA interpreted the Court's decision in *NRDC* v. *EPA* as only allowing removal credits for a pollutant if EPA had either regulated the pollutant or established a concentration of the pollutant in sewage sludge below which public health and the environment are protected when sewage sludge is used or disposed. Today's proposal does not change this situation.

What changes did EPA suggest in its 1997 letter to stakeholders?

EPA's letter to stakeholders would have removed the current prohibition against removal credits for pollutants for which EPA has not established a safe level in sewage sludge for the POTW's use or disposal practice. Specifically, if EPA were no longer considering developing a standard for a pollutant for the POTW's sewage sludge use or disposal practice, the POTW could receive removal credit authority for the pollutant (assuming the other regulatory requirements are met) if the POTW submitted with its removal credit application a study that supported the conclusion that the granting of removal credits would not increase the level of pollutants in the POTW's sewage sludge to a level that would have an adverse impact on public health and the environment.

How did stakeholders respond?

State representatives were divided on this proposal, with a majority opposing the proposal or the concept of removal credits generally. Commenters representing industry either supported the proposal or had no comment. Commenters representing POTWs were evenly split. Commenters representing an environmental group opposed EPA's proposal to allow granting of removal credits for those pollutants not controlled by a sewage sludge standard. A few commenters asked EPA to clarify the extent of the study that the POTW would have to perform and the standard that the sewage sludge would have to meet.

A variety of reasons were given for opposing the proposal. One commenter thought that categorical Pretreatment Standards should apply across the board. Others thought that removal credits are difficult to implement or would negatively impact the reuse of sewage sludge. EPA notes that removal credits are specifically allowed by § 307(b) of the Clean Water Act if certain conditions are met, and the Agency has no authority to abolish removal credits altogether.

Some commenters expressed concerns that sludge risk assessment analysis is very complicated. One noted that POTWs with multiple sludge use or disposal options would have to perform separate studies for each option.

Two commenters that favor the availability of removal credits argued that EPA has no authority to require POTWs to perform a health risk assessment in order to obtain removal credit authority because once the Round Two sludge regulations are promulgated, the requirement that removal credits not prevent sludge use and disposal would be satisfied for all remaining pollutants that EPA has decided not to regulate in sewage sludge. An opponent of the proposal argued that EPA could not allow the POTW to perform the study and that removal credits cannot be authorized unless EPA has established the allowable pollutant level in sewage sludge for the POTW's use or disposal practice.

c. Decision on Sewage Sludge Issue

What is EPA's decision regarding sewage sludge and removal credits?

Today's proposal would not provide for POTWs to apply for removal credit authority for pollutants not eligible for removal credits under Part 403. Instead, a POTW or industrial user can currently petition the Agency to establish a Part 503 standard or an amendment to Part 403, Appendix G—Table II for a pollutant along with an analysis of the impact of the pollutant on the use or disposal of its sewage sludge. Upon promulgation of the Part 503 standard or listing of the pollutant in Part 403, Appendix G—Table II, the pollutant would be eligible for inclusion in an application for a removal credit.

What would be the scope of the petitioner's analysis of the risk related to its sewage sludge?

The petitioner's analysis would have to provide sufficient information on toxicity, persistence, concentration, mobility, and potential for exposure for EPA to consider in establishing concentrations of the pollutant in sludge that would not have an adverse effect on public health or the environment when sewage sludge is used or disposed. If a reference dose (RfD) upon which a human health endpoint is based and an ambient water quality criterion (AWQC) that protects aquatic life from the pollutant's effects are not available, the petitioner must provide information on the toxicity of the pollutant and its environmental properties consistent with existing methologies cited in the 40 CFR Part 503 Technical Support Documents. This information must be sufficient for EPA to be able to create an RfD and AWQC and then to establish appropriate concentrations of the pollutant in sewage sludge to protect public health and the environment prior to promulgation of a new Part 503 numerical standard or listing in Part 403, Appendix G—Table II. In addition, sufficient toxicity information relating to the effects on other terrestrial animals and plant species would have to be provided for EPA to consider exposures of these species to the pollutant in order to craft protective numerical criteria for those exposure pathways. Sufficient data on the pollutant's fate effects and environmental transport properties are required to evaluate all relevant exposure pathways and to prepare appropriate numerical standards for each pathway. These data requirements are described in the preamble and the Technical Support Documents to the final Part 503 regulations published on February 19, 1993 (58 FR 9248). The preamble fully describes EPA's approach, which included an analysis of 14 pathways that could result in a pollutant in sewage sludge having an adverse effect on human health or the environment. All 14 pathways may not be applicable to the petitioner's specific situation, but the database submitted by the petitioner must establish both human health and environmental effects with respect to all pertinent pathways for the use or disposal practice employed by the POTW granting the removal credit. This information must

be sufficient for EPA to promulgate Part 503 numerical standards for those individual pollutants for which removal credits are being sought or findings by EPA that the concentration of these pollutants in sewage sludge after issuance of the removal credits will not create a significant human health or environmental impact.

The petitioner's submitted database can be limited to its particular circumstances, provided the promulgated Part 503 standard is made contingent on those circumstances. For example if the pollutant at issue is in sewage sludge that will be disposed in a surface disposal site, the petitioner need only submit sufficient data on the pollutant's properties relevant to surface disposal. The revision to the POTW's NPDES permit to incorporate the removal credit authority would also require the POTW not to exceed the determined sewage sludge concentration and would specify the associated management practices and reporting requirements.

The study need not be prepared by the petitioner itself, but may be performed by any party. Ultimately, however, it is the POTW that must submit the request for and be given the authority to grant the removal credit.

One commenter asked if the study would have to address the fate of the pollutant for incinerated sludge. As described in the preamble to the final Part 503 regulations, the study would have to determine the dose received by individuals living near the incinerator and would have to compare that dose to available human health criteria (58 FR 9303, February 19, 1993).

Why is EPA not proposing to change the rule?

First, very few POTWs expressed interest in removal credits since they became available in 1993 or in response to the May 1997 letter to stakeholders. And as discussed above, there was substantial opposition among some commenters to allowing POTWs to perform studies as conditions for granting removal credits for pollutants not regulated under either round one or two of the § 405(d) regulations. One commenter argued that allowing POTWs to perform the study would not adequately protect public health and the environment from chemicals that are discharged. The same commenter thought that POTW studies would be more likely to be biased. In response, EPA has decided not to amend Part 403 to include this proposal and notes that data provided in support of petitions to establish Part 503 standards would be peer reviewed and used in conjunction with any risk assessment or other data collected by EPA.

It should be noted that a POTW or an industrial user can currently petition EPA to establish a standard for a particular pollutant, so that removal credits could then be available. EPA believes that this mechanism is the soundest way to develop additional opportunities for removal credit authority.

d. Background on Overflow Issue

How do overflows affect a POTW's eligibility for removal credit authority?

The Court of Appeals in *NRDC* v. *EPA* ruled that removal credits could only be available if the POTW removes a pollutant with a consistency that approximates the consistency with which an industry using the best available technology can remove the pollutant (790 F.2d at p. 292). EPA's 1984 revisions to the Part 403 regulations allowed removal credits to be based on the average removal by the POTW, a rate that the POTW would achieve only 50 percent of the time. The Court ruled that this was not sufficiently consistent removal to support the granting of removal credits.

The Court also ruled that the regulation's determination of consistent removal also failed to take into account the existence of Combined Sewer Overflows (CSOs). In response to the Court's decision, EPA reinstated the provision from its previous regulations regarding CSOs. Under those regulations, a removal credit is reduced by a percentage equal to the percentage of the hours in a year that the POTW's collection system is subject to CSOs. The preamble to the notice reinstating the former regulation did not discuss whether the reinstated regulation satisfied the Court's definition of consistency.

EPA issued its Combined Sewer Overflow (CSO) Control Policy on April 19, 1994 (59 FR 18688). The policy was developed in close consultation with and supported by representatives of POTWs, environmental groups and other stakeholders. An earlier CSO guidance memorandum contained in Appendix A to Part 403 is now obsolete, and EPA is proposing to remove it from the removal credit regulations.

EPA has convened a Federal Advisory Subcommittee to advise the Agency on its policy toward Sanitary Sewer Overflows (SSOs). The presence of SSOs and CSOs results in sewage being discharged to surface waters instead of receiving treatment at the POTW. Some members of the SSO Federal Advisory Subcommittee have suggested that removal credits should not be available if the industrial user discharges upstream from an SSO.

There has been some confusion whether the references in 40 CFR 403.7(h) to ''Overflows'' apply to SSOs or only to CSOs. Although the definition of Overflow appears to encompass both CSOs and SSOs, a reference in the regulation to EPA's CSO guidance memorandum could suggest that the section applies only to CSOs.

e. Proposal Relating to Overflow Issue

What did EPA propose in its 1997 letter to stakeholders regarding overflows and removal credits?

EPA's 1997 letter contained the same proposal and options outlined below. Most commenters supported the draft proposal. A couple of commenters opposed restricting removal credits if the discharge could exit an overflow point untreated or if it did so more than one percent of the time, especially if the POTW is implementing EPA's CSO policy and any future SSO policy. Currently, removal credits can be granted in such situations if adjusted to account for the percentage of time during which overflows occur. EPA, however, questions whether removal credits should ever be available for pollutants that are not consistently treated, and is proposing that their availability be restricted if a POTW's collection system is subject to overflows.

What is EPA proposing regarding overflows and removal credits?

Today's proposal clarifies that the restrictions on the availability of removal credit authority for POTWs with overflows applies to POTWs with collection systems subject to either CSOs or SSOs. References in the regulation to obsolete guidance on the use of construction grants for CSO control would be removed by deleting Appendix A as well as deleting other references due to the changes in 40 CFR 403.7(h)(2) described below. EPA is proposing to make industrial users that are upstream of CSO or SSO outfalls ineligible for removal credits unless it can be established that their discharges will be consistently treated.

One way to ensure that an industrial user's waste will be consistently treated by the POTW is for it to cease discharging its waste when necessary to prevent its escaping during an overflow event. This option may be practical only for industrial users that need to introduce batch discharges to the POTW only periodically. This option is in the current regulations; today's proposal

clarifies that it applies to both CSOs and SSOs.

EPA is proposing to restrict removal credit authority where discharges exit CSO or SSO outfalls untreated. If any overflow point receives treatment (e.g., primary clarification at the outfall) that is demonstrated to consistently treat a percentage of a pollutant, then the POTW responsible for that outfall may apply for removal credit authority for that percentage using the procedures in 40 CFR 403.7(b) for determining consistent removal. If no treatment occurs at any overflow points downstream from an industrial user, that industrial user would not be eligible for a removal credit and would have to comply with the national categorical pretreatment standard. Consistent with this approach, today's proposal would delete the existing provision in 403.7(h)(2) which allows removal credits for discharges that are subject to overflows but reduces the credit by a percentage equal to the percentage of time in a year that the POTW is subject to overflows.

Will EPA consider other options for removal credits if POTWs have overflows?

EPA is soliciting comment on whether to continue to allow removal credits for industrial users upstream of SSO and CSO outfalls regardless of whether any treatment occurs at the outfalls. Under the existing rule, the allowable credit is reduced by the percentage of time a POTW's collection system is subject to overflows. The percentage is calculated based on the number of hours that overflows occur during a year, and there is no limit on what that percentage may be. By authorizing removal credits for POTWs subject to overflows, the current rule reduces the possibility that the industrial user will be required to pretreat its discharge during periods when overflows are not occurring and the POTW would be able to treat it. Because the credit is reduced by the percentage of time the system overflows, the total authorized discharge would be the same as would be authorized in the absence of an overflow. On the other hand, an industrial user's discharge might receive no treatment during periods of overflow. To the extent that these untreated discharges occur during rain events, water quality impacts might be reduced by high flow conditions in the receiving water body.

EPA is soliciting comment on other approaches such as allowing removal credits for industrial users whose discharges would be expected to exit the collection system via SSOs or CSOs no more than one percent of the time. Many categorical pretreatment standards are developed assuming that an industrial user will be in compliance with them 99% of the time if it employs the best available technology. Allowing removal credits where overflows are infrequent enough that the POTW will treat the industrial users 99% of the time is consistent with the methodology for developing the national standards. This approach, however, also could result in wastes receiving no treatment during the infrequent overflow events. On the other hand, it would also eliminate the need for redundant pretreatment by the industrial user of wastes that are eventually treated by the POTW, but only for those industrial users whose discharges are subject to overflows less than one percent of the time.

J. Electronic Filing and Storage of Reports

a. Background

What are the current reporting and record keeping requirements?

The Table below identifies the specific Pretreatment Regulations for reporting, signature, and records retention applicable to industrial users and Control Authorities.

TABLE A

CFR cite	Topic
403.6(a)	Category Determination Request.
403.12(b)	Baseline Monitoring Report.
403.12(d)	Report on compliance with categorical pretreatment standard deadline.
403.12(e) and (h).	Periodic reports on continued compliance.
403.12(f)	Slug Loading notification.
403.12(g)(2)	24-hour noncompliance reporting.
403.12(i)	Annual POTW reports.
403.12(l)	Signatory requirement for Industrial Users.
403.12(m)	Signatory requirement for POTWs.
403.12(o)	Record keeping requirements.
403.12(p)(1)	Notification of discharge of hazardous waste.
403.13(g)	Variance request.
403.16(c)(3)	Upset Provision.
403.17(c)(1–2)	Bypass notification.

When EPA promulgated these regulations, the Agency did not anticipate technologies for electronic reporting and electronic record storage. Consequently, the regulations do not specifically address use of electronic reporting technologies.

Why should the regulations allow for an ''electronic option''?

EPA is evaluating all of its programs for regulatory and procedural barriers to allowing electronic reporting and storage of records in place of paper copies. The Agency believes electronic reporting will help reduce the paperwork burden associated with reporting and produce more cost-effective transactions. The Agency intends to promote the adoption of electronic reporting in environmental control programs and to ensure implementation in a manner that is both consistent across the Agency and compatible with the current electronic reporting practices in the private sector.

What is EPA's current policy on electronic reporting?

On September 4, 1996, EPA published a ''Notice of Agency's General Policy for Accepting Filing of Environmental Reports via Electronic Data Interchange (EDI)'' (61 FR 46684). The purpose of the notice was to announce the Agency's general approach for accepting electronic filing of environmental reports via EDI. As described in that notice, regulated facilities would be able to submit required reports electronically using EDI under certain conditions. First, the facility would enter into a terms and conditions agreement (TCA) with the Agency (as the recipient of the reports). Second, the individual responsible for submitting the report would use a Personal Identification Number (PIN) that would function as a signature on the reports. Finally, under the TCA, the facility would be required to adhere to security and audit/control requirements as described in the notice.

In the September 4 notice, the Agency noted that no specific reporting requirement could be satisfied via EDI until after EPA developed program-specific implementation guidelines. EPA also noted that additional security procedures might be necessary on a program-by-program basis.

What is EDI?

EDI is the transmission, in a standard syntax, of unambiguous information between computers of organizations that may be external to each other. EDI is the most common form of electronic commerce currently used in the private sector to transfer information and products. EDI functions by using a translator to send data from the sender's system through a third party's value added network (VAN) and the receiver's translator to the receiver's system. EPA is determining whether additional security measures, beyond those

required in the September 4 policy, are needed for the electronic submission of compliance reports using EDI. Today EPA invites comment on the use of EDI, and/or other appropriate forms of electronic reporting, under the pretreatment program regulations to satisfy any or all of the requirements listed in Table A.

What about using the Internet?

In addition to EDI, the Agency is exploring the electronic submission of compliance data via the Internet. Under the auspices of the Common Sense Initiative for Metal Finishing, the Regulatory Information Inventory and Team Evaluation (RIITE) program in cooperation with the Office of Solid Waste (OSW) and the Office of Wastewater Management (OWM) is conducting several pilot projects to test the feasibility of Internet-based reporting and forms. The RIITE Program is developing Internet forms for OSW requirements, as well as for the periodic reporting of continued compliance by industrial users, as required at 40 CFR 403.12(e). Several POTWs and Industrial Users in the RIITE group are engaged in a series of technical, security, and human factors tests using the 40 CFR 403.12(e) Internet form.

The RIITE project is exploring security and operational issues by allowing participants to sign forms electronically using digital signature/encryption standards. They may also test EDI-Internet scenarios. The results of the pilots will be used to identify legal and implementation issues associated with the Internet and, where appropriate, to expand the September 4 policy to incorporate procedures that address the Internet as an avenue for submission of environmental reports.

What has the Agency done to address electronic storage of records?

On November 12, 1996, the Agency recognized the acceptability of electronic record storage in the context of hazardous waste manifests required under the Resource Conservation and Recovery Act (RCRA). In a memorandum to the Safety-Kleen Corporation, the Office of Solid Waste noted that ''Safety-Kleen Corp.'s automated manifest record keeping system, which uses a scanner and personal computer to generate and store electronic image files of completed and signed manifests, complies with both the current regulatory requirements addressing the retention of signed manifest copies by waste handlers and the RCRA statutory requirement that hazardous waste facilities provide RCRA inspectors with access to their records for inspection and copying.''

b. Stakeholder Comments

What was the Stakeholder response regarding electronic reporting and record keeping?

In response to EPA outreach, forty-six stakeholders commented on the feasibility of some form of electronic reporting and electronic storage of pretreatment records. While most commenters agreed with the concept of electronic reporting, they felt implementation would be a major hurdle due to availability and use of different software and hardware by permitting agencies and permittees. Two commenters cautioned EPA not to make electronic reporting mandatory, and several commenters raised concerns about signatory requirements.

With regard to electronic storage of data, several commenters expressed concerns over preservation of electronic records. One commenter stated that ''storage may be adequate for three years, but magnetic records are not permanent and changes in hardware and software have made it impossible to retrieve digital data after more than about five years.'' This same commenter also discussed how over the years we have learned to preserve paper documents, but we have not yet learned to preserve ''electronic files.''

c. Electronic Reporting Proposal

How does EPA plan to address electronic reporting and recordkeeping?

EPA is not proposing to amend the regulations to provide for electronic reporting and recordkeeping at this time. Instead, EPA plans to separately propose changes to Parts 122, 123,and 403 to establish criteria or requirements to achieve reliable and secure transmission and storage of electronic data in the NPDES and pretreatment programs. EPA does not currently plan to require any entity to either submit or receive any reports electronically. The Agency merely wants to ensure that the option is available where there is a consensus to do so. Although EPA would not require electronic reporting, State and local authorities would retain discretion under applicable State and local law to require it, and EPA may consider some mandatory electronic reporting in the future.

One commenter suggested that a more complete database of Pretreatment Program information should be required to go along with the additional flexibility provided by this proposal. EPA is considering whether, in order to provide full public access to key information relating to the Pretreatment Program impacts from larger POTWs (e.g., those having dry weather hydraulic flow rates in excess of 5 MGD), to require some mandatory electronic reporting of required annual report information. The timing of this requirement would be dependent upon the development of software and reporting protocols as well as provision of space in an EPA database. Other options for making annual report information publicly available would include mechanisms for posting to a web site by EPA, States, or POTWs.

For purposes of this rulemaking, EPA is soliciting comment on both the proposed voluntary reporting initiative, as well as the possible future mandatory reporting requirement of pretreatment-related information for larger POTWs. Commenters are encouraged to provide both technical opinions and data to support their position with regard to these initiatives. However, EPA would not promulgate a requirement for mandatory electronic reporting of pretreatment-related information without first proposing a more detailed set of protocols and requirements and receiving public comment on these. EPA also invites commenters to discuss any other viable options that would provide more ready access to POTW Pretreatment Program information for the public and Approval Authorities. Discussion of the appropriate size or other criteria that could be used to define POTWs subject to mandatory electronic reporting is specifically desirable.

EPA does not currently plan to propose particular information technology for electronic reporting of pretreatment information. Instead, EPA will propose regulatory revisions to recognize electronic reporting and to establish performance standards for its implementation. This will include requirements to ensure appropriate levels of data integrity, information security, and personal (individual) accountability for the person submitting an electronic report.

Some pretreatment reports may have greater potential for electronic reporting than others. The periodic submission of POTW annual reports (40 CFR 403.12(i)) and industrial user compliance reports (40 CFR 403.12(e)) presents electronic reporting opportunities that could result in significant savings in time and resources for the regulated community and oversight authorities. Other reports that may be particularly well suited to electronic reporting include slug loading reports, 24-hour noncompliance reports, and bypass and upset notifications. For these types of

intermittent reports, the speed of electronic reporting may improve use of the information. Other types of reports, such as the written authorization of representatives to sign reports (40 CFR 403.12(l)(3)), provide less opportunity for electronic reporting.

EPA is interested in comment on the appropriateness of electronic reporting and record storage to satisfy the various requirements identified in Table A. To ensure the continuing viability of self-monitoring and self-reporting under the CWA, EPA is particularly interested in and seeks comment on how to ensure personal responsibility and accountability in the individual submitting an electronic report. This concern is especially important in light of the regulatory provisions of 40 CFR 403.12(n) regarding fraud and false statements. In the upcoming NPDES rule, EPA plans to propose general electronic reporting criteria to address necessary security and accountability. Prior to promulgation of final regulations authorizing electronic reporting, the Agency will attempt to integrate the ''lessons learned'' from the ongoing projects described above, particularly, with respect to these issues. EPA is soliciting comments on electronic filing of reports and requests information on any forms of electronic commerce that can be utilized for environmental reporting and records storage. The Agency is also soliciting comment on the costs associated with the implementation of electronic reporting.

K. General Permits

a. Existing Rule

Are POTWs allowed to issue general permits to control industrial users?

Currently, the Pretreatment Regulations do not prohibit the use of general permits to control the discharge of wastes from industrial users (IUs) to POTWs. POTWs may use general permits to control non-significant industrial users. Section 40 CFR 403.8(f)(1)(iii) requires POTWs to ''Control through permit, order, or similar means, the contribution to the POTW by each Industrial User to ensure compliance. * * * In the case of Industrial Users identified as significant * * *, this control shall be achieved through permits or equivalent individual control mechanisms issued to each such user.'' The preamble to the regulation at 55 FR 30082 (July 24, 1990) emphasizes the importance of POTWs evaluating SIUs on an individual basis to determine the need for individual requirements as necessary. This directive for site specific requirements makes impractical the use of general permits to control SIUs.

What benefits do general permits provide?

Comments received in response to EPA's outreach efforts indicated that most POTWs believed it would be beneficial to be able to issue general permits to similar industries. As explained in the ''USEPA NPDES Permit Writers' Manual'' (EPA 833–B–96–003, December 1996), the use of general permits allows the permitting authority to allocate resources in a more efficient manner and to provide more timely permit coverage. For example, direct dischargers with common characteristics may be covered under a general permit without expending time and money to issue individual permits to each of these facilities. The use of a general permit also ensures consistency of permit conditions for similar facilities. In the pretreatment context, Control Authorities might benefit from the use of controls for discharges from SIUs to POTWs which are similar to the general permits used in the NPDES permit program (40 CFR 122.28).

b. Stakeholder Comments

What changes did EPA suggest during its stakeholder outreach efforts?

EPA suggested providing Control Authorities the ability to issue general permits. These general permits would be available to members of industrial user groups with substantially the same processes being used and the same wastewaters being discharged. General permits would not be able to be used in complex permitting situations where there are production-based standards, the combined wastestream formula is necessary, or where mass limits are necessary.

How did stakeholders respond?

The majority of commenters supported the proposal to allow Control Authorities to use general permits. One commenter pointed out that granting general permitting authority within the industrial Pretreatment Program has the potential to allow large scale paperwork and other personnel efficiencies to take place.

c. Today's Proposal

What is EPA proposing?

EPA is proposing to allow the use of general permits to regulate significant industrial users (SIUs) in certain circumstances. General permits could only be issued for SIUs that are covered by concentration-based standards or best management practices. All of the facilities to be covered by a general permit must employ the same or substantially similar types of industrial processes; discharge the same types of wastes; require the same effluent limitations; and require the same or similar monitoring.

Because the development of mass limits involves calculations unique to each facility, general permits could not be used for SIUs subject to mass limits. For the same reason, general permits would not be available for industrial users whose limits are based on the Combined Wastestream Formula or Net/Gross calculations or other calculated categorical Pretreatment Standard equivalents (40 CFR 403.6(e) and 40 CFR 403.15).

EPA is requesting comment on whether there are situations where the preceding restrictions might limit the use of general permits inappropriately. Commenters are encouraged to provide specific examples of industries or groups of facilities for which relaxation of one of these restrictions, in order to allow the use of a general permit, would be appropriate, and to discuss how the problem of adequately specifying requirements in a general permit for dissimilar facilities or those requiring site-specific calculations would be addressed.

For an individual SIU to be covered by a general permit, it must file a Notice of Intent to be covered by the general permit unless the POTW has established another mechanism that serves this function. Under such a mechanism, the industrial user should identify its production processes, types of waste generated and the monitoring location or locations at which all regulated wastewaters will be monitored.

This proposal would not relieve the SIU that is subject to the general permit from any reporting or compliance obligations under Part 403.

How would POTWs implement general permits?

A POTW would have to have the necessary legal authority if it wanted to issue general permits. General permits would have to be enforceable to the same extent as an individual permit. The POTW should also have enforcement authority against industrial users that fail to file the required Notice of Intent or other designated mechanism (e.g., an IU that fails to file is subject to enforcement for discharging without a permit as prescribed in the POTW's enforcement response plan).

The POTW would need to develop the general permit and provide notice that the permit is available. The general permit would need to specify exactly

what characteristics or conditions render an industrial user eligible for coverage under the general permit. The general permit would have to impose all of the conditions of individual permits listed in 40 CFR 403.8(f)(1)(iii)(A) to (E), except that the monitoring location may be identified as that listed in a facility's Notice of Intent or other mechanism designated by the POTW.

A POTW could make coverage by the general permit mandatory or optional. In either case, if an industrial user is to be covered by the general permit, it must file the Notice of Intent or meet other requirements established by the POTW to be covered by the general permit.

This modification should help POTWs by providing a cost-effective method to cover large numbers of similar facilities under a single permit. This is expected to reduce the administrative burden of issuing separate permits to similar facilities.

Today's proposal would not preclude Control Authorities from issuing individual permits where necessary. Today's proposal also would not restrict Control Authorities' existing authority to use general permits to regulate facilities that are not considered significant industrial users.

It is important to note that in the case where a Control Authority does not have the authority or procedures for issuing general permits in its approved program, a shift by the POTW to a general permit system for a given group of significant industrial users would be considered a substantial modification under 40 CFR 403.18(b)(3). The annual report would indicate which SIUs are covered by each general permit.

EPA is requesting comment concerning the mechanism POTWs should use for industrial users to request coverage under a general permit. The NPDES permit program requires facilities to file a notice of intent to be covered by a general permit. However, since NPDES permit issuance and processing procedures are very different from those used for the pretreatment program's control mechanisms, a mechanism other than a notice of intent may be appropriate for pretreatment general permits.

L. Best Management Practices (40 CFR 403.5; 403.8(f); and 403.12(b),(e), and (h))

a. Existing Rule

What are best management practices?

Best management practices (BMPs) may be generally defined as practices that are intended to keep pollutants out of a facility's wastestream or from reaching a discharge point and may be contrasted with numeric effluent limits that regulate the pollutants in a wastestream. Although the Pretreatment Regulations do not define BMPs, the NPDES regulations at 40 CFR 122.2 define BMPs as schedules of activities, prohibitions of practices, maintenance procedures, and other management practices to prevent or reduce pollution. BMPs also include treatment requirements, operating procedures, and practices to control plant site runoff, spillage or leaks, sludge or waste disposal, or drainage from raw material storage.

There are two distinct uses of BMPs as pretreatment limitations. These are local limits established by the POTW and categorical Pretreatment Standards established by EPA.

What regulations address the use of BMPs as local limits?

Currently, the Pretreatment Regulations do not address the use of BMPs as local limits. For example, 40 CFR 403.5(c) requires POTWs to develop ''specific limits'' and ''specific effluent limits.'' It is not clear whether POTWs could satisfy this requirement by developing BMPs rather than numeric limits.

The question of whether a BMP falls within the meaning of ''limit'' or ''local limit'' arises throughout the regulations. For example, it is not clear whether the word ''limit'' includes BMPs for the purpose of the local permitting requirements under 40 CFR 403.8(f)(1)(iii)(C).

The ''Guidance Manual on the Development and Implementation of Local Discharge Limitations Under the Pretreatment Program'' (EPA 833/B–87/202, December 1987) provides general information on the use of BMPs as local limits. Specifically, the guidance explains, ''The development and implementation of numeric local limits is not always the only appropriate or practical method for preventing pollutant pass through and interference, or for protecting POTW worker health and safety. Control of chemical spills and slug discharges to the POTW through formal chemical or waste management plans can go a long way toward preventing problems. A local requirement for an IU to develop and submit such a plan can be considered as a type of narrative local limit and can be a useful supplement to numeric limits.'' The guidance then provides more detailed information on the different ways management plans can be applied.

What regulations address the use of BMPs as categorical standards?

Certain categorical Pretreatment Standards allow the use of BMPs in place of the established numeric effluent limit. For example, facilities may develop toxic organic management plans in lieu of sampling to demonstrate compliance with the total toxic organic limit in 40 CFR Part 433 (Metal Finishing category). The Pesticides Formulating, Packaging, and Repackaging (PFPR) regulation provides a pollution prevention alternative as an option that may be chosen rather than complying with the ''zero discharge'' limitations. See 40 CFR Part 455 (61 FR 57518, November 6, 1996).

Although the PFPR and some other categorical standard regulations provide for reporting compliance data related to BMPs, the current Part 403 Pretreatment Regulations do not. See 40 CFR 403.12(b), (d) & (e). The existing requirements focus on sampling data to demonstrate compliance with numeric limits rather than documentation to determine compliance with a BMP.

b. Stakeholder Comments

What changes did EPA suggest during its stakeholder outreach efforts?

EPA suggested that POTWs be allowed to use best management practices (BMPs) as local limits. This would provide POTWs the option currently available to NPDES permit writers under 40 CFR 122.44(k), which allows the use of BMPs in lieu of numeric effluent limits. EPA also suggested revising the reporting requirements for numeric limits so that they would encompass BMPs.

How did the stakeholders respond?

Most stakeholders indicated they supported the proposal. Some of the commenters provided examples of how they are already using BMPs to control certain wastewater discharges where they found it impractical to apply a numeric effluent limit. Some stakeholders, however, did not feel it was appropriate to provide this authority to POTWs. These comments will be addressed in the following section devoted to ''Today's proposal.''

c. Today's Proposal

What is EPA proposing?

EPA is proposing to clarify that best management practices developed by POTWs may serve as local limits required by 40 CFR 403.5(c)(3). The BMPs would be enforceable under 40 CFR 403.5(d). They would be included as local permit requirements under 40 CFR 403.8(f)(1)(iii)(C).

EPA is also proposing to modify 40 CFR 403.12(b), (e) & (h) to clarify the reporting requirements that apply when BMPs are used as Pretreatment Standards. This would include any documentation required by the Control Authority or the standards themselves to demonstrate compliance with BMPs that are included in national categorical standards, as well as any documentation required by the Control Authority to demonstrate compliance with BMPs that serve as local limits.

When could POTWs develop BMPs?

EPA anticipates that POTWs will elect to use BMPs instead of numeric local limits in circumstances similar to their use in the NPDES permits program. NPDES permits may require compliance with BMPs in cases where calculation of numeric effluent limitations is not feasible or as a supplement to numeric limits set in a guideline or as otherwise appropriate to meet the requirements of the Clean Water Act (40 CFR 122.44(k)). BMPs may be appropriate for regulating releases when the types of pollutants vary greatly over time, when chemical analyses are inappropriate or impossible, and when other discharge control options are inappropriate.

One commenter felt that BMPs should not be allowed ''in lieu of'' numeric limits; rather, BMPs should only be allowed in addition to numeric limits because BMPs could not be set for specific pollutants. Another commenter felt that BMPs could not be allowed as local limits because the Clean Water Act did not provide authority for them as local limits.

For the BMPs to be considered local limits under 40 CFR 403.5(c), they must protect against pass through and/or interference. This will require the POTW to evaluate the BMPs during the technical evaluation of its local limits. During the technical evaluation for local limits, the POTW will determine the maximum allowable headworks loadings (MAHL) for pollutants of concern. This MAHL will then be allocated to the different contributing sectors of the service area, such as domestic loadings, commercial loadings, industrial loadings and a safety factor. Based on these considerations, the POTW will decide how to control the different contributing sectors in order to protect against pass through and interference. Often the POTW simply allocates a portion of the loading to control industrial contributions; this is considered to be the maximum allowable industrial load (MAIL). The MAIL is then converted into the local limit which is often expressed as an across-the-board concentration applicable to all industrial sources or all ''users of the POTW.'' This is not the only way local limits can be developed. Another option available to the POTW is to apply the MAIL to all industrial and commercial sources and to use a mixture of BMPs and numeric limits to control industrial and commercial sources of pollutants. Whatever the allocation scenario, the BMPs are developed by the POTW to protect against pass through and interference, and are local limits.

What input does EPA need on this proposal?

EPA is requesting comment on the appropriateness of the use of best management practices as 40 CFR 403.5(c) limits. EPA is requesting examples of instances where BMPs may be more appropriate or may provide better environmental protection than numeric effluent limitations.

M. Significant Noncompliance Criteria (40 CFR 403.8(f)(2)(vii))

a. Existing Rule

How is significant noncompliance currently defined?

''Significant Noncompliance'' (SNC) is defined in 40 CFR 403.8(f)(2)(vii) to include violations that meet one or more of eight criteria. The criteria are: (1) Chronic violations of discharge limits (where 66 percent of all measurements taken during a six-month period exceed the daily maximum limit or the average limit for the same pollutant parameter); (2) technical review criteria (TRC) violations (where 33 percent or more of all measurements for each pollutant parameter taken during a six-month period equal or exceed the product of the daily maximum limit or the average limit multiplied by the applicable TRC (TRC equals 1.4 for BOD, TSS, fats, oil and grease and 1.2 for all other pollutants except pH)); (3) any other violation of a pretreatment effluent limit that the Control Authority determines has caused, alone or in combination with other discharges, interference or pass through; (4) any discharge of a pollutant that has caused imminent endangerment to human health, welfare or to the environment or has resulted in the POTW's exercise of its emergency authority to halt or prevent such a discharge; (5) failure to meet, within 90 days after the schedule date, a compliance schedule milestone contained in a local control mechanism or enforcement order for certain activities; (6) failure to provide required reports within 30 days after the due date; (7) failure to accurately report noncompliance; and (8) any other violation or group of violations which the Control Authority determines will adversely affect the operation or implementation of the local Pretreatment Program.

What are the background and purpose of the SNC criteria?

On July 24, 1990, EPA modified 40 CFR 403.8(f)(2)(vii) to include the existing definition of SNC (55 FR 30082). The purpose of this modification was to provide some certainty and consistency among POTWs for publishing their lists of industrial users in noncompliance. The modification was modeled after the criteria under the NPDES program used in determining SNC violations for direct dischargers. By making the modifications, EPA also established more parity in tracking violations by direct and indirect dischargers.

What happens when an industrial user facility is in SNC?

POTWs are required to annually publish a list of industrial users in SNC at any time during the previous twelve months. The POTW must publish this list in the largest daily newspaper published in the municipality in which the POTW is located. The Agency emphasizes that industrial users are liable for any violation of applicable Pretreatment Standards and requirements and strongly encourages Control Authorities to take some type of enforcement response for each such instance of noncompliance. In fact, the very underlying premise of the Enforcement Response Plan is that there will be some type of response for all instances of noncompliance. Whether an industrial user is identified as being in SNC does not determine the type of enforcement action that should be taken. Appropriate types of enforcement responses are addressed in the POTW's Enforcement Response Plan, although EPA guidance recommends that violations rising to the level of SNC be met with some type of formal enforcement action like an enforceable order (''Guidance For Developing Control Authority Enforcement Response Plans,'' EPA 832-B–89–102, September 1989).

b. Stakeholder Comments

On what parts of the SNC criteria is EPA seeking comment?

EPA is not proposing to amend the entire provision on SNC, nor is the Agency seeking comment on all of it. Instead, EPA is proposing limited changes and seeking comment on a number of options for a few specific

provisions. EPA considered the recommendations and issues related to SNC suggested by a number of commenters, including the WEF/AMSA workgroup. These issues are discussed below.

1. Publication

Currently, POTWs are required to annually publish a list of industrial users which, at any time during the previous twelve months, were in significant noncompliance. This list must be published in the largest daily newspaper published in the municipality in which the POTW is located (40 CFR 403.8(f)(2)(vii)). The purpose of this provision is to notify the public of violations. The provision also offers a disincentive for violating because of the resulting ''bad press.''

Commenters have suggested a number of possible revisions to this provision. One would allow publication in any daily newspaper published in the municipality instead of the ''largest daily newspaper.'' Such a modification may result in lower costs to the municipality but it may not be as effective in providing (1) notice to the public or (2) a deterrent effect on the industrial user. One commenter suggested requiring a press release to all daily papers discussing the publication and leaving the actual choice of where to publish up to the POTW. Another commenter suggested requiring the industrial users to pay for the publication.

Another option for amending this provision is focusing on the circulation of the newspaper. For example, the Agency could require publication in the newspaper with the largest circulation in the municipality in which the POTW is located. This could be a daily or weekly (or other frequency) paper. A number of commenters supported this approach, although one noted how difficult it would be to find out what a paper's circulation was. After considering these various suggestions, EPA is today proposing to modify this requirement to be consistent with the July 17, 1997, amendments to Part 403 regarding modifying POTW Pretreatment Programs (62 FR 38406). Under the newly amended 40 CFR 403.11(b)(1)(i)(B), publication can be in any paper of general circulation within the jurisdiction served by the POTW that provides meaningful public notice. EPA believes that such a performance standard for the Control Authority appropriately balances the need to allow flexibility to select choices available in a particular community, with the need to ensure effective public notice and deterrence of ''bad actors.''

EPA is also seeking comment on an appropriate definition for ''meaningful public notice'' to ensure some level of consistency across the pretreatment programs. One option for defining the phrase is to tie it to the circulation of the paper. For example, circulation of the chosen paper must be to at least some specified percent of the POTW's service population.

A number of commenters expressed concern about where in a paper the notice could be found. One commenter suggested EPA should specify where the notice should be placed (e.g., somewhere more prominent than the Public Notice section). Because there is no existing requirement on where to publish the notice, POTWs are currently free to publish the notice in whatever section they feel is most appropriate.

EPA is seeking comment on this and any other appropriate modification to the publication requirements.

2. Applicability

Under the existing regulations, SNC can apply to any industrial user. The WEF/AMSA workgroup recommended that SNC should only be applied to significant industrial users (SIUs). EPA supports this recommendation and is proposing to modify the regulations to apply SNC only to SIUs. This approach is consistent with the NPDES SNC policy which only applies to major dischargers. See ''Revision of NPDES Significant Noncompliance (SNC) Criteria to Address Violations of Non-Monthly Average Limits,'' memorandum from Steven A. Herman, Assistant Administrator for the Office of Enforcement and Compliance Assurance, September 21, 1995. Additionally, this modification should cut down on administrative burdens and allow better resource targeting. POTWs have authority to designate industrial users as SIUs. This ensures the POTW's ability to address all potentially problematic users adequately. The Agency wants to make it clear that this change is focused on the POTW's publication and reporting requirements. EPA fully expects POTWs to take appropriate enforcement actions against any industrial user that violates a pretreatment standard or requirement. POTWs would, of course, have the option of publishing non-significant industrial users along with their SIUs in SNC.

One commenter was opposed to having SNC apply only to SIUs, noting that such an approach would appear to force larger users to shoulder the regulatory burden for all users. They were concerned that smaller users, who may in the aggregate have the potential to harm the system, would go unaddressed. The distinction EPA is making today is not focused on the size of the facility; rather, we focus on those dischargers with the largest potential to impact the system. EPA continues to strongly encourage POTWs to use their authority under existing 40 CFR 403.3(t) to designate any industrial users as significant if they have the reasonable potential to adversely affect the POTW's operation or to violate any Pretreatment Standard or requirement. This includes considering smaller facilities that have the potential (either individually or collectively) to impact the system. Furthermore, all industrial users are required to comply with Pretreatment Standards and requirements, regardless of whether they are designated as SIUs. As noted previously, EPA expects appropriate enforcement to be taken for each violation by any industrial user.

EPA is seeking comment on whether parts of the SNC criteria should still apply to any industrial user. For example, the regulations could continue to require that any industrial user whose discharge (1) causes, alone or in combination with other discharges, pass through or interference (40 CFR 403.8(f)(2)(vii)(C)), (2) causes imminent endangerment to human health, welfare or the environment, or (3) has resulted in the POTW's exercise of its emergency authority (40 CFR 403.8(f)(2)(vii)(D)) be considered in SNC. Some commenters felt that this was not necessary since these industrial users should already be designated as SIUs and, therefore, subject to SNC. One commenter noted that POTWs should be able to use the provision under 40 CFR 403.8(f)(2)(vii)(H) (''any other violation or group of violations which the Control Authority determines will adversely affect the operation or implementation of the local pretreatment program'') to address these non-significant industrial users. Other commenters expressed concern that POTWs were not designating these types of dischargers as SIUs, and that if today's proposal were adopted, information on the compliance status of many industrial users with a reasonable potential for causing violations would be unavailable and the disincentive resulting from SNC designation would be lost. One option for addressing this issue is to add a specific note that in addition to all SIUs that meet the criteria, POTWs must include any non-significant industrial users who meet a subset of the criteria. One commenter proposed that POTWs be given a reviewable option of not including an industrial user as being in SNC even though it meets the criteria.

When the Control Authority exercises this option, it must explain its reasoning in its annual report and the Approval Authority may veto that decision.

Another commenter raised the issue of applying SNC to all categorical industrial users even if they are not SIUs. As noted earlier in the preamble, EPA is proposing to allow Control Authorities to exempt certain ''non-significant'' categorical industrial users from the definition of SIU.

EPA is seeking comment on these issues and on today's proposed language.

3. Daily Maximum or Average Limit Violations

Currently 40 CFR 403.8(f)(2)(vii)(A), (B), and (C) address violations of daily maximum or longer-term average limits.

Commenters have recommended revising these subparagraphs to address a broader range of violations, not just daily maximum or monthly average limits. EPA is proposing to modify the provisions to address Pretreatment Standards (defined under 40 CFR 403.3(j)). (EPA has included language addressing both Pretreatment Standards and Pretreatment Requirements under subsection (C) where the provision is not specifically tied to a numeric limitation.) This is important since some local limits may be expressed as instantaneous limits or narrative limits. Furthermore, the revised language addresses other types of requirements like operational standards. This is generally consistent with EPA's recent revision to its NPDES SNC policy where EPA broadened the criteria to address non-monthly average limit violations. EPA supports this approach and is proposing to modify the regulation accordingly. EPA notes, however, that the WEF workgroup recommended against applying this to instantaneous limits. EPA is seeking comment on this issue and on today's proposed language.

Under the NPDES SNC policy, when a parameter has both a monthly average and a non-monthly average limit, a facility is only considered in SNC for the non-monthly average if the monthly average is also violated to some degree (but less than SNC). EPA is seeking comment on whether such a caveat is also appropriate for the pretreatment program.

4. Technical Review Criteria

Under the existing regulations, technical review criteria (TRC) are numeric thresholds used to define a subcategory of SNC based on the magnitude of an effluent violation. A TRC violation occurs where 33 percent or more of all of the measurements for each pollutant parameter taken during a six-month period equal or exceed the product of the daily maximum limit or the average limit multiplied by the applicable TRC. TRC equals 1.4 for BOD, TSS, fats, oil, and grease and 1.2 for all other pollutants except pH (40 CFR 403.8(f)(2)(vii)(B)).

The WEF/AMSA workgroup recommended revising the use of TRC to consider the impact of analytical variability and ''method detection limit'' methodologies. Members raised questions about the technical and scientific basis for the TRC with respect to pretreatment violations. They also recommended that TRC violations be assessed only when the criteria are exceeded by a magnitude greater than the precision of the test. For example, if the methodology is 0.01 mg/l and the TRC level is 0.13, a reading of 0.14 would not be considered an exceedance of the criteria.

The existing provision is consistent with the NPDES approach which has generally been accepted over the years as an indicator of a ''significant'' level of exceedance which should be reviewed for enforcement purposes. Because the TRC is derived from the Quarterly Noncompliance Report (QNCR) language under the NPDES program, EPA looked at the record for the QNCR for information on its basis. The NPDES criteria were developed by the Regions and reviewed by the States and the Compliance Task Force of the Association of State and Interstate Water Pollution Control Administrators. EPA chose the TRC to provide simple criteria that could be applied to effluent data without requiring additional information on production levels, monitoring frequencies, analytical methods, or the basis for a limit. Such criteria are easy to apply to all violations and are easy for the public and permittee to understand. Furthermore, EPA made it clear that it did not intend the TRC to be related to the notion that a well-operated treatment plant varies somewhat in performance and may exceed its permit limit some percent of the time.

The TRC is merely a criterion that defines effluent violations which must be reported on the QNCR. EPA used the concept of a ''well-operated treatment plant'' to establish some regulatory limits for the Best Available Technology Economically Achievable (BAT) (see examples 48 FR 32469 and 48 FR 11839) that ensure that the plant operates and maintains the proper technology. Variations in measurements due to analytical methods, treatment system operation, and other sources inherent in this data set, are already considered in the development of the BAT limitation for national categorical standards. In fact, EPA noted that ''sound regulatory policy dictates that (BAT) levels be chosen that lessen the necessity for analytical disputes without setting the limits so high that inadequate treatment is allowed'' (48 FR 11839). Similar considerations may be made for water quality based effluent limits in NPDES permits to deal with limits below detection levels and the statistical basis for permit limits. See EPA's ''Technical Support Document for Water Quality-based Toxics Control,'' 1991. The TRC is not intended to be an additional allowance for variability in treatment or effluent monitoring; rather, it represents one characteristic (magnitude) of effluent violations which EPA considers to be of concern and serves as a threshold for mandatory reporting of effluent violations (50 FR 34652).

The same considerations apply to the TRC as it is applied to categorical standards in the pretreatment program and may be relevant for local limits. EPA believes the magnitude of an effluent violation is a significant factor and needs to be addressed under the pretreatment program. At the same time, EPA recognizes that there may be significant, site-specific variability in the development and implementation of local limits, so that a single multiplicative factor may not be appropriate for applying TRC in every case.

EPA is not proposing to amend the TRC (other than as discussed above under section 3 ''Daily maximum or average limit violations'') today. However, EPA is seeking comment on this issue, particularly as it relates to local limits. EPA is interested in suggestions for workable alternatives to the current TRC provisions that would ensure that the magnitude of a violation continues to be incorporated in the definition of significant noncompliance, and that would not unduly increase the workload on either the Control Authority or the Approval Authority.

5. Late Reports

The existing regulations require that dischargers who submit reports 30 days late be considered in SNC. This is consistent with the NPDES SNC approach for late reports.

SNC for late reports is a very contentious issue. Some commenters stated that reporting is important in and of itself and it serves a vital role in ensuring adequate implementation and oversight of the pretreatment program. Some commenters thought reporting was critical, but Control Authorities need more flexibility in determining

when a late report resulted in SNC. Other commenters stated reporting was important but it should not be equated with effluent violations. The WEF/AMSA workgroup recommended that EPA provide Control Authorities with greater flexibility but did not offer specific recommendations.

Many commenters did offer specific suggestions for amending this provision. One option would be to tie SNC to a pattern of late reporting, rather than requiring a single late report to trigger SNC status. The regulation could leave it to the Control Authority to determine what constitutes a ''pattern of late reporting'' warranting SNC, or, alternatively, the regulation could specify a numeric criterion, such as when 33 percent or more of the required reports in a specified reporting period are more than 30 days late. This would be consistent with the current provisions regarding when TRC violations trigger SNC.

Another approach would be to tie SNC to whether the late reports indicated that a monitoring or numeric limitation violation had occurred. For example, the regulation could allow the Control Authority to waive SNC when a late report showed no violations. This might also be tied to a requirement that the Control Authority receive and document a satisfactory response from the SIU in accordance with its Enforcement Response Plan. Such waiver authority might also be limited in its frequency of use (e.g., to no more than once in a two or five year period) or in the degree of lateness for which it could be used (e.g., only for reports received within six months).

Another option might be to limit the types of late reports that may be considered SNC (e.g., only those specifically required under 40 CFR 403.12). Still another option would be to extend the time period. This could be done by allowing 45 or 60 days before a late report becomes SNC. Another alternative would be to retain the 30 day period before a late report becomes SNC, but to require newspaper publication only for reports that are more than 45 days late.

Another approach would be to provide the Control Authority with total discretion in determining whether reporting violations constituted SNC. A variation on this approach would be to allow Control Authorities a reviewable option of not including an SIU as being in SNC for a late report. Under this approach, when Control Authorities exercised this option, they would have to explain their reasoning in their annual report and the Approval Authority could challenge that decision. Some combination of these options may also be considered.

In considering revisions to the late reporting criterion for SNC, EPA notes that implementation of the Pretreatment Program relies heavily on a self-policing and self-reporting system. This self-reporting is important to enforcement. If a failure to report becomes routine, the entire program can be weakened. At the same time, EPA appreciates the concerns of commenters who believe that an occasional late report does not rise to the level of significance of most of the other SNC criteria, especially if it shows no substantive violations.

Consequently, EPA is seriously considering revising the late reporting criterion for SNC. However, because of the wide variety of suggestions that have been offered, EPA is not proposing a specific change at this time. EPA believes it needs more time to consider all of these options before making a final decision. EPA is thus soliciting comment on all of the options discussed here, or combination of these options, that stakeholders would recommend. Based on its further considerations and comments received, EPA may include a revision, consistent with the options discussed here, to the late reporting criterion for SNC in the final rule.

EPA wishes to emphasize that the discussion in this section and the changes being considered relate solely to late reporting as a criterion for SNC status. EPA reminds commenters that all late reports, even those that are only one day late, are a violation of pretreatment regulations.

6. Rolling Quarters

Section 40 CFR 403.8(f)(2)(vii)(A) and (B) concern violations evaluated over a six-month period. EPA's policy is that these criteria should be evaluated on a rolling quarter basis (i.e., a POTW should evaluate an industrial user's performance at the end of a quarter using data from the previous six months). EPA does not necessarily need to amend the regulations to change its policy.

The WEF/AMSA workgroup suggested using a static six-month period. Some commenters have suggested using a static six-month calendar period (e.g., January–June and July–December). Others have suggested using a rolling six-month period that begins with a violation.

Sampling once every six months is only a minimal requirement and industrial users are free to sample more often. Several commenters expressed concern over SNC determinations based on only one data point and others expressed concern over resampling. However, if a violation is detected, 40 CFR 403.12(g)(2) already requires the industrial user to resample and submit the results within 30 days of becoming aware of the violation. It would seem prudent for SIUs to sample early in any quarter so that, if there is a violation, they can take action to correct any problem and have enough time to resample and demonstrate compliance. EPA expects SNC determinations based on one data point will be rare.

Some commenters expressed concern over being published in the newspaper for being in SNC for two years where violations were shown in October, November, and/or December. Again, EPA believes that additional sampling can often balance the initial violation during the next quarter (January through March) if the user has returned to compliance, therefore, there would be no SNC violation and no requirement to publish. A September 9, 1991, memorandum from Michael B. Cook, Director of EPA's Office of Wastewater Enforcement and Compliance, also discusses this issue. ''If a facility has been determined to be in SNC based solely on violations which occurred in the first quarter of the 15-month evaluation period (i.e., the last quarter of the previous pretreatment year) and the facility has demonstrated consistent compliance in the subsequent four quarters, then the POTW is not required to republish the industrial user (IU) in the newspaper if the IU was published in the previous year for the same violations' (''Application and Use of the Regulatory Definition of Significant Noncompliance for Industrial Users,'' EPA memorandum to Water Management Division Directors, Regions I–X and Approved Pretreatment State Coordinators, September 9, 1991). In other words, where the pretreatment year is a calendar year, and an IU had a violation in December 1996 causing it to be in SNC, it would have to be published in the newspaper in 1997. If that same IU did not violate any Pretreatment Standard or requirement from January through December 1997, it would not need to be published in 1998. If there were any violations of any Pretreatment Standards or requirements in 1997 (regardless of the nature or magnitude), the IU would be required to be published in the newspaper in 1998.

EPA is seeking comment on whether it should go further in allowing Control Authorities to waive the second publication where that second publication is based solely on the violations occurring in the last quarter of the previous pretreatment year. Such a waiver would not be available where an SNC determination is based on

violations in the first quarter. For example, (assuming the POTW uses a calendar year) where an IU does monthly sampling and has one daily maximum violation for zinc in September, October, November, and December (1996) and January (1997), the IU would have to be published in 1996 for the violations from September through December, and would be published in 1997 for violations from October through January. The second publication is not based solely on violations of the last quarter of the previous year because SNC has been determined using data from the first quarter of the pretreatment year. The pretreatment year is based on the annual report. Again, note that EPA fully expects POTWs to take appropriate enforcement for all the violations in these examples. The only issue being discussed is whether the POTW should publish the user twice for the same violation. This waiver authority could also be subject to Approval Authority approval. Another option would be to base SNC determinations for violations occurring in the first quarter on only three months of data. Thus, if the SNC criteria were exceeded based on either the first three months or the first six months of data, the facility would be placed in SNC that year. This would eliminate any possibility of a facility being placed in SNC twice for the same violations.

EPA uses the rolling quarter approach in the NPDES program. Some commenters said this approach is too complicated while others said that once the policy is explained, it is quite easy to use. Several commenters expressed concern that the rolling quarter policy was not being used consistently across the country. One option that would alleviate this problem is to amend the regulations to codify the rolling quarter approach making it mandatory for all programs.

EPA is proposing no specific change but is considering the options discussed above. EPA is seeking comment on this issue.

c. Today's Proposal and Request for Comments

What modifications to 40 CFR 403.8(f)(2)(vii) is EPA proposing?

EPA is proposing three modifications to the SNC provision today. First, EPA is proposing to amend 40 CFR 403.8(f)(2)(vii) to allow publication of the SNC list in any paper of general circulation within the jurisdiction served by the POTW that provides meaningful public notice. Second, EPA is proposing to amend the SNC criteria so that they must only be applied to significant industrial users. Third, EPA is proposing to amend 40 CFR 403.8(f)(2)(vii)(A), (B), and (C) to address more than just daily maximum and monthly average limits.

N. Miscellaneous Changes

1. Signatory Requirements for Industrial User Reports and POTW Reports (40 CFR 403.12(l) and (m))

a. Existing Rule

Sections 40 CFR 403.12(l)(1)(ii) and 40 CFR 122.22(a)(1)(ii) contain identical requirements for when a plant manager may sign a report required for the Pretreatment and NPDES permitting programs as a responsible corporate officer. Currently, in order to sign on behalf of a company, the manager must manage a facility with more than 250 employees or $25 million in sales or expenditures. On December 11, 1996, EPA proposed to revise 40 CFR 122.22(a)(1)(ii) to replace the numeric criteria for designating an appropriate signer with more flexible narrative criteria (61 FR 65270). Rather than specify the resource levels the signer must manage, the revised criteria would specify the authority and responsibilities a manager must have in order to sign the report. The revision would require the manager to have the authority to make capital investment decisions and assure long term environmental compliance. In the preamble to the proposal, EPA noted that those who are eligible under the current numeric criteria would remain eligible under the proposed rule. In response to comments received on the proposal, EPA intends to require that the manager have the responsibility for making major capital investment recommendations rather than the unilateral authority to make such decisions.

Section 403.12(i) also requires reporting; however, in this case the report concerns the status of Pretreatment Program activities and it is submitted annually by the POTW to the Approval Authority. Section 403.12(m) requires this report to be signed by ''a principal executive officer, ranking elected official or other duly authorized employee if such employee is responsible for overall operation of the POTW.''

b. Today's Proposal

EPA is proposing to revise the signatory requirements for industrial users at 40 CFR 403.12(l)(1)(ii) to adopt the same language that EPA plans for requirements for direct dischargers at 40 CFR 122.22(a)(1)(ii).

EPA is also proposing to revise the signatory requirements for POTW reports at 40 CFR 403.12(m) so the requirement will be more consistent with signatory requirements in the current 40 CFR 122.22(a). EPA is proposing to modify the existing regulatory language to allow the duly authorized employee to be an individual or position having responsibility for the overall operation of the facility or activity such as the position of POTW Director, Plant Manager, or Pretreatment Program Manager. This authorization must be made in writing by the principal executive officer or ranking elected official, and submitted to the Approval Authority prior to the report being submitted.

2. Net/Gross Calculation (40 CFR 403.15)

a. Existing Rule

Net/gross calculation allows consideration of pollutants in intake water in development of technology-based limitations. EPA modified 40 CFR 403.15, Net/Gross calculation, in 1988 so that this provision would be consistent with the NPDES provision for net/gross which had been revised earlier. See discussion at 53 FR 40602–40605. The NPDES provision (40 CFR 122.45 (g)) is an ''or'' test regarding application of effluent standards on a net basis versus control systems meeting standards in the absence of pollutants in the intake water; that is, meeting either condition allows consideration of adjustment. However, the actual language EPA used to modify 40 CFR 403.15 in 1988 resulted in an ''and'' test in which both conditions would have to be met. As there are no categorical guidelines which specify application on a net basis, in effect this was a prohibition on the use of the net/gross provision in the Pretreatment Program.

b. Today's Proposal

EPA is proposing to revise the language in section 40 CFR 403.15 to be consistent with the NPDES regulations and with the intent of the 1988 modification package. Categorical Pretreatment Standards can be adjusted on a ''net'' basis if either the applicable Pretreatment Standards allow for this calculation *or* the industrial user demonstrates its control system meets those Pretreatment Standards.

3. Requirement To Report All Monitoring Data (40 CFR 403.12(g))

a. Existing Rule

EPA changed 40 CFR 403.12(g) in 1988 to require all monitoring by industrial users to be reported. This was

done to prevent an industrial user that performs extra sampling from selecting the most favorable monitoring result to report to the Control Authority. At the time of this change (1988), only categorical industrial users (CIUs) were required by the regulations to report on a regular basis, and therefore, this requirement was limited to CIUs. In 1990, 40 CFR 403.12(h) was added to the regulations, and required all significant noncategorical industrial users to also sample and report. However, at the time this change was made, the regulations at 40 CFR 403.12(g) were not updated to require all significant industrial users (SIUs), categorical and noncategorical, to report all monitoring results to the Control Authority.

b. Today's Proposal

Today, EPA is proposing to change 40 CFR 403.12(g)(5) to require all SIUs to report all monitoring results for regulated parameters at the point of compliance, obtained using procedures specified in 40 CFR Part 136, to the Control Authority.

4. Notification by Industrial Users of Changed Discharge (40 CFR 403.12(j))

a. Existing Rule

In 1988, the regulations were changed to add 40 CFR 403.12 (j) requiring all industrial users to promptly notify the POTW of any substantial change in volume or character of pollutants in the user's discharge to the POTW. This notification requirement did not include the Control Authority, which, in some cases, is not the POTW.

b. Today's Proposal

Today, EPA is proposing to expand this requirement so the industrial user must notify the Control Authority of any substantial change in volume or character of pollutants in the user's discharge to the POTW, and in cases where the Control Authority and the POTW are different organizations, the industrial user would notify both the Control Authority and the POTW of any substantial change in volume or character of pollutants in the user's discharge to the POTW.

III. Regulatory Requirements

A. Executive Order 12866

Under Executive Order 12866 (58 FR 51735, October 4,1993), the Agency must determine whether the regulatory action is ''significant'' and therefore subject to review by the Office of Management and Budget (OMB) and the requirements of the Executive Order. The Order defines ''significant regulatory action'' as one that is likely to result in a rule that may:

(1) Have an annual effect on the economy of $100 million or more or adversely affect in a material way the economy, a sector of the economy, productivity, competition, jobs, the environment, public health or safety, or State, local, or tribal governments or communities;

(2) Create a serious inconsistency or otherwise interfere with an action taken or planned by another agency;

(3) Materially alter the budgetary impact of entitlements, grants, user fees, or loan programs or the rights and obligations of recipients thereof; or

(4) Raise novel legal or policy issues arising out of legal mandates, the President's priorities, or the principles set forth in the Executive Order.

It has been determined that this rule is a ''significant regulatory action'' under the terms of Executive Order 12866. As such, this action was submitted to OMB for review. Changes made in response to OMB suggestions or recommendations will be documented in the public record.

B. Executive Order 12875

Under Executive Order 12875, EPA may not issue a regulation that is not covered by statute and that creates a mandate upon a State, local or tribal government, unless the Federal government provides the funds necessary to pay the direct compliance costs incurred by those governments, or EPA consults with those governments. If EPA complies by consulting, Executive Order 12875 requires EPA to provide to the Office of Management and Budget a description of the extent of EPA's prior consultation with representatives of affected State, local and tribal governments, the nature of their concerns, any written communications from the governments, and a statement supporting the need to issue the regulation. In addition, Executive Order 12875 requires EPA to develop an effective process permitting elected officials and other representatives of State, local and tribal governments ''to provide meaningful and timely input in the development of regulatory proposals containing significant unfunded mandates.''

Today's rule does not create a mandate on State, local or tribal governments. The rule does not impose any enforceable duties on these entities. The rule provides options for streamlining procedures to provide Approval Authorities, Control Authorities and industrial users with additional flexibility to run their pretreatment programs in a more cost-effective and independent manner. Accordingly, the requirements of section 1(a) Executive Order 12875 do not apply to this rule. Nevertheless, to ensure that the proposed regulatory changes would meet the needs of the regulated community, EPA sought the involvement of those persons who are intended to benefit from or expected to be burdened by this proposal before issuing a notice of proposed rulemaking. These outreach efforts are described in detail in the introduction to this preamble.

C. Executive Order 13045

Executive Order 13045, ''Protection of Children From Environmental Health Risks and Safety Risks,'' (62 FR 19885, April 23, 1997) applies to any rule that: (1) Is determined to be ''economically significant'' as defined under E.O. 12866, and (2) concerns an environmental health or safety risk that EPA has reason to believe may have a disproportionate effect on children. If the regulatory action meets both criteria, the Agency must evaluate the environmental health or safety effects of the planned rule on children, and explain why the planned regulation is preferable to other potentially effective and reasonably feasible alternatives considered by the Agency.

This rule is not subject to E.O. 13045 because it is not an economically significant rule under the guidelines provided by E.O. 12866 and it does not establish an environmental standard intended to mitigate health or safety risks. The proposed amendments to 40 CFR Part 403 would reduce the technical and administrative burden for Approval Authorities, Control Authorities and industrial users. As such, the proposed rule does not impose any new or amended standards for discharged wastewater or the sludge resulting from treatment by a POTW. With respect to the effects on children, the collection, treatment and disposal of wastewater occurs in a restricted system (e.g., buried sewer lines and fenced wastewater treatment plants) that children are unlikely to come in contact with on a routine basis. The proposed rule has no identifiable direct impact upon the health and/or safety risks to children and adoption of the proposed regulatory changes would not disproportionately affect children. The proposed rulemaking is thus in compliance with the intent and requirements of the Executive Order.

D. Executive Order 13084

Under Executive Order 13084, EPA may not issue a regulation that is not required by statute, that significantly or

uniquely affects the communities of Indian tribal governments, and that imposes substantial direct compliance costs on these communities, unless the federal government provides the funds necessary to pay the direct compliance costs incurred by the tribal governments, or EPA consults with those governments. If EPA complies by consulting, Executive Order 13084 requires EPA to provide the Office of Management and Budget, in a separately identified section of the preamble to the rule, a description of the extent of EPA's prior consultation with representatives of affected tribal governments, a summary of the nature of their concerns, and a statement supporting the need to issue the regulation. In addition, Executive Order 13084 requires EPA to develop an effective process permitting elected officials and other representatives of Indian tribal governments ''to provide meaningful and timely input in the development of regulatory policies on matters that significantly or uniquely affect their communities.'' There are no pretreatment programs administered by Indian tribal governments. The proposed rule will neither ''significantly or uniquely'' affect the communities of Indian tribal governments. Accordingly, the requirements of section 3(b) of Executive Order 13084 do not apply to this rule.

E. Unfunded Mandates Reform Act

Title II of the Unfunded Mandates Reform Act of 1995 (UMRA), Pub. L. 104–4, establishes requirements for Federal agencies to assess the effects of their regulatory actions on State, local, and tribal governments and the private sector. Under section 202 of the UMRA, EPA generally must prepare a written statement, including a cost-benefit analysis, for proposed and final rules with ''Federal mandates'' that may result in expenditures to State, local, and tribal governments, in the aggregate, or to the private sector, of $100 million or more in any one year. Before promulgating an EPA rule for which a written statement is needed, section 205 of the UMRA generally requires EPA to identify and consider a reasonable number of regulatory alternatives and adopt the least costly, most cost-effective or least burdensome alternative that achieves the objectives of the rule. The provisions of section 205 do not apply when they are inconsistent with applicable law. Moreover, section 205 allows EPA to adopt an alternative other than the least costly, most cost-effective or least burdensome alternative if the Administrator publishes with the final rule an explanation why that alternative was not adopted.

Before EPA establishes any regulatory requirements that may significantly or uniquely affect small governments, including tribal governments, it must have developed under section 203 of the UMRA a small government agency plan. The plan must provide for notifying potentially affected small governments, enabling officials of affected small governments to have meaningful and timely input in the development of EPA regulatory proposals with significant Federal intergovernmental mandates, and informing, educating, and advising small governments on compliance with the regulatory requirements.

The proposed rulemaking is basically ''deregulatory'' in nature and reduces burden on the affected State, local, and tribal governments and the private sector. EPA further believes that this rule does not contain a Federal mandate that may result in expenditures of $100 million or more for State, local, and tribal governments, in the aggregate, or the private sector in any one year. Thus, today's rule is not subject to the requirements of sections 202 and 205 of the UMRA. EPA has determined that this rule contains no regulatory requirements that might significantly or uniquely affect small governments. Additional flexibility is granted to all POTWs which will provide opportunities for reducing the burden of administering their pretreatment programs. Thus, this rule is not subject to the requirements of section 203 of UMRA. Nevertheless, EPA conducted a wide outreach effort and actively sought the input of representatives of State, local and tribal governments in the process of developing the proposed regulation. Agency personnel have communicated with State and local representatives in a number of different forums.

F. Regulatory Flexibility Act

Under the Regulatory Flexibility Act (RFA), 5 U.S.C. 601 *et seq.*, EPA generally is required to prepare a regulatory flexibility analysis describing the impact of the regulatory action on small entities as part of rulemaking. However, under section 605(b) of the RFA, if the Administrator for the Agency certifies that the rule will not have a significant economic impact on a substantial number of small entities, EPA is not required to prepare a regulatory flexibility analysis. EPA has concluded that today's proposal would not, if promulgated as proposed, have a significant economic impact on a substantial number of small entities for the reasons explained below.

As previously explained, the modifications to the pretreatment regulations EPA is proposing today would reduce the regulatory costs to POTWs and industrial users of complying with pretreatment requirements. The proposed changes provide certain POTWs and industrial users with less costly alternatives to the current requirements.

For example, EPA is proposing to amend the requirements that apply to all POTW pretreatment programs. Among these are a modification that would allow a POTW, in specified circumstances, to control contributions from industrial users through general permits rather than more costly individual permits or control mechanisms. Another change would allow the POTW to sample and analyze wastewater from Significant Industrial Users once during the User's permit term rather than annually as now required in cases where the pollutant is not reasonably expected to be present.

The proposal would also authorize a POTW to relieve an industrial user of its sampling and analyzing requirements if the user demonstrated and certified that the pollutant was not expected to be present in quantities greater than present in background influent concentration to the industrial process.

In addition, the cost of the three, new one-time requirements imposed upon those POTWs or industrial users that elect to exercise the flexibility provided in the proposed regulatory changes does not represent a significant increase over current costs. These new requirements include an evaluation of impacts of proposed alternative pH requirements and documentation of the derivation of equivalent limits in cases where categorical industrial users receive mass limits in lieu of concentration limits or receive equivalent concentration limits for flow-based standards.

EPA calculates that, if exercised, these new, one-time requirements would impose a total annual burden and cost to the POTWs of 1,224 person-hours and $22,000. These costs do not reflect the savings that would be realized as a result of providing this flexibility in setting limits for industrial users. EPA estimates that 138 POTWs will elect to exercise these options in any given calendar year and that the pro rata cost will be $159 per POTW, which represents less than nine additional person-hours per year per POTW. In any event, EPA does not believe that any POTW or industrial user would choose a proposed regulatory alternative over current requirements if the cost of the alternative were greater than the cost of complying with the present regulations.

Therefore, the Administrator certifies that this rule, if promulgated, will not have a significant economic impact on a substantial number of small entities.

G. Paperwork Reduction Act

The information collection requirements in this proposed rule have been submitted for approval to the Office of Management and Budget (OMB) under the Paperwork Reduction Act, 44 U.S.C. 3501 *et seq.* An Information Collection Request (ICR) document (EPA ICR No. 0002.10) has been prepared by EPA and will amend the current ICR (EPA ICR No. 0002.08). A copy may be obtained from Sandy Farmer, OP Regulatory Information Division; U.S. Environmental Protection Agency (2137); 401 M St., S.W.; Washington, DC 20460 or by calling (202) 260–2740.

The information collection requirements pertaining to the existing Pretreatment program regulations in 40 CFR Part 403 were approved by the Office of Management and Budget (OMB) under control number 2040–0009 on October 18, 1996. These requirements will remain in effect until October 31, 1999 or until OMB provides new ICR authority. An Agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The OMB control numbers for EPA's regulations are listed in 40 CFR Part 9 and 48 CFR chapter 15.

The proposed regulatory changes in today's rulemaking are designed to reduce the overall burden from technical and administrative requirements that affect industrial users, local Control Authorities and Approval Authorities. The estimated savings in annual burden hours and costs to the affected respondents (i.e., industrial users and POTWs) and governmental entities is 15,199 hours and $3,530,000.

Burden means the total time, effort, or financial resources expended by persons to generate, maintain, retain, or disclose or provide information to or for a Federal agency. This includes the time needed to review instructions; develop, acquire, install, and utilize technology and systems for the purposes of collecting, validating, and verifying information, processing and maintaining information, and disclosing and providing information; adjust the existing ways to comply with any previously applicable instructions and requirements; train personnel to be able to respond to a collection of information; search data sources; complete and review the collection of information; and transmit or otherwise disclose the information.

Although the proposed regulatory changes provide greater flexibility to regulated entities, it is necessary to collect certain types of information to assure that Pretreatment program requirements continue to be met and that the final benefit meets EPA's stated goal of providing better environmental results at less cost.

The proposed regulatory changes cover a variety of technical and administrative changes. Several of the proposed changes are voluntary, but, if adopted, would impose an additional one-time increase in burden on the affected entity. Other changes will result in reduced annual cost and burdens on a continuing basis. Other proposed changes would have no measurable effect on either cost or burden, but provide procedural clarifications and provide greater flexibility with respect to complying with the regulations. While impossible to quantify, the benefits to be derived by respondents as a result of this flexibility can be significant. The following table provides summary information on the current estimated changes in burden that would accrue if the proposed regulations are adopted as a final rule:

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OVERALL BURDEN CHANGE								
A	B	C	D	E = C*D	F	G = E*F	H	I = E*H
	Impact [1]	Total Respondents	% Affected	Number of Respondents Affected	Burden per Response	Change in Burden	Recordkeeping per Response	Change in Recordkeeping Burden
Proposed Regulatory Change								
Specific Prohibition Regarding pH [2]	I	1535	1.00%	15	16	240	2	30
Equivalent Mass Limits for Concentration Limits [2]	I	10561	1.00%	106	8	848	2	212
Equivalent Concentration Limits for Flow Based Standards [2]	I	420	4.00%	17	8	136	2	34
POTW Oversight of Significant Industrial Users	D	14928	1.00%	149	-22	-3278	-4	-596
Slug Control Plans	D	31962	50.00%	15981	-0.5	-7990.5	0	0
Sampling for Pollutants Not Present	NC	14928	25.00%	3732	0	0	0	0
Non-significant Categorical Industrial Users	D	14928	1.00%	149	-9	-1341	-2	-298
Use of Grab and Composite Samples	NC	n/a	n/a	n/a				
Removal Credits	NC	n/a	n/a	n/a				
Electronic Filing and Storage of Reports	NC	n/a	n/a	n/a				
General Permits	D	31962	2.00%	639	-4	-2556	-1	-639
Best Management Practices	NC	n/a	n/a	n/a				
SNC Definition	NC							
TOTAL BURDEN CHANGE						-13941.5 hrs		-1257 hrs
TOTAL BURDEN AND RECORDKEEPING CHANGE	-15198.5 hrs							

[1] Impact: I = increase in burden; D = decrease in burden; NC = no change in burden.

[2] These requirements are a one-time additional burden that would be imposed upon those POTWs or industrial users that elect to exercise the flexibility provided in the proposed regulatory changes. The reported number of respondents is the total number of facilities in the National Pretreatment Program that EPA estimates would be affected.

BILLING CODE 6560–50–C

With the exception of those facilities described in the above footnote, all other burden changes reported are *annual* figures. All calculations are derived from historical data obtained from EPA's Permit Compliance System or statistical data on affected industrial facilities published at the time the various effluent guidelines regulating those facilities were promulgated in the **Federal Register**.

Comments are requested on the Agency's need for this information, the accuracy of the provided burden estimates, and any suggested methods for minimizing respondent burden, including through the use of automated collection techniques. Send comments on the ICR to the Director, OP Regulatory Information Division; U.S. Environmental Protection Agency (2137); 401 M St., S.W.; Washington, DC 20460; and to the Office of Information and Regulatory Affairs, Office of Management and Budget, 725 17th St., N.W., Washington, DC 20503, marked ''Attention: Desk Officer for EPA.'' Include the ICR number (EPA ICR No. 0002.10) in any correspondence. Since OMB is required to make a decision concerning the ICR between 30 and 60 days after July 22, 1999, a comment to OMB is best assured of having its full effect if OMB receives it by August 23, 1999. The final rule will respond to any OMB or public comments on the information collection requirements contained in this proposal.

H. National Technology Transfer and Advancement Act—Voluntary Standards

Under section 12(d) of the National Technology Transfer and Advancement Act (NTTAA), the Agency is required to use voluntary consensus standards in its regulatory activities unless to do so would be inconsistent with applicable law or otherwise impractical. Voluntary consensus standards are technical standards (e.g., materials specifications, test methods, sampling procedures, business practices, etc.) that are developed or adopted by voluntary consensus standards bodies. Where available and potentially applicable voluntary consensus standards are not used by EPA, the Act requires the Agency to provide Congress, through the Office of Management and Budget, an explanation of the reasons for not using such standards.

The proposed rulemaking does not involve developing any technical standard based upon performance or design-specific technical specifications and related management systems practices. EPA is not aware of any voluntary consensus standards organizations (e.g., American Society for Testing and Materials) that would be involved in any activities that affect the proposed streamlining procedures outlined in this proposed rulemaking. All of the proposed changes are administrative or procedural changes that do not involve application of voluntary consensus standards. The Agency does not believe that this proposed rule addresses any technical standards subject to the NTTAA. A commenter who disagrees with this conclusion should indicate how the Notice is subject to the Act and identify any potentially applicable voluntary consensus standards.

List of Subjects in 40 CFR Part 403

Environmental protection, Confidential business information, Reporting and recordkeeping requirements, Waste treatment and disposal, Water pollution control.

Dated: July 7, 1999.

Carol Browner,

Administrator.

For the reasons set out in the preamble, part 403, title 40, chapter I of the Code of Federal Regulations is proposed to be amended as follows:

PART 403—GENERAL PRETREATMENT REGULATIONS FOR EXISTING AND NEW SOURCES OF POLLUTION

1. The authority for Part 403 continues to read as follows:

Authority: 33 USC 1251 *et seq.*

2. Section 403.3 is amended by redesignating paragraphs (e) through (u) as paragraphs (f) through (v); by revising newly designated paragraphs (u) and (l)(2); and by adding a new paragraph (e) to read as follows:

§ 403.3. Definitions.

* * * * *

(e) *Control Authority.* The term ''Control Authority'' refers to: (1) The POTW if the POTW's pretreatment program submission has been approved in accordance with the requirements of 40 CFR 403.11; or (2) the Approval Authority if the submission has not been approved.

* * * * *

(l) * * *

(2) Construction on a site at which an existing source is located results in a modification rather than a new source if the construction does not create a new building, structure, facility or installation meeting the criteria of paragraphs (l)(1)(ii) or (l)(1)(iii) of this section, but otherwise alters, replaces, or adds to existing process or production equipment.

* * * * *

(u) *Significant Industrial User.*

(1) Except as provided in paragraph (u)(2) of this section, the term Significant Industrial User means:

(i) All industrial users subject to Categorical Pretreatment Standards under § 403.6 and 40 CFR chapter I, subchapter N; except that a Control Authority may determine that the following facilities are not significant:

(A) facilities that never discharge untreated concentrated wastes that are subject to the Categorical Pretreatment Standard as identified in the Development Document for the standard, and never discharge more than 100 gallons per day (gpd) of other process wastewater, and

(B) industrial users subject only to certification requirements after having met Baseline Monitoring Report requirements.

(ii) Any other industrial user that: discharges an average of 25,000 gallons per day or more of process wastewater to the POTW (excluding sanitary, noncontact cooling and boiler blowdown wastewater); contributes a process wastestream which makes up 5 percent or more of the average dry weather hydraulic or organic capacity of the POTW treatment plant; or is designated as such by the Control Authority on the basis that the industrial user has a reasonable potential for adversely affecting the POTW's operation or for violating any pretreatment standard or requirement (in accordance with § 403.8(f)(6)).

(2) Upon a finding that an industrial user meeting the criteria in paragraph (u)(1)(ii) of this section has no reasonable potential for adversely affecting the POTW's operation or for violating any pretreatment standard or requirement, the Control Authority may at any time, on its own initiative or in response to a petition received from an industrial user or POTW, and in accordance with § 403.8(f)(6), determine that such industrial user is not a Significant Industrial User.

* * * * *

3. Section 403.5 is amended by revising paragraph (b)(2) and adding a new paragraph (c)(4) to read as follows:

§ 403.5 National Pretreatment Standards: Prohibited Discharges.

* * * * *

(b) * * *

(2)(i) Pollutants which will cause corrosive structural damage to the POTW; and

(ii) Discharges with pH lower than 5.0, unless the works is specifically

designed to accommodate such Discharge; except that a POTW with an Approved Pretreatment Program may allow temporary excursions below 5.0 for dischargers that continuously monitor pH provided it:

(A) Maintains a publicly available, written technical evaluation that supports the POTW's finding that the temporary pH excursions do not have the potential to cause corrosive structural damage to the POTW or other violations of paragraphs (a) and (b) of this section. The evaluation shall address the site-specific factors concerning pH and structural corrosion, including the characteristics of nondomestic wastewater and receiving flow, the design and materials of construction of the POTW, and the fate of pH in the discharge;

(B) Performs adequate oversight of the temporary pH excursions to prevent corrosive structural damage to the POTW and other violations of paragraphs (a) and (b) of this section; and

(C) Reports in its annual report under § 403.12(i) its oversight actions and findings regarding nondomestic dischargers with temporary pH excursions.

(D) Has legal authority to grant such temporary excursions in accordance with § 403.8(f)(1) and makes them effective through an Industrial User control mechanism.

* * * * *

(c) * * *

(4) POTWs may develop and enforce best management practices (BMPs) that accomplish the environmental protection goals required by paragraphs (c)(1) and (c)(2) of this section. Such BMPs shall be considered local limits and Pretreatment Standards for the purposes of this Part and section 307(d) of the Act.

* * * * *

4. Section 403.6 is amended by redesignating paragraphs (c)(5) through (c)(7) as paragraphs (c)(7) through (c)(9); by revising paragraph (b), newly designated paragraph (c)(7), paragraph (d) and the first sentence of paragraph (e) introductory text; and by adding paragraphs (c)(5) and (c)(6) to read as follows:

§ 403.6 National pretreatment standards: Categorical standards.

* * * * *

(b) *Deadline for Compliance with Categorical Standards.* Compliance by existing sources with categorical Pretreatment Standards shall be within 3 years of the date the Standard is effective unless a shorter compliance time is specified in the appropriate subpart of 40 CFR chapter I, subchapter N. Direct dischargers with NPDES permits modified or reissued to provide a variance pursuant to section 301(i)(2) of the Act shall be required to meet compliance dates set in any applicable categorical Pretreatment Standard. Existing sources which become Industrial Users subsequent to promulgation of an applicable categorical Pretreatment Standard shall be considered existing Industrial Users except where such sources meet the definition of a New Source as defined in § 403.3(l). New Sources shall install and have in operating condition, and shall ''start up'' all pollution control equipment required to meet applicable Pretreatment Standards before beginning to Discharge. Within the shortest feasible time (not to exceed 90 days), New Sources must meet all applicable Pretreatment Standards.

(c) * * *

* * * * *

(5) When a categorical Pretreatment Standard is expressed in terms of pollutant concentrations that are directly applicable as limits on the Industrial User, the Control Authority may convert the limits to mass limits if the Industrial User is utilizing control measures at least as effective as the model treatment technologies that serve as the basis for that particular Standard and the Industrial User is employing water conservation methods and technologies that substantially reduce water use.

(6) When the limits in a categorical Pretreatment Standard are concentration-based and are required to be expressed only in terms of mass based on the facility's process wastewater flow, the Control Authority may apply the promulgated concentration standard set in the applicable categorical standard in cases where the Industrial User's effluent flow is so variable as to make mass limits impractical.

(7) Equivalent limitations calculated in accordance with paragraphs (c)(3), (c)(4), (c)(5), and (c)(6) of this section are deemed Pretreatment Standards for the purposes of section 307(d) of the Act and this part. The Control Authority must document how the equivalent limits were derived and make this information publicly available. Once incorporated into its individual control mechanism, the Industrial User must comply with the equivalent limitations in lieu of the promulgated categorical standards from which the equivalent limitations were derived.

* * * * *

(d) *Dilution Prohibited as Substitute for Treatment.* Except where expressly authorized to do so by an applicable Pretreatment Standard or Requirement, no Industrial User shall ever increase the use of process water, or in any other way attempt to dilute a discharge as a partial or complete substitute for adequate treatment to achieve compliance with a Pretreatment Standard or Requirement. The Control Authority may impose mass limitations on Industrial Users which are using dilution to meet applicable Pretreatment Standards or Requirements, or in other cases where the imposition of mass limitations is appropriate.

(e) *Combined wastestream formula.* Where process effluent is mixed prior to treatment with wastewaters other than those generated by the regulated process, fixed alternative discharge limits may be derived by the Control Authority or by the Industrial User with the written concurrence of the Control Authority. * * *

* * * * *

5. Section 403.7 is amended by revising paragraph (h) to read as follows:

§ 403.7 Removal Credits.

* * * * *

(h) *Compensation for overflow.* ''Overflow'' means the intentional or unintentional discharge of flow from the collection system before the POTW Treatment Plant. POTWs which Overflow untreated wastewater to receiving waters may claim Consistent Removal of a pollutant only by complying with either paragraph (h)(1) or (h)(2) of this section. However, this paragraph (h) shall not apply where Industrial User(s) can demonstrate that Overflow does not occur between the Industrial User(s) and the POTW Treatment Plant;

(1) The Industrial User provides containment or otherwise ceases or reduces Discharges from the regulated processes which contain the pollutant for which an allowance is requested during all circumstances in which an Overflow event can reasonably be expected to occur in the collection system to which the Industrial User is connected. Discharges must cease or be reduced, or pretreatment must be increased, to the extent necessary to compensate for the removal not being provided by the POTW. Allowances under this provision will only be granted where the POTW submits to the Approval Authority evidence that:

(i) All Industrial Users to which the POTW proposes to apply this provision have demonstrated the ability to contain or otherwise cease or reduce, during

circumstances in which an Overflow event can reasonably be expected to occur, Discharges from the regulated processes which contain pollutants for which an allowance is requested;

(ii) The POTW has identified circumstances in which an Overflow event can reasonably be expected to occur, and has a notification or other viable plan to insure that Industrial Users will learn of an impending Overflow in sufficient time to contain, cease or reduce Discharging to prevent untreated Overflows from occurring. The POTW must also demonstrate that it will monitor and verify the data required in paragraph (h)(1)(iii) of this section, to insure that Industrial Users are containing, ceasing or reducing operations during an Overflow event; and

(iii) All Industrial Users to which the POTW proposes to apply this provision have demonstrated the ability and commitment to collect and make available, upon request by the POTW, State Director or EPA Regional Administrator, daily flow reports or other data sufficient to demonstrate that all Discharges from regulated processes containing the pollutant for which the allowance is requested were contained, reduced or otherwise ceased, as appropriate, during all circumstances in which an Overflow event was reasonably expected to occur; or

(2) The Consistent Removal claimed is limited to the percentage of the pollutant consistently removed at the applicable Overflow point.

* * * * *

6. Section 403.8 is amended by redesignating paragraphs (f)(2)(vi) and (f)(2)(vii) as paragraphs (f)(2)(vii) and (f)(2)(viii); by revising paragraphs (f)(1)(iii) introductory text, (f)(1)(iii)(C), (f)(2)(v), newly designated paragraphs (f)(2)(vii), (f)(2)(viii) introductor text, (f)(2)(viii)(A), (f)(2)(viii)(B) and (f)(2)(viii)(C), and by revising paragraph (f)(6); by adding paragraphs (f)(1)(iii)(F) and (f)(2)(vi); and by removing the period at the end of paragraph (f)(1)(iii)(E) and adding a semi-colon in its place. The added and revised text reads as follows:

§ 403.8 POTW pretreatment programs: Development and implementation by the POTW.

* * * * *

(f) * * *

(1) * * *

(iii) Control through permit, order, or similar means, the contribution to the POTW by each Industrial User to ensure compliance with applicable Pretreatment Standards and Requirements. In the case of Industrial Users identified as significant under § 403.3(u), this control shall be achieved through permits or equivalent individual control mechanisms issued to each such user except as follows. At the discretion of the Control Authority, for facilities covered by concentration-based standards or best management practices, this control may include use of general permits if all of the facilities to be covered involve the same or substantially similar types of operations, discharge the same types of wastes, require the same effluent limitations, and require the same or similar monitoring. Unless the POTW provides otherwise, to be covered by the general permit the Industrial User must file a Notice of Intent that identifies its production processes, the types of wastes generated, and the location for monitoring all wastes covered by the general permit. General permits may not be used for facilities subject to mass limits or for industrial users whose limits are based on the Combined Wastestream Formula or Net/Gross calculations (§§ 403.6(e) and 403.15). Both individual control mechanisms and general permits must be enforceable and contain, at a minimum, the following conditions:

* * * * *

(C) Effluent limits, including best management practices, based on applicable general Pretreatment Standards in Part 403 of this chapter, categorical Pretreatment Standards, local limits, and State and local law;

* * * * *

(F) Requirements to control slug discharges, if determined by the POTW to be necessary.

* * * * *

(2) * * *

(v) Randomly sample and analyze the effluent from industrial users and conduct surveillance activities in order to identify, independent of information supplied by industrial users, occasional and continuing noncompliance with pretreatment standards. Inspect and sample effluent from each Significant Industrial User at least once a year except under the following circumstances. Where a Categorical Industrial User has demonstrated through sampling and other technical factors that pollutants regulated through categorical standards are not expected to be present in quantities greater than the background influent concentration to the industrial process, the Control Authority may reduce its sampling frequency to once during the term of the Categorical Industrial User's permit.

(vi) Evaluate, as necessary, whether each such Significant Industrial User needs a plan or other action to control slug discharges. For purposes of this subsection, a slug discharge is any discharge of a non-routine, episodic nature, including but not limited to an accidental spill or non-customary batch discharge, which has a reasonable potential to cause interference or pass through, or in any other way violate the Control Authority's regulations, local limits or permit conditions. The results of such activities shall be available to the Approval Authority upon request. If the POTW decides that a slug control plan is needed, the plan shall contain, at a minimum, the following elements:

(A) Description of discharge practices, including non-routine batch discharges;

(B) Description of stored chemicals;

(C) Procedures for immediately notifying the POTW of slug discharges, including any discharge that would violate a prohibition under 40 CFR 403.5(b), with procedures for follow-up written notification within five days;

(D) If necessary, procedures to prevent adverse impact from accidental spills, including inspection and maintenance of storage areas, handling and transfer of materials, loading and unloading operations, control of plant site run-off, worker training, building of containment structures or equipment, measures for containing toxic organic pollutants (including solvents), and/or measures and equipment necessary for emergency response.

(vii) Investigate instances of noncompliance with Pretreatment Standards and Requirements, as indicated in the reports and notices required under 40 CFR 403.12, or indicated by analysis, inspection, and surveillance activities described in paragraph (f)(2)(v) of this section. Sample taking and analysis and the collection of other information shall be performed with sufficient care to produce evidence admissible in enforcement proceedings or in judicial actions; and

(viii) Comply with the public participation requirements of 40 CFR Part 25 in the enforcement of national Pretreatment Standards. These procedures shall include provision for at least annual public notification, in a newspaper of general circulation within the jurisdiction served by the POTW that provides meaningful public notice, of Significant Industrial Users which, at any time during the previous twelve months were in significant noncompliance with applicable pretreatment requirements. For the purposes of this provision, a Significant Industrial User is in significant noncompliance if its violation meets one or more of the following criteria:

(A) Chronic violations of wastewater discharge limits, defined here as those in which sixty-six percent or more of all of the measurements taken during a six-month period exceed (by any magnitude) the Pretreatment Standard for the same pollutant parameter;

(B) Technical Review Criteria (TRC) violations, defined here as those in which thirty-three percent or more of all of the measurements for each pollutant parameter taken during a six-month period equal or exceed the product of the numerical Pretreatment Standard multiplied by the applicable TRC (TRC = 1.4 for BOD, TSS, fats, oil, and grease, and 1.2 for all other pollutants except pH).

(C) Any other violation of a Pretreatment Standard or Pretreatment Requirement that the Control Authority determines has caused, alone or in combination with other discharges, interference or pass through (including endangering the health of POTW personnel or the general public);

* * * * *

(6) The POTW shall prepare and maintain a list of its industrial users meeting the criteria in 40 CFR 403.3(u)(1). The list shall identify the criteria in 40 CFR 403.3(u)(1) applicable to each industrial user and, where applicable, shall also indicate whether the POTW has made a determination pursuant to 40 CFR 403.3(u)(1)(i) (A) and (B) or (u)(2) that such industrial user should not be considered a significant industrial user. The initial list shall be submitted to the Approval Authority pursuant to 40 CFR 403.9 or as a non-substantial modification pursuant to 40 CFR 403.18(d). Modifications to the list shall be submitted to the Approval Authority pursuant to 40 CFR 403.12(i)(1).

7. Section 403.12 is amended by removing and reserving paragraph (a); by removing paragraph (b)(5)(iii); by redesignating paragraphs (b)(5)(iv) through (b)(5)(viii) as paragraphs (b)(5)(iii) through (b)(5)(vii); by redesignating paragraphs (g)(4) and (g)(5) as paragraphs (g)(5) and (g)(6); by revising paragraphs (b)(5)(ii), (b)(6), (e)(1), (g)(1), (g)(2), (g)(3), (h), (j), (l)(1)(ii) and (m) and newly designated paragraph (g)(6); and by adding paragraphs (g)(4) and (q) to read as follows:

§ 403.12 Reporting requirements for POTWs and industrial users.

(a) [Reserved]

(b) * * *

(5) * * *

(ii) In addition, the User shall submit the results of sampling and analysis identifying the nature and concentration (or mass, where required by the Standard or Control Authority) of regulated pollutants in the Discharge from each regulated process. Both daily maximum and average concentration (or mass, where required) shall be reported. The sample shall be representative of daily operations. In cases where the standard requires compliance with a best management practice or pollution prevention alternative, the User shall submit documentation as required by the Control Authority or the standards themselves to determine compliance with the standard.

* * * * *

(6) *Certification.* A statement, reviewed by an authorized representative of the Industrial User (as defined in paragraph (l) of this section) and certified to by a qualified professional, indicating whether Pretreatment Standards are being met on a consistent basis, and, if not, whether additional operation and maintenance (O and M) and/or additional pretreatment is required for the Industrial User to meet the Pretreatment Standards and Requirements; and

* * * * *

(e) * * *

(1) Any Industrial User subject to a categorical Pretreatment Standard, after the compliance date of such Pretreatment Standard, or, in the case of a New Source, after commencement of the discharge into the POTW, shall submit to the Control Authority during the months of June and December, unless required more frequently in the Pretreatment Standard or by the Control Authority or the Approval Authority, a report indicating the nature and concentration of pollutants in the effluent which are limited by such categorical Pretreatment Standards. In addition, this report shall include a record of measured or estimated average and maximum daily flows for the reporting period for the discharge reported in paragraph (b)(4) of this section except that the Control Authority may require more detailed reporting of flows. In cases where the standard requires compliance with a best management practice or pollution prevention alternative, the User shall submit documentation required by the Control Authority or the standard to determine the compliance status of the User. At the discretion of the Control Authority and in consideration of such factors as local high or low flow rates, holidays, budget cycles, etc., the Control Authority may agree to alter the months during which the above reports are to be submitted. The Control Authority may also authorize the Industrial User subject to a categorical Pretreatment Standard, with the exception of 40 CFR Part 414, to forego sampling of a pollutant if the Industrial User has demonstrated through sampling and other technical factors that the pollutant is not expected to be present in quantities greater than the background influent concentration to the industrial process, and the Industrial User certifies on each report, with the statement below, that there has been no increase in the pollutant in its wastestream due to activities of the Industrial User:

> Based on my inquiry of the person or persons directly responsible for managing compliance with the pretreatment standard for 40 CFR _____, I certify that, to the best of my knowledge and belief, the raw materials, industrial processes, and potential by-products have not contributed this pollutant to the wastewaters since filing of the last periodic report under 40 CFR 403.12(e).

* * * * *

(g) *Monitoring and analysis to demonstrate continued compliance.* (1) The reports required in paragraphs (b), (d), (e) and (h) of this section shall contain the results of sampling and analysis of the Discharge, including the flow and the nature and concentration, or production and mass where requested by the Control Authority, of pollutants contained therein which are limited by the applicable Pretreatment Standards. This sampling and analysis may be performed by the Control Authority in lieu of the Industrial User. Where the POTW performs the required sampling and analysis in lieu of the Industrial User, the User will not be required to submit the compliance certification required under paragraphs (b)(6) and (d) of this section. In addition, where the POTW itself collects all the information required for the report, including flow data, the Industrial User will not be required to submit the report.

(2) If sampling performed by an Industrial User indicates a violation, the user shall notify the Control Authority within 24 hours of becoming aware of the violation. The User shall also repeat the sampling and analysis and submit the results of the repeat analysis to the Control Authority within 30 days after becoming aware of the violation. Where the Control Authority has performed the sampling and analysis in lieu of the Industrial User, the Control Authority must perform the repeat sampling and analysis unless it notifies the User of the violation and requires the User to perform the repeat analysis. Resampling is not required if:

(i) The Control Authority performs sampling at the Industrial User at a

frequency of at least once per month, or (ii) The Control Authority performs sampling at the User between the time when the initial sampling was conducted and the time when the User or the Control Authority receives the results of this sampling.

(3) The reports required in paragraphs (b), (d), (e) and (h) of this section must be based upon data obtained through appropriate sampling and analysis performed during the period covered by the report, which data are representative of conditions occurring during the reporting period. Grab samples must be used for pH, cyanide, total phenols, oil and grease, sulfide, and volatile organic compounds. For all other pollutants, 24-hour composite samples must be obtained through flow-proportional composite sampling techniques, unless time-proportional composite sampling or grab sampling is authorized by the Control Authority. Where time-proportional composite sampling or grab sampling is authorized by the Control Authority, the samples must be representative of the discharge and the decision to allow the alternative sampling must be documented in the individual control mechanism file for that facility or facilities. For those industrial users that do not operate on a 24-hour per day schedule, the samples must be collected at equally spaced intervals during the period that process wastewater is being discharged. Multiple grab samples for cyanide and volatile organic compounds that are collected during a 24-hour period may be composited in the laboratory prior to analysis using protocols specified in 40 CFR Part 136 and appropriate EPA guidance. Composite samples for other parameters unaffected by the compositing procedures as documented in approved EPA methodologies may be authorized by the Control Authority, as appropriate.

(4) For sampling required in support of baseline monitoring and 90-day compliance reports required in paragraphs (b) and (d) of this section, a minimum of four (4) grab samples must be used for pH, cyanide, total phenols, oil and grease, sulfide and volatile organic compounds for new facilities; for existing facilities where historical sampling data are available, the Control Authority may authorize a lower minimum. For the reports required by (e) and (h), the Control Authority shall require the number of grab samples necessary to assess and assure compliance by Industrial Users with Applicable Pretreatment Standards and Requirements.

* * * * *

(6) If an Industrial User subject to the reporting requirement in paragraph (e) or (h) of this section monitors any regulated pollutant at the point of compliance more frequently than required by the Control Authority, using the procedures prescribed in paragraph (g)(5) of this section, the results of this monitoring shall be included in the report.

* * * * *

(h) *Reporting requirements for Industrial Users not subject to categorical Pretreatment Standards.* The Control Authority must require appropriate reporting from those Industrial Users with discharges that are not subject to categorical Pretreatment Standards. Significant Non-categorical Industrial Users must submit to the Control Authority at least once every six months (on dates specified by the Control Authority) a description of the nature, concentration, and flow of the pollutants required to be reported by the Control Authority. In cases where the local standard requires compliance with a best management practice or pollution prevention alternative, the User must submit documentation required by the Control Authority to determine the compliance status of the User. These reports must be based on sampling and analysis performed in the period covered by the report, and in accordance with the techniques described in 40 CFR Part 136 and amendments thereto. This sampling and analysis may be performed by the Control Authority in lieu of the significant non-categorical industrial user.

* * * * *

(j) *Notification of changed discharge.* All Industrial Users shall promptly notify the Control Authority (and the POTW if the POTW is not the Control Authority) in advance of any substantial change in the volume or character of pollutants in their discharge, including the listed or characteristic hazardous wastes for which the Industrial User has submitted initial notification under paragraph (p) of this section.

* * * * *

(l) * * *

(1) * * *

(ii) The manager of one or more manufacturing, production, or operating facilities, provided, the manager is authorized to make management decisions which govern the operation of the regulated facility including having the explicit or implicit position-related duty of making major capital investment recommendations, and initiate and direct other comprehensive measures to assure long term environmental compliance with environmental laws and regulations; can ensure that the necessary systems are established or actions taken to gather complete and accurate information for control mechanism requirements; and where authority to sign documents has been assigned or delegated to the manager in accordance with corporate procedures.

* * * * *

(m) *Signatory requirements for POTW reports.* Reports submitted to the Approval Authority by the POTW in accordance with paragraph (i) of this section must be signed by a principal executive officer, ranking elected official or other duly authorized employee. The duly authorized employee must be an individual or position having responsibility for the overall operation of the facility or activity such as the position of POTW Director, Plant Manager, or Pretreatment Program Manager. This authorization must be made in writing by the principal executive officer or ranking elected official, and submitted to the Approval Authority prior to the report being submitted.

* * * * *

(q) *Sampling of non-significant categorical industrial users.* For a facility described in 40 CFR 403.3(u)(1)(i)(A) or (B), the Control Authority may establish alternative reporting requirements that would take the place of the reporting requirements in 40 CFR 403.12(e). This alternative report must be submitted at least once per year, and must contain the following certification:

> Based on my inquiry of the person or persons directly responsible for managing compliance with the categorical pretreatment standards under 40 CFR ____, I certify that, to the best of my knowledge and belief that during the period from _____ ____, _____ to _____ ____, _____: (1) The facility described as _____ met the definition of a non-significant facility as described in 40 CFR 403.3(u)(1)(i)(A) or (B), and (2) the facility complied with all applicable pretreatment standards. This compliance certification is based upon the following information:
>
> _____
>
> _____
>
> _____

8. Section 403.15 is revised to read as follows:

§ 403.15 Net/Gross calculation.

(a) *Application.* Categorical Pretreatment Standards may be adjusted to reflect the presence of pollutants in the Industrial User's intake water in accordance with this section. Any Industrial User wishing to obtain credit for intake pollutants must make

application to the Control Authority. Upon request of the Industrial User, the applicable Standard will be calculated on a ''net'' basis (i.e., adjusted to reflect credit for pollutants in the intake water) if the requirements of paragraph (b) of this section are met.

(b) *Criteria.* (1) Either (i) The applicable categorical Pretreatment Standards contained in 40 CFR subchapter N specifically provide that they shall be applied on a net basis; or

(ii) The Industrial User demonstrates that the control system it proposes or uses to meet applicable categorical Pretreatment Standards would, if properly installed and operated, meet the Standards in the absence of pollutants in the intake waters.

(2) Credit for generic pollutants such as biochemical oxygen demand (BOD), total suspended solids (TSS), and oil and grease should not be granted unless the Industrial User demonstrates that the constituents of the generic measure in the User's effluent are substantially similar to the constituents of the generic measure in the intake water or unless appropriate additional limits are placed on process water pollutants either at the outfall or elsewhere.

(3) Credit shall be granted only to the extent necessary to meet the applicable categorical Pretreatment Standard(s), up to a maximum value equal to the influent value. Additional monitoring may be necessary to determine eligibility for credits and compliance with Standard(s) adjusted under this section.

(4) Credit shall be granted only if the User demonstrates that the intake water is drawn from the same body of water as that into which the POTW discharges. The Control Authority may waive this requirement if it finds that no environmental degradation will result.

* * * * *

Appendix A to Part 403 [Removed and Reserved]

9. Appendix A to Part 403—Program Guidance Memorandum is removed and reserved.

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Part III

Department of Health and Human Services

Health Care Financing Administration

42 CFR Parts 410, 411, 414, and 415

Medicare Program; Revisions to Payment Policies Under the Physician Fee Schedule for Calendar Year 2000; Proposed Rule

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Care Financing Administration

42 CFR Parts 410, 411, 414, and 415

[HCFA–1065–P]

RIN 0938–AJ61

Medicare Program; Revisions to Payment Policies Under the Physician Fee Schedule for Calendar Year 2000

AGENCY: Health Care Financing Administration (HCFA), HHS.

ACTION: Proposed rule.

SUMMARY: This proposed rule would make several changes affecting Medicare Part B payment. The changes include: implementation of resource-based malpractice insurance relative value units (RVUs); refinement of resource-based practice expense RVUs; payment for physician pathology and independent laboratory services, RVUs related to ventricular assist devices, percutaneous thrombectomy of an arteriovenous fistula, pulse oximetry, temperature gradient studies, venous pressure determinations, and pulmonary stress testing; discontinuous anesthesia time; optometrist services; prostate screening; diagnostic tests; the use of an operating microscope; use of CPT modifier –25; qualifications for nurse practitioners; an increase in the work RVUs for pediatric services; removal of the x-ray as a prerequisite for chiropractic manipulation; the exclusion of payment for assisted suicide; adjustments to the practice expense RVUs for physician interpretation of Pap smears; and revisions to the work RVUs for new and revised CPT codes for calendar year 1999. In addition, since we established the physician fee schedule on January 1, 1992, our experience indicates that some of our Part B payment policies need to be reconsidered. This proposed rule would correct inequities in physician payment and solicits public comments on specific proposed policy changes.

DATES: Comments will be considered if we receive them at the appropriate address, as provided below, no later than 5 p.m. on September 20, 1999.

ADDRESSES: Mail written comments (1 original and 3 copies) to the following address: Health Care Financing Administration, Department of Health and Human Services, Attention: HCFA–1065–P, P.O. Box, 9013 Baltimore, MD 21244–9013.

If you prefer, you may deliver your written comments (1 original and 3 copies) to one of the following addresses:

Room 443–G, Hubert H. Humphrey Building, 200 Independence Avenue, SW., Washington, DC 20201, or

Room C5–16–03, 7500 Security Boulevard, Baltimore, MD 21244–1850.

Because of staffing and resource limitations, we cannot accept comments by facsimile (FAX) transmission. In commenting, please refer to file code HCFA–1065–P. Comments received timely will be available for public inspection as they are received, generally beginning approximately 3 weeks after publication of a document, in Room 443–G of the Department's offices at 200 Independence Avenue, SW., Washington, DC, on Monday through Friday of each week from 8:30 a.m. to 5 p.m. (phone: (202) 690–7061).

FOR FURTHER INFORMATION CONTACT:

Bob Ulikowski, (410) 786–5721 (for issues related to the resource-based malpractice relative value units).

Carolyn Mullen, (410) 786–4589 (for issues related to resource-based practice expense relative value units).

Jim Menas, (410) 786–4507 (for issues related to physician pathology services and independent labs and discontinuous anesthesia time).

Ken Marsalek, (410) 786–4502 (for issues related to optometrist services).

Bill Larson, (410) 786–4639 (for issues related to the coverage of prostate screening).

Regina Walker-Wren, (410) 786–9160 (for issues related to nurse practitioner qualifications).

Dorothy Honemann, (410) 786–5702 (for issues related to x-ray requirement for chiropractic services).

Bill Morse, (410) 786–4520 (for issues related to diagnostic tests).

Diane Milstead, (410) 786–3355 (for all other issues).

SUPPLEMENTARY INFORMATION: To assist readers in referencing sections contained in this preamble, we are providing the following table of contents. Some of the issues discussed in this preamble affect the payment policies but do not require changes to the regulations in the Code of Federal Regulations.

Table of Contents

In addition, because of the many organizations and terms to which we refer by acronym in this proposed rule, we are listing these acronyms and their corresponding terms in alphabetical order below:

AANA American Association of Nurse Anesthetists
AMA American Medical Association
ASA American Society of Anesthesiologists
BBA Balanced Budget Act of 1997
CF Conversion factor
CFR Code of Federal Regulations
CPT [Physicians'] Current Procedural Terminology [4th Edition, 1997, copyrighted by the American Medical Association]
CRNA Certified Registered Nurse Anesthetist
E/M Evaluation and management
GAF Geographic adjustment factor
GPCI Geographic practice cost index
HCFA Health Care Financing Administration
HCPCS HCFA Common Procedure Coding System
HHS [Department of] Health and Human Services
HMO Health maintenance organization
IDTFs Independent Diagnostic Testing Facilities
JUAs Joint Underwriting Associations
MEDPAC Medicare Payment Advisory Commission
MEI Medicare Economic Index
MGMA Medical Group Management Association
NPI National provider identifier
OBRA Omnibus Budget Reconciliation Act
PC Professional component
PCF Patient Compensation Fund
RUC [AMA's Specialty Society] Relative [Value] Update Committee
RVU Relative value unit
TC Technical component

I. Background

A. Legislative History

Since January 1, 1992, Medicare has paid for physician services under section 1848 of the Social Security Act (the Act), ''Payment for Physicians'' Services.'' This section contains three major elements: (1) A fee schedule for the payment of physician services; (2) a sustainable growth rate for the rates of increase in Medicare expenditures for physician services; and (3) limits on the amounts that nonparticipating physicians can charge beneficiaries. The Act requires that payments under the fee schedule be based on national uniform relative value units (RVUs) based on the resources used in furnishing a service. Section 1848(c) of the Act requires that national RVUs be established for physician work, practice expense, and malpractice expense.

Section 1848(c)(2)(B)(ii)(II) of the Act provides that adjustments in RVUs because of changes resulting from a review of those RVUs may not cause total physician fee schedule payments to differ by more than $20 million from what they would have been had the adjustments not been made. If this tolerance is exceeded, we must make adjustments to the conversion factors (CFs) to preserve budget neutrality.

B. Published Changes to the Fee Schedule

We published a final rule on November 25, 1991 (56 FR 59502) to implement section 1848 of the Act by establishing a fee schedule for physician services furnished on or after January 1, 1992. In the November 1991 final rule (56 FR 59511), we stated our intention to update RVUs for new and revised codes in the American Medical Association's (AMA's) Physicians' Current Procedural Terminology (CPT) through an ''interim RVU'' process every year. The updates to the RVUs and fee schedule policies are as follows:

- November 25, 1992, a final notice with comment period on new and revised RVUs only (57 FR 55914).
- December 2, 1993, a final rule with comment period (58 FR 63626) to revise the refinement process used to establish physician work RVUs and to revise payment policies for specific physician services and supplies. (We solicited comments on new and revised RVUs only.)
- December 8, 1994, a final rule with comment period (59 FR 63410) to revise the geographic adjustment factor (GAF) values, fee schedule payment areas, and payment policies for specific physician services. The final rule also discussed the process for periodic review and adjustment of RVUs not less frequently than every 5 years as required by section 1848(c)(2)(B)(i) of the Act.
- December 8, 1995, a final rule with comment period (60 FR 63124) to revise various policies affecting payment for physician services including Medicare payment for physician services in teaching settings, the RVUs for certain existing procedure codes, and to establish interim RVUs for new and revised procedure codes. The rule also included the final revised 1996 geographic practice cost indices (GPCIs).
- November 22, 1996, a final rule with comment period (61 FR 59490) to revise the policy for payment for diagnostic services, transportation in connection with furnishing diagnostic tests, changes in geographic payment areas (localities), and changes in the procedure status codes for a variety of services.
- October 31, 1997, a final rule with comment period (62 FR 59048) to revise the geographic practice cost index (GPCI), physician supervision of diagnostic tests, establishment of independent diagnostic testing facilities, the methodology used to develop reasonable compensation equivalent limits, payment to participating and nonparticipating suppliers, global surgical services, caloric vestibular testing, and clinical consultations. The final rule also implemented certain provisions of the Balanced Budget Act of 1997 (the BBA) (Public Law 105–33), enacted on August 5, 1997, and implemented the RVUs for certain existing procedure codes and established interim RVUs for new and revised procedure codes.
- November 2, 1998, a final rule with comment period (63 FR 58814) to revise the policy for resource-based practice expense RVUs, medical direction rules for anesthesia services, and payment for abnormal Pap smears. Also, we rebased the Medicare Economic Index from a 1989 base year to a 1996 base year. Under the law, we are required to develop a resource-based system for determining practice expense RVUs. The BBA delayed, for 1 year, implementation of the resource-based practice expense RVUs until January 1, 1999. Also, the BBA revised our payment policy for nonphysician practitioners, for outpatient rehabilitation services, and for drugs and biologicals not paid on a cost or prospective payment basis. In addition, the BBA permits certain physicians and practitioners to opt out of Medicare and furnish covered services to Medicare beneficiaries through private contracts and permits payment for professional consultations via interactive telecommunication systems. Furthermore, we finalized the 1998 interim RVUs and issued interim RVUs for new and revised codes for 1999. This final rule also announced the calendar year 1999 Medicare physician fee schedule conversion factor under the Medicare Supplementary Medical Insurance (Part B) program as required by section 1848(d) of the Act. The 1999 Medicare physician fee schedule conversion factor was $34.7315.

This proposed rule would affect the regulations set forth at—

- Part 410, Supplementary medical insurance benefits;
- Part 411, Exclusions from Medicare and limitations on Medicare payment;
- Part 414, Payment for Part B medical and other services; and

• Part 415, Part B carrier payments for physicians' services to beneficiaries in providers.

II. Specific Proposals for Calendar Year 1999

A. Resource-Based Malpractice Relative Value Units

1. Current Relative Value Unit System

Section 1848(c)(2)(C) of the Act requires each service paid under the physician fee schedule be comprised of three components: work, practice expense, and malpractice. The practice expense and malpractice expense RVUs equal the product of the base allowed charges and the practice expense and malpractice percentages for the service. Base allowed charges are defined as the national average allowed charges for the service furnished during 1991, as estimated using the most recent data available. For most services, we used 1989 charge data ''aged'' to reflect the 1991 payment rules, since those were the most recent data available for the 1992 fee schedule. The work RVUs have been resource-based since the inception of the fee schedule in 1992. They are primarily based on a study of physician work conducted by researchers at the Harvard School of Public Health. The work values for new and revised codes added since 1992 are primarily based on the recommendations of the American Medical Association's Relative Value Update Committee (RUC). For detailed descriptions of the establishment of resource-based work RVUs, see the June 5, 1991 proposed rule (56 FR 25792) and the November 25, 1991 final rule (56 FR 59502) on the original fee schedule and the May 3, 1996 proposed rule (61 FR 19992) on the five-year refinement of resource-based work RVUs.

The practice expense RVUs were not resource-based but were rather charge-based from 1992 to 1998. In most cases, the practice expense RVUs were calculated on a statutory formula. They were derived from the product of ''base allowed charges'' and service-specific practice expense percentages. The base allowed charge is the national average allowed charge for the service furnished in 1991. The service-specific practice expense percentage is a weighted average of the practice expense percentages of the specialties performing the service. For new codes after 1991, the practice expense RVUs were extrapolated from the values for existing similar codes or from the work RVUs.

Section 121 of the Social Security Act Amendments of 1994 (Public Law 103–432), enacted on October 31, 1994 and amended by the BBA, required us to develop a methodology and implement resource-based practice expense RVUs effective for services furnished in 1998. Section 4505 of the BBA postponed implementation of resource-based practice expense RVUs until 1999 and provided for a gradual four-year transition, with resource-based practice expense RVUs becoming fully effective in 2002. For a detailed explanation of resource-based practice expense RVUs see the June 5, 1998 proposed rule (63 FR 30818) and the November 2, 1998 final rule (63 FR 58814) on the fee schedule.

Malpractice RVUs are currently charge-based, using the same statutory formula discussed above for practice expense RVUs but using weighted specialty-specific malpractice expense percentages and 1991 average allowed charges. As with practice expense RVUs, malpractice RVUs for new codes after 1991 were extrapolated from similar existing codes or from work RVUs. Section 4505(f) of the BBA requires us to implement resource-based malpractice RVUs for services furnished beginning in 2000. With the implementation of resource-based malpractice RVUs and full implementation of resource-based practice expense RVUs in 2002, all physician fee schedule RVUs will be resource-based, thus eliminating the last vestiges of payment inequities that resulted from charges that did not accurately reflect the relative resources involved in providing a service.

2. Proposed Methodology for Developing Resource-Based Malpractice RVUs

The resource-based malpractice RVUs are based on actual malpractice premium data and current Medicare payment data on allowed services and charges, RVUs, and specialty payment percentages. Subjective judgment is primarily limited to the mapping of Medicare specialties to the various insurer premium risk groups.

We decided to use malpractice premium data because they represent the actual malpractice expense to the physician. In addition, malpractice premium data are widely available. We also considered using procedure-specific actual malpractice claims paid data as recommended by the Medicare Payment Advisory Committee (MEDPAC). However, we do not believe that such an approach is viable because inquiries to malpractice insurance experts revealed that the data are not available in sufficient quantity and breadth to be useful. Consultation with insurers informed us that they do not track malpractice payments on an individual CPT procedure code basis. If any such data did exist, we believe that they would likely be limited to a few very high-risk procedures and not be widely and consistently available on a national basis. Constructing national RVUs requires consistent national data for all procedures.

Moreover, even if such data existed on a consistent national basis, it is virtually impossible to determine which specific procedure performed in treating an illness produced the adverse outcome leading to the settlement or award or to accurately apportion the settlement or award among the procedures. For example, in the case of cancer, a symptom missed during a visit or a faulty x-ray or MRI could all contribute to a late diagnosis. Similarly, the cause of the claim could be the chemotherapy, the radiation therapy, the surgery, or any combination thereof.

Discussions with the industry lead us to conclude that the primary determinants of malpractice liability costs are physician specialty, level of surgical involvement, and the individual physician's malpractice history.

Actual malpractice premium data were collected for the top 20 Medicare physician specialties measured by dollars of reimbursement. Premiums were for a $1 million/$3 million mature claims-made-policy (a policy covering claims made rather than services provided during the policy term). Data were collected from all 50 States, Washington, D.C., and Puerto Rico. Data were collected from commercial and physician-owned insurers and from joint underwriting associations or JUAs, typically, State government administered risk pooling insurance arrangements in areas where commercial insurers have left the market. Adjustments were made to reflect mandatory patient compensation fund or PCF (a fund to pay for any claim beyond the statutory amount thereby limiting an individual physician's liability in cases of a large suit) surcharges in States where PCF participation is mandatory. The premium data collected represent at least 50 percent of physician malpractice premiums paid in each State, with the average being 77 percent.

Malpractice insurers generally use five-digit codes developed by the Insurance Services Office (ISO), an advisory body serving property and casualty insurers, to classify physician specialties into different risk classes for premium rating purposes. ISO codes classify physicians not only by specialty, but in many cases also by whether or not the specialty performs

surgical procedures. A given specialty could thus have two ISO codes, one for use in rating a member of that specialty who performs surgical procedures and another for rating a member of that specialty who does not perform surgery. Medicare uses its own system of specialty classification for payment and data purposes. It was therefore necessary to map Medicare specialties to ISO codes and insurer risk classes. Different insurers, while using ISO codes, have their own risk class categories. To assure consistency, we used the risk classes of St. Paul Companies, one of the oldest and largest malpractice insurers. Table 1 crosswalks Medicare specialties to ISO codes and St. Paul risk classes used.

TABLE 1.—CROSSWALK OF MEDICARE SPECIALTY CODE TO MALPRACTICE ISO CODE AND ST. PAUL'S RISK CLASS

Medicare code	Medicare description	ISO code		Risk class		St. Paul's description
		Surgery	Other	Surgery	Other	
01	General practice	80117	80420	4	1	Family/Gen. Practitioners—No Obstetrical.
02	General surgery	80143	80143	5	5	Surgery-General.
03	Allergy/Immunology	80254	80254	1A	1A	Allergy.
04	Otolaryngology	80159	80265	3	1	Otarhinolaryngology.
05	Anesthesiology	80151	80151	5A	5A	Anesthesiology.
06	Cardiology	80150	80255	6	1	Cardiovascular Disease.
07	Dermatology	80282	80256	2	1A	Dermatology.
08	Family practice	80117	80420	4	1	Family/Gen. Practitioners—No Obstetrical.
10	Thoracic surgery	80104	80241	3	1	Gastroenterology.
11	Internal medicine	80284	80257	2	1	Internal medicine.
13	Neurology	80152	80261	8	2	Neurology.
14	Neurosurgery	80152	80261	8	2	Neurology.
16	Obstetrics/Gynecology	80167	80244	2	1	Gynecology.
18	Ophthalmology	80114	80263	2	1	Ophthalmology.
20	Orthopedic surgery	80501	80501	5	5	Surgery Orthopedic—excluding Spinal Surgery.
22	Pathology	80292	80266	2	1A	Pathology.
24	Plastic and reconstructive surgery.	80156	80156	5	5	Surgery Plastic.
25	Physical medicine and rehab.	80235	80235	1	1	Physical medicine and rehab.
26	Psychiatry	80249	80249	1A	1A	Psychiatry.
29	Pulmonary disease	80269	80269	1	1	Pulmonary Disease.
30	Diagnostic radiology	80280	80253	2	2	Radiology.
33	Thoracic surgery	80144	80144	6	6	Surgery Thoracic.
34	Urology	80145	80145	3	3	Urological Surgery.
36	Nuclear medicine	80262	80262	1	1	Nuclear medicine.
37	Pediatric medicine	80293	80267	2	1	Pediatrics.
38	Geriatric medicine	80105	80243	1	1	Geriatrics.
39	Nephrology	80108	80260	3	3	Nephrology.
40	Hand surgery	80169	80169	5	5	Hand Surgery.
44	Infectious disease	80279	80246	1	1	Infectious disease.
46	Endocrinology	80103	80238	3	1	Endocrinology.
65	Physical therapist (independently practice.	80235	80235	1	1	Physical medicine and rehab.
66	Rheumatology	80252	80252	1	1	Rheumatology.
67	Occupational therapist (independently practice.	80233	80233	1A	1A	Occupational Med.
77	Vascular surgery	80146	80146	6	6	Vascular Surgery.
78	Cardiac surgery	80141	80141	6	6	Cardiac Surgery.
82	Hematology	80278	80245	2	1	Hematology.
83	Hematology/oncology	80278	80245	2	1	Hematology.
84	Preventive medicine	80231	80231	1	1	General Preventive Medicine.
93	Emergency medicine	80157	80102	5	4	ER Physician.
98	Gynecologist/oncologist	80167	80244	4	1	Gynecology.

Some physician specialties, nonphysician practitioners, and other entities (for example, independent diagnostic testing facilities) paid under the physician fee schedule could not be assigned an ISO code. We crosswalked these specialties to physician specialties assigned an ISO code and a risk class. The unassigned specialties and the specialty to which they were assigned are shown in Table 2.

TABLE 2.—CROSSWALK FOR UNASSIGNED SPECIALTIES

Unassigned speciality	Cross walk speciality
Addiction Medicine	Psychiatry.
Chiropractor, Licensed.	Internal Medicine.
Clinical Nurse Practitioner.	Internal Medicine.
Clinic or Other Group	All Physicians.
Clinical Psychologist	Psychiatry.
Clinical Social Worker	Psychiatry.
Colorectal Surgery	General Surgery.

TABLE 2.—CROSSWALK FOR UNASSIGNED SPECIALTIES—Continued

Unassigned speciality	Cross walk speciality
Critical Care (intensivists).	All Physicians.
CRNA/AA	Family Practice.
Independent Lab	All Physicians.
Independent Physiological Lab.	All Physicians
Interventional Radiology.	Radiology.
Manipulative Therapy	All Physicians.

TABLE 2.—CROSSWALK FOR UNASSIGNED SPECIALTIES—Continued

Unassigned speciality	Cross walk speciality
Maxillofacial Surgery	Plastic Surgery.
Medical Oncolgy	Gynecology.
Neuropsychiatry	Psychiatry.
Nurse Practitioners ...	Internal Medicine.
Optometrist	All Physicians.
Oral Surgery	All Physicians.
Peripheral Vascular Disease.	All Physicians.
Physician Assistants	Family Practice.
Podiatry	All Physicians.
Psychologist (Billing Indep.).	Psychiatry.
Radiation Oncology ..	Radiology.
Surgical Oncology	All Physicians.

We originally considered two malpractice premium-based alternatives for resource-based malpractice RVUs. One was based solely on specialty premium differences and did not reflect differences in risk-of-service among procedures provided by the specialty. Risk-of-service reflects how services differ in their contributions to professional malpractice liability. For example, if a physician often performs a complex, difficult surgical procedure, this would have a larger effect on the physician's premium risk classification than a simple office visit. We realized that if we did not account for risk-of-service differences all procedures that might be performed exclusively by a given specialty would have the same resource-based malpractice RVUs, even though they might vary considerably in effort, difficulty, total payment, and their contribution to that specialty's malpractice liability.

The alternative which we are proposing, uses the same basic methodology with one added computation. In order to reflect differences in risk-of-service, in step (3) below we propose to multiply the specialty premium-based malpractice RVUs by the procedure's work RVUs. We believe that time, intensity, and difficulty of services are correlated with malpractice risk. Since the work RVUs reflect differences in time, intensity, and difficulty among procedures and are generally accepted as accurate, we believe that they are the best available proxy for determining risk-of-service.

Our proposed methodology is as follows:

(1) *Compute a national average premium for each specialty.* Insurance rating area malpractice premiums for each specialty were mapped to the county level. The specialty premium for each county was then multiplied by the county total RVUs, which had been divided by the county malpractice geographic practice cost index (GPCI) to normalize the data for geographical differences. (Since malpractice RVUs are multiplied by locality malpractice GPCIs in calculating fee schedule payments, if the locality RVUs are not ''deflated'' by the malpractice GPCIs, the locality cost differences as reflected by the GPCIs would be counted twice.) The product of premiums and RVUs was then summed for all counties by specialty. This number was divided by the total RVUs for all counties for each specialty. This yields a national average premium for each specialty.

Table 3 shows the national average premiums for the years 1990–95 for the 20 specialties on which we collected premium data. We used an average of the 3 most recent years, 1993–95, in our calculation. We plan to collect more recent data (1996–1998) to use in future refinement of malpractice RVUs, but do not expect that these more recent data will result in any significant changes since Table 3 shows that on a national average basis malpractice premiums have been remarkably stable in recent years.

TABLE 3.—NATIONAL AVERAGE PREMIUMS (1990–1995) CALCULATED USING 1997 RVU WEIGHTS

ISO	Specialy	1990 avg	1991 avg	1992 avg	1993 avg	1994 avg	1995 avg	Annual trend
80114	Ophthalmology	11,538	11,098	10,637	10,747	10,773	11,359	−0.3
80143	General surgery	28,231	26,683	25,405	25,896	26,876	28,286	0.0
80144	Thoracic surgery	37,740	37,123	35,439	37,045	38,320	41,001	1.7
80145	Urology	16,798	16,285	15,432	15,161	15,669	16,620	−0.2
80151	Anesthesiology	23,437	20,986	19,536	17,406	17,409	16,877	−6.4
80152	Neurosurgery	50,743	45,248	48,788	52,124	54,027	57,679	2.6
80154	Orthopedic surgery	40,312	39,145	36,734	37,455	38,607	40,569	0.1
80156	Plastic and reconstructive surgery.	32,951	31,062	30,087	29,193	30,056	32,594	−0.2
80159	Ootolaryngology	23,697	21,369	20,146	18,926	19,661	20,657	−2.7
80244* ...	OB/GYN	46,724	44,726	43,300	12,676	13,264	N/A	N/A
80249	Psychiatry	5,662	5,597	5,574	6,748	7,204	7,766	6.5
80269	Pulmonary disease	7,807	7,675	7,202	8,068	8,517	9,198	3.3
80274	Gastroenterology	9,985	9,754	9,709	10,468	10,944	11,612	3.1
80280	Diagnostic radiology	9,748	9,496	9,404	10,280	10,675	11,394	3.2
80281	Cardiology	10,437	10,225	10,187	11,895	12,360	13,138	4.7
80282	Dermatology	9,004	8,768	8,750	10,392	10,905	11,541	5.1
80284	Internal medicine	10,349	10,093	9,905	10,931	11,421	12,122	3.2
80288	Neurology	10,613	10,479	10,789	11,721	12,289	13,179	4.4
80292	Pathology	8,332	7,868	7,482	8,554	8,818	9,369	2.4
80423	General practice	10,081	9,777	9,662	10,006	10,399	10,989	1.7

* 1990-92 data reflects Obsterical malpractice premium. 93–94 is for Geneologist. 95 premium not available.

(2) *Calculate a risk factor for each specialty.* Differences among specialties in malpractice premiums reflect differences in their malpractice exposure or risk. Relative differences among specialties in national average malpractice premiums can be expressed as specialty risk factors. These risk factors are an index calculated by dividing the national average premium for each specialty by the national average premium for the specialty with the lowest average premium, psychiatry. Table 4 shows the risk factors, surgical and non-surgical, by specialty.

TABLE 4.—MEDICARE SPECIALTIES AND RISK FACTOR ASSIGNMENT

Non-Surgical Risk Factors			Surgical Risk Factors		
Code	Medicare description	Risk factor	Code	Medicare description	Risk factor
0	All Physicians	1.50	0	All Physicians	2.53
01	General practice	1.21	01	General practice	3.10
02	General surgery	3.99	02	General surgery	3.99
03	Allergy/Immunology	1.00	03	Allergy/Immunology	1.00
04	Otolaryngology	1.21	04	Otolaryngology	2.83
05	Anesthesiology	2.34	05	Anesthesiology	2.34
06	Cardiology	1.21	06	Cardiology	5.84
07	Dermatology	1.00	07	Dermatology	1.51
08	Family practice	1.21	08	Family practice	3.10
10	Gastroenterology	1.21	10	Gastroenterology	2.64
11	Internal medicine	1.21	11	Internal medicine	1.58
12	Osteopathic manipulative therapy	1.50	12	Osteopathic manipulative therapy	2.53
13	Neurology	1.61	13	Neurology	8.16
14	Neurosurgery	1.61	14	Neurosurgery	8.16
16	Obstetrics/Gynecology	1.21	16	Obstetrics/Gynecology	3.10
18	Ophthalmology	1.21	18	Ophthalmology	1.54
19	Oral surgery (dentists only)	1.50	19	Oral surgery (dentists only)	2.53
20	Orthopedic surgery	4.28	20	Orthopedic surgery	4.28
22	Pathology	1.00	22	Pathology	1.28
24	Plastic and reconstructive surgery	4.35	24	Plastic and reconstructive surgery	4.35
25	Physical medicine and rehab	1.21	25	Physical medicine and rehab	1.21
26	Psychiatry	1.00	26	Psychiatry	1.00
28	Colorectal surgery (formerly proctology)	4.28	28	Colorectal surgery (formerly proctology)	4.28
29	Pulmonary disease	1.21	29	Pulmonary disease	1.21
30	Diagnostic radiology	1.54	30	Diagnostic radiology	1.54
31	Roentgenology, radiology (osteopaths only).	1.54	31	Roentgenology, radiology (osteopaths only).	1.54
33	Thoracic surgery	5.54	33	Thoracic surgery	5.54
34	Urology	2.26	34	Urology	2.26
35	Chiropractic	1.21	35	Chiropractic	1.61
36	Nuclear medicine	1.21	36	Nuclear medicine	1.21
37	Pediatric medicine	1.21	37	Pediatric medicine	1.61
38	Geriataric medicine	1.21	38	Geriataric medicine	1.21
39	Nephrology	2.64	39	Nephrology	2.64
40	Hand surgery	4.28	40	Hand surgery	4.28
44	Infectious disease	1.21	44	Infectious disease	1.21
46	Endocrinology	1.21	46	Endocrinology	2.64
48	Podiatry	1.50	48	Podiatry	2.53
62	Psychologist (billing independently)	1.00	62	Psychologist (billing independently)	1.00
65	Physical therapist (independently practicing).	1.21	65	Physical therapist (independently practicing).	1.21
66	Rheumatology	1.21	66	Rheumatology	1.21
67	Occupational therapist (independently practicing).	1.00	67	Occupational therapist (independently practicing).	1.00
68	Clinical psychologist	1.00	68	Clinical psychologist	1.00
70	Multispecialty clinic or group practice	1.50	70	Multispecialty clinic or group practice	2.53
71	Diagnostic x-ray	1.54	71	Diagnostic x-ray	1.54
76	Peripheral vascular disease	1.50	76	Peripheral vascular disease	2.53
77	Vascular surgery	5.84	77	Vascular surgery	5.84
78	Cardiac surgery	5.84	78	Cardiac surgery	5.84
79	Addiction medicine	1.00	79	Addiction medicine	1.00
81	Critical care	1.50	81	Critical care	2.53
82	Hematology	1.21	82	Hematology	1.61
83	Hematology/oncology	1.21	83	Hematology/oncology	1.61
84	Preventive medicine	1.21	84	Preventive medicine	1.21
85	Maxillofacial surgery	4.28	85	Maxillofacial surgery	4.28
86	Neuropsychiatry	1.00	86	Neuropsychiatry	1.00
90	Medical oncology	1.21	90	Medical oncology	3.10
91	Surgical oncology	1.50	91	Surgical oncology	2.53
92	Radiation oncology	1.54	92	Radiation oncology	1.54
93	Emergency medicine	3.10	93	Emergency medicine	4.28
94	Interventional Radiology	1.54	94	Interventional Radiology	1.54
98	Gynecologist/oncologist	1.21	98	Gynecologist/oncologist	3.10

(3) *Calculate malpractice RVUs for each code.* Resource-based malpractice RVUs were calculated for each procedure. First, the percentage of a specific service provided by each specialty was determined from payment records. This percentage was then multiplied by the specialty's risk factor. The products for all specialties for the

procedure are then summed, yielding a specialty-weighted malpractice RVU reflecting the weighted malpractice costs across all specialties for that procedure. This number was then multiplied by the procedure's work RVUs to account for differences in risk-of-service. We realize that adjusting for risk-of-service using work RVUs may not exactly reflect risk-of-service differences because certain procedures with relatively high work RVUs may have low malpractice claim frequencies while certain procedures with relatively low work RVUs may have high malpractice claim frequencies. We were unable to find an acceptable alternative to work RVUs for determining risk-of-service and would welcome any suggestions.

As mentioned above, certain specialties may have more than one IOS rating class and risk factor. The surgical risk factor for a specialty was used for surgical services and the non-surgical risk factor for evaluation and management services. Also, for obstetrics/gynecology, the lower gynecology risk factor was used for all codes except those obviously surgical services, in which case the higher surgical risk factor was used.

Certain codes have no physician work RVUs. The overwhelming majority of these codes are the technical components (TCs) of diagnostic tests, such as x-rays and cardiac catheterization, that have a distinctly separate technical component (the taking of an x-ray by a technician) and professional component (the interpretation of the x-ray by a physician). Examples of other codes with no work RVUs are audiology tests and injections and infusions. These codes are usually done by nonphysicians, for example, audiologists and nurses, respectively. In many cases, the non-physician or entity furnishing the TC is distinct and separate from the physician ordering and interpreting the test. We believe it appropriate for the malpractice RVUs assigned to TCs to be based on the malpractice costs of the non-physician or entity, not the professional liability of the physician.

Our proposed methodology, however, would result in zero malpractice RVUs for codes with no physician work since we propose the use of physician work RVUs to adjust for risk-of-service, as explained earlier. We believe that zero malpractice RVUs may be inappropriate because nonphysician health practitioners and entities such as IDTFs also have malpractice liability and carry malpractice insurance. Therefore, we are proposing to retain the current malpractice RVUs for all services with zero work RVUs. We are open to comments and suggestions for constructing malpractice RVUs for codes with no physician work.

(4) *Rescale for budget neutrality.* The law requires that changes to fee schedule RVUs be budget neutral. The current malpractice RVUs and the proposed resource-based malpractice RVUs were constructed using entirely different methodologies and data and are not directly related to each other. Thus, the last step is to adjust for budget neutrality by rescaling the proposed malpractice RVUs so that the total proposed resource-based malpractice RVUs equals the total current malpractice RVUs. The new resource-based malpractice RVUs for each procedure were multiplied by the frequency count for that procedure to determine the total resource-based malpractice RVUs for each procedure. This was summed for all procedures to determine the total fee schedule resource-based malpractice based RVUs. This was compared to the total current charge-based malpractice RVUs, and the appropriate adjustment was made to attain budget neutrality. The raw unadjusted resource-based malpractice RVUs were multiplied by 0.0291 so that the conversion to resource-based malpractice RVUs maintains the same level of expenditures for the malpractice component.

The proposed resource-based malpractice RVUs are shown in Addendum B. These values have been adjusted for budget neutrality on the basis of the most recent available data. They do not reflect the final budget neutrality adjustment, which we will make for the final rule on the basis of more recent data. We do not believe, however, that the values will change significantly as a result of the final budget-neutrality adjustment.

Because of the differences in the sizes of the three fee schedule components, implementation of the resource-based malpractice RVUs will have much smaller payment effects than the previous implementations of resource-based work RVUs and resource-based practice expense RVUs. On average, work represents about 54.5 percent of payment for a procedure under the fee schedule, practice expense about 42.3 percent, and malpractice about 3.2 percent. Thus, a 20 percent change in practice expense or work RVUs would yield a change in payment of about 8 to 11 percent. In contrast, a corresponding 20 percent change in malpractice values would yield a change in payment of only about 0.6 percent. The mean frequency-weighted current malpractice RVU is about 0.08 which equates to about $2.78 in 1999. Estimates of the effects on payment by specialty and selected high-volume procedures can be found in the impact section of this rule.

We are requesting comments on our proposed methodology and resource-based malpractice RVUs.

We are proposing to add a new § 414.22(c)(3) (Relative value units (RVUs)) to specify that, for services furnished in the year 2000 and subsequent years, the malpractice RVUs are based on the relative malpractice insurance resources for each service.

B. Resource-Based Practice Expense Relative Value Units

1. Resource-Based Practice Expense Legislation

Section 121 of the Social Security Act Amendments of 1994 (Public Law 103–432), enacted on October 31, 1994, requires us to develop a methodology for a resource-based system for determining practice expense RVUs for each physician's service beginning in 1998. In developing the methodology, we must consider the staff, equipment, and supplies used in providing medical and surgical services in various settings.

The legislation specifically requires that, in implementing the new system of practice expense RVUs, we must apply the same budget-neutrality provisions that we apply to other adjustments under the physician fee schedule.

The BBA was enacted on August 5, 1997, before publication of the October 1997 (62 FR 59103) final rule. Section 4505(a) of the BBA delayed the effective date of the resource-based practice expense RVUs until January 1, 1999. In addition, the BBA provided for the following revisions in the requirements to change from charge-based practice expense RVUs to resource-based RVUs.

Instead of paying for all services entirely under a resource-based RVU system in 1999, section 4505(b) of the BBA provided for a 4-year transition period. The practice expense RVUs for the year 1999 will be the sum of 75 percent of charge-based RVUs and 25 percent of the resource-based RVUs. For the year 2000, the percentages will be 50 percent charge-based RVUs and 50 percent resource-based RVUs. For the year 2001, the percentages will be 25 percent charge-based RVUs and 75 percent resource-based RVUs. For subsequent years, the RVUs will be totally resource-based.

Section 4505(e) of the BBA provided that, in 1998, the practice expense RVUs would be adjusted for certain services in anticipation of the implementation of resource-based practice expenses

beginning in 1999. Thus, practice expense RVUs for office visits were increased. For other services whose practice expense RVUs exceeded 110 percent of the work RVUs and which were furnished less than 75 percent of the time in an office setting, the 1998 practice expense RVUs were reduced to a number equal to 110 percent of the work RVUs. This limitation did not apply to services that had proposed resource-based practice expense RVUs in the June 18, 1997 proposed rule (62 FR 33196) that increased from their 1997 practice expense RVUs. The procedure codes affected and the final RVUs for 1998 were published in the October 31, 1997 final rule (62 FR 59103).

Section 4505(d)(3) also required that a proposed rule be published by May 1, 1998, with a 90-day comment period. A final rule was published on November 2, 1998 and the transition began on January 1, 1999.

The BBA also required that we develop new resource-based practice expense RVUs. In developing these new practice expense RVUs, section 4505(d)(1) required us to—(1) use, to the maximum extent practicable, generally accepted accounting principles that recognize all staff, equipment, supplies, and expenses, not just those that can be tied to specific procedures, and use actual data on equipment use and other key assumptions; (2) consult with organizations representing physicians regarding the methodology and data to be used; and (3) develop a refinement process to be used during each of the four years of the transition period.

2. Current Methodology for Computing Practice Expense Relative Value Units

Effective with services furnished after January 1, 1999, we established a new methodology for computing resource-based practice expense RVUs that uses the two significant sources of actual practice expense data we have available—the Clinical Practice Expert Panel (CPEP) data and the American Medical Association's (AMA's) Socioeconomic Monitoring System (SMS) data. This methodology is based on an assumption that current aggregate specialty practice costs are a reasonable basis for establishing initial estimates of relative resource costs of physicians' services across specialties. It then allocates these aggregate specialty practice costs to specific procedures and, thus, can be seen as a ''top-down'' approach. The following summarizes the general methodology used. (For more specific information refer to the June 5, 1998 proposed rule (63 FR 30826) and the November 2, 1998 final rule with comment (63 FR 58816).)

Practice Expense Cost Pools

We used actual practice expense data by specialty, derived from the 1995 through 1997 SMS survey data, to create six cost pools: administrative labor, clinical labor, medical supplies, medical equipment, office supplies, and all other expenses. There were three steps in the creation of the cost pools. They are as follows:

Step (1) We used the AMA's SMS survey of actual cost data to determine practice expenses per hour by cost category. The practice expense per hour for each physician respondent's practice was calculated as the practice expenses for the practice divided by the total number of hours spent in patient care activities by the physicians in the practice. The practice expenses per hour for the specialty are an average of the practice expenses per hour for the respondent physicians in that specialty.

Step (2) We determined the total number of physician hours, by specialty, spent treating Medicare patients. This was calculated from physician time data for each procedure code and the Medicare claims data. The primary sources for the physician time data were surveys submitted to the AMA's RUC and surveys performed and developed by a research team at the Harvard School of Public Health in a cooperative agreement with us for the initial establishment of the work RVUs.

Step (3) We then calculated the practice expense pools by specialty and by cost category by multiplying the practice expenses per hour for each category by the total physician hours.

For services with work RVUs equal to zero (including the TC of services with PC and TC), we created a separate practice expense pool using the average clinical staff time from the CPEP data (since these codes by definition do not have physician time), and the ''all physicians'' practice expense per hour.

Cost Allocation Methodology

For each specialty, we separated the six practice expense pools into two groups, direct costs and indirect costs, and used a different allocation basis for each group.

- For direct costs, which include clinical labor, medical supplies, and medical equipment, we used the CPEP data as the allocation basis. The CPEP data for clinical labor, medical supplies, and medical equipment were used to allocate the clinical labor, medical supplies, and medical equipment cost pools, respectively.

For the separate practice expense pool for services with work RVUs equal to zero, we are using, as an interim measure, 1998 practice expense RVUs to allocate the direct cost pools (clinical labor, medical supplies and medical equipment).

Also, for all radiology services that are assigned work RVUS, we used the 1998 practice expense RVUs as an interim measure to allocate the direct practice expense cost pool for the specialty of radiology. For all other specialties that perform radiology services that are assigned work RVUs, we used the CPEP data for radiology services in the allocation of that specialty's direct practice expense cost pools.

- For indirect costs, which include administrative labor, office expenses, and all other expenses, we used the total direct costs or the 1998 practice expense RVUs, as described above, in combination with the physician fee schedule work RVUs, to allocate the cost pools. We converted the work RVUs to dollars using the Medicare CF (expressed in 1995 dollars for consistency with the SMS survey years).
- For procedures performed by more than one specialty, the final procedure code allocation was a weighted average of allocations for the specialties that perform the procedure, with the weights being the frequency with which each specialty performs the procedure on Medicare patients.

Other Methodological Issues

- Global Practice Expense Relative Value Units.

For services with the PC and TC paid under the physician fee schedule, the global practice expense RVUs are set equal to the sum of the PC and TC.

- Practice Expenses per Hour Adjustments and Specialty Crosswalks

Since many specialties identified in our claims data did not correspond exactly to the specialties included in the practice expenses tables from the SMS survey data, it was necessary to crosswalk these specialties to the most appropriate SMS specialty category. We also made the following adjustments to the practice expense per hour data (For the rationale for these adjustments, see the November 2, 1998 proposed rule):

+ We set the medical materials and supplies practice expenses per hour for the specialty of ''oncology'' equal to the ''all physician'' medical materials and supplies practice expenses per hour.

+ We based the administrative payroll, office, and other practice expenses per hour for the specialties of ''physical therapy'' and ''occupational therapy'' on data used to develop the salary equivalency guidelines for these

specialties. We set the practice expense per hour for the direct cost categories equal to the ''all physicians'' practice expense per hour from the SMS survey data.

+ Due to uncertainty concerning the appropriate crosswalk and time data for the nonphysician specialty ''audiologist,'' we derived the resource-based practice expense RVUs for codes performed by audiologists from the practice expenses per hour of the other specialties that perform these codes.

+ For the specialty ''emergency medicine'' we used the ''all physician'' practice expense per hour to create practice expense cost pools for the categories ''clerical payroll'' and ''other expenses.''

+ For the specialty ''podiatry'' we used the ''all physician'' practice expenses per hour to create the practice expense pool.

+ For the specialty ''pathology'' we removed the supervision and autopsy hours reimbursed through Part A of the Medicare program from the practice expense per hour calculation.

+ For the specialty ''maxillofacial prosthetics'' we used the ''all physician'' practice expenses per hour to create practice expense cost pools and, as an interim measure, allocated these pools using the 1998 practice expense RVUs.

+ We split the specialty ''radiology'' practice expense per hour into ''radiation oncology'' practice expense per hour and ''radiology other than radiation oncology'' practice expense per hour and used this split practice expense per hour to create practice expense cost pools for these specialties.

+ Time Associated with the Work Relative Value Units.

The time data resulting from the refinement of the work RVUs have been, on the average, 25 percent greater than the time data obtained by the Harvard research team for the same services. We increased the Harvard research team's time data to ensure consistency between these data sources.

For services with no assigned physician times, such as dialysis, physical therapy, psychology and many radiology and other diagnostic services, we calculated estimated total physician times based on work RVUs, maximum clinical staff time for each service as shown in the CPEP data, or the judgment of our clinical staff.

We calculated the time for the anesthesia CPT codes 00100 through 01996 using the base and time units from the anesthesia fee schedule and the Medicare allowed claims data.

3. Refinement

Background

Section 4505(d)(1)(C) of the BBA requires us to develop a refinement process to be used during each of the four years of the transition period. In the June 1998 proposed rule, (63 FR 30823), we did not propose a specific long-term refinement process. Rather, we set out the parameters for an acceptable refinement process for practice expense RVUs and solicited comments on our proposed process. Most of the approximately 14,000 comments we received on the proposed rule approved of our general ''top down'' approach to the calculation of practice expense RVUs. However, many concerns were raised regarding the specific steps in our methodology, the practice expense per hour data, and detailed code level data. In response to these comments, we made adjustments for those situations in which we were convinced an adjustment was appropriate without the need for further data or input (see the November 2, 1998 (63 FR 58818) final rule). We also indicated that we would consider other comments for possible future refinement and that RVUs for all codes would be considered interim for 1999 and for future years during the transition period.

As part of the initial refinement process, in the November 2, 1998 final rule, page 58818, we outlined the steps we are undertaking to resolve the outstanding general methodological issues. These steps include—the establishment of a mechanism to receive additional technical advice for dealing with these broad practice expense RVU methodological issues; evaluation of any additional recommendations from the GAO, MEDPAC, and the Practicing Physicians Advisory Council; and consultation with physicians' and other groups about these issues. In addition, we solicited comments and suggestions about methodology from organizations that have a broad range of interest and expertise in practice expense and survey issues. We especially encouraged organizations that represent a broad range of physician, practitioner, and provider groups (for example, groups that represent both specialties receiving increases and those receiving decreases in Medicare payments) with expertise in practice cost issues to make specific recommendations regarding such issues as criteria for using alternative survey data, methods for validating data collected in the future, and possible alternatives for the allocation of indirect expenses.

We also discussed a proposal submitted by the RUC, which was supported by almost every medical specialty society, for the establishment of a Practice Expense Advisory Committee (PEAC), to review comments and make recommendations on the code-specific CPEP data (that is, the clinical staff types and times, medical supplies, and medical equipment needed for each procedure) during this refinement period. This committee would report to the RUC, which would make final recommendations to us.

Current Status of Refinement Activities

As stated above, one of our main strategies for resolving the outstanding practice expense methodological issues was to seek a mechanism for obtaining expert advice and technical support. To this end we have awarded a contract beginning in May 1999 to obtain this assistance in evaluating various aspects of our practice expense methodology. As also discussed above, the RUC, through the PEAC, will give us recommendations on the refinement of procedure-specific inputs. The PEAC held its organizing meeting in February 1999 and met again in April to begin the task of refining the code-specific CPEP data.

We believe that the awarding of the methodological support contract and the establishment of the PEAC represent important steps in our refinement process. However, at this time, our contractor has just begun the task of assisting us with the major methodological issues that we face in refining the resource-based practice expense RVUs. In addition, the PEAC's recommendations on changes to the code-level inputs have not yet been forwarded by the RUC. Therefore, we are able to propose only a few changes in our practice expense methodology or in the code-specific inputs in this proposed rule. However, we will consider additional changes for the final rule, based on any recommendations we receive from the RUC or PEAC or other commenters. These changes, if accepted, would be established as interim values and would be effective January 1, 2000. The following discusses more specifically the status of refinement activities and the specific changes we are proposing for the various aspects of our practice expense methodology.

Top-Down Methodology

As we have already discussed, we now have a contractor to assist us in refining our practice expense methodology. This support will help us to pinpoint weaknesses in our top-down methodology and will also aid us in generating alternative solutions to the identified problems. Among the

activities we have requested the contractor to undertake are:

- The evaluation of the validity and reliability of SMS data for the specialty and subspecialty groups.
- The identification and evaluation of alternative and supplementary data sources from specialty and multi-specialty societies.
- The development of options for validating the Harvard and RUC physician procedure time data.
- The evaluation of the indirect cost allocation methodology.
- The development of options for the five-year review of practice expense RVUs.

We intend to keep the medical community informed about all of these activities and to seek their input.

SMS Data

Background

We received comments from a large number of medical specialty societies, both on our June 1998 proposed rule and our November 2, 1998 final rule, which expressed concern that their specialty or subspecialty was not adequately represented in the SMS survey data used to compute their practice expense per hour. In addition, several specialties, primarily nonphysician groups, were not included in the SMS data, making it necessary for us to crosswalk their practice expense per hour to an included specialty. A large number of these specialties either have submitted supplementary data or have expressed a desire to collect new data that they believe would more accurately reflect the practice expense per hour for their specialty.

While we appreciate the effort that these organizations have expended or are willing to expend, we are not yet in a position to use this supplementary or new data in our practice expense calculations. It is important to understand that, given the budget neutrality restrictions under which we are working, any increase in one specialty's practice expense pool will lead to a decrease for other specialties. Therefore, until we have developed reliable and standardized criteria for accepting and validating additional specialty-specific data, it would be inequitable to make any significant changes based on these data.

We recognize that this delay in indicating what additional data would be acceptable might be frustrating to those groups that believe that the SMS data does not accurately account for all of their costs. For that reason, we are ensuring that a priority of the technical contractor discussed above is to determine (1) the circumstances, if any, under which we should consider use of survey data other than the SMS data; (2) the appropriate form of these surveys; and (3) how these surveys or future SMS surveys can be appropriately validated for our use. We hope to be in a position to discuss this in more detail in the final rule to be published this fall.

Adjustment to Direct Patient Care Hours for Pathology

In the November 1998 final rule, we made adjustments to the direct patient care hours for pathologists to account for the fact that the time spent performing autopsies and supervising technicians are Part A services. The pathologists, supported by the AMA, also requested that we eliminate some of the time for ''personally performing nonsurgical laboratory procedures including reports'' because this time also includes some Part A services. We did not make this latter adjustment in the final rule because we did not have the data on what precise adjustment to make. We now have information to propose this adjustment as well. The SMS survey shows that pathologists reported 6.77 hours per week in personally performing nonsurgical laboratory procedures including time writing reports. The College of American Pathologists recommended that 45 percent of the 6.77 hours, which represents three hours, be removed from total patient care hours. The pathologists argue that they are providing specific services to attending physicians, but we will not allow separate payment because the attending physician does not request a consultation. This problem is unique to this specialty and, as this change will have no discernible negative impact on any other specialty, we are proposing to remove these three hours from the total patient care hours for pathologists.

CPEP Data

RUC Recommendations

As we stated above, the PEAC is beginning to review the procedure-specific CPEP inputs. Because most major physician specialties are represented on the PEAC and they will determine which codes are discussed at each meeting, we plan to wait until we receive recommendations from the RUC before making significant changes to most code-specific inputs. However, there are a number of egregious errors or anomalies that were pointed out in the public comments we received on the June 1998 proposed rule and the November 1998 final rule that we intend to address in the final rule this fall.

Physicians' Clinical Staff in the Facility Setting

In some of the original CPEP panels and in subsequent meetings, various specialties have argued that the physician's own clinical staff performs certain services for a hospital patient. In our initial ''bottom-up'' practice expense proposal in the June 1997 proposed rule, we edited out all of the clinical staff time in the facility setting. It was our contention then, and still is now, that Medicare already pays for services performed for a facility patient through some other mechanism, that these services are not typically performed by a physician's own staff and that recognizing these inputs is arguably inconsistent with the law and with our regulations. However, in our 1998 ''top-down'' proposal we used the raw CPEP inputs without applying edits to any of the data, and the clinical staff time in the facility setting was therefore included.

We are proposing to exclude from the raw CPEP data all staff time allotted to the use of clinical staff in the facility setting. This CPEP data is used in our methodology solely to allocate the specialty-specific practice expense pools to the individual codes. We would not make an adjustment to the SMS data because we cannot separately identify the costs related to physicians' clinical staff time in hospitals and we do not believe that these costs are typically incurred. We propose to make this adjustment now before extensive refinement efforts are undertaken. We are also soliciting comments, information and data regarding situations where the recognition of costs associated with the use of a physician's clinical staff in a facility would be appropriate. We will consider these responses for the final rule.

There are several arguments to be made for excluding the costs of clinical staff in the facility setting from the raw CPEP data used in calculating the practice expense payment for any service:

1. Medicare should not pay twice for the same service.

Many specialties argue that their clinical staff performs various duties for the hospital patient, examples of which are presented below; all these and other facility clinical staff services are already paid for by Medicare through a mechanism other than physician practice expense.

—Assistant at Surgery—Medicare will make a separate payment for a physician assistant, nurse practitioner or clinical nurse specialist acting as assistant at surgery. Therefore, their

time cannot also be counted as a practice expense input in the CPEP data.

—Scrub Nurse—Medicare already pays the hospital for all nursing services provided to a hospital patient, including scrub nurse services, either through the DRG payment or on a cost basis.

—Monitoring Patients Undergoing Conscious Sedation—In order to meet accreditation standards, all hospitals must already have staff available to monitor these patients. Medicare pays the hospital for this service or makes separate payment for a certified registered nurse anesthetist. To include staff time in the CPEP data for this service would result in a duplicate payment.

—Reviewing Charts, Making Patient Rounds, Pulling Chest Tubes—These activities are physicians' services that are paid for through the physician work RVUs. Physicians may choose to delegate some of their work to their clinical staff. However, unless the work RVUs are commensurately reduced, it would be inappropriate to also include this staff time in the practice expense calculations.

—Making Phone Calls from the Physician's Office—Phone calls concerning the patient made to the family or the facility are considered an administrative cost. The staff time for these services is paid for under our indirect practice expense allocation.

Unless we were to reduce the DRG payment made to hospitals or the work RVUs used to determine physician payment, the inclusion of the costs of any of this clinical staff time in the calculation of procedure-specific practice expenses would essentially lead to a duplication of Medicare payment. We welcome comments from hospitals, physicians, and others on this issue.

2. It is not a typical practice for most specialties to use their own staff in the facility setting.

While physician practice patterns may vary by specialty, by practice size and configuration and by individual practitioner, we pay only one rate, with the exception of a geographic adjuster, for a given site for any specific service. Therefore, the CPEP inputs for each service cannot reflect all variations in practice patterns, but are rather meant to represent the clinical staff times, supplies, and equipment that are used for the typical patient receiving that service. We have not seen sufficient data to convince us that the use of the physician's clinical staff in the facility setting is a typical practice. The American Hospital Association performed a survey of a sample of their members which indicated that this practice occurred only occasionally. Because we do not believe that physicians typically incur costs for bringing their staff into the facility setting, the aggregate SMS data should contain few costs for such services. Therefore, we are not proposing to eliminate any clinical staff expenses from the surgical specialties' aggregate SMS practice expense data.

3. Inclusion of these costs is arguably inconsistent with both the law and Medicare regulations.

—Section 1862(a)(14) of the Act, which discusses exclusions from coverage, states that,

''Notwithstanding any other provision of this title, no payment may be made under part A or part B * * * for any expenses incurred for items or services which are other than physicians' services (as defined in regulations promulgated specifically for purposes of this paragraph) * * * and which are furnished to an individual who is a patient of a hospital * * * by an entity other than the hospital * * * unless the services are furnished under arrangements. * * *''

(This section also exempts services of physician assistants, nurse practitioners, clinical nurse specialists, certified nurse-midwife services, qualified psychologist services, and services of certified registered nurse anesthetists from the above exclusion.)

—In § 411.15, (Particular Services Excluded from Coverage) subparagraph (m)(1), we paraphrase the above provision for hospital inpatients and add that ''services subject to exclusion under this paragraph include * * * services incident to physicians' services.'' Section 411.15(m)(2) implements the exceptions to this exclusion, among them ''physician services that meet the criteria of § 415.102(a) of this chapter for payment on a reasonable charge or fee schedule basis.''

—Section 415.102(a) contains the definition of physicians' services required by section 1862(a)(14) of the Act and the criteria referred to in § 411.15(m) above: ''If the physician furnishes services to beneficiaries in providers, the carrier pays on a fee schedule basis provided the following requirements are met: (1) The services are personally furnished for an individual beneficiary by a physician. (2) The services contribute directly to the diagnosis or treatment of an individual beneficiary. (3) The services ordinarily require performance by a physician.''

—On September 8, 1998, we published a proposed rule on a prospective payment system for hospital outpatient services (63 FR 47552). This rule proposes to add § 410.39 which embodies in regulation for the hospital outpatient setting the exclusion in § 411.15 described above. Section 410.39(c) would exempt from the exclusion physicians' services that meet the requirements of § 415.102(a) as described above, physician assistant, nurse practitioner, clinical nurse specialist, certified nurse midwife, and qualified psychologist services, as well as services of an anesthetist.

A reading of all of the above suggests that no payment should be made under the physician fee schedule for the costs of physicians' clinical staff used in the hospital setting. Services performed by non-physician clinical staff do not fulfill the definition of services personally furnished by a physician, and, therefore, the exception to the exclusion created by section 1862(a)(14) of the Act does not apply. In addition, nursing services, such as those performed by a scrub nurse working for a physician, do not ordinarily require performance by a physician and, thus, are not physicians' services for the purpose of section 1862(a)(14) of the Act. Finally, services ''incident to a physician's service'' are explicitly excluded from coverage in the hospital setting by § 411.15(m)(1).

Table 5, ''Impact on Total Allowed Charges by Specialty of Excluding the Cost of Clinical Staff in the Facility Setting,'' shows the impact of the proposed changes on each major specialty's total allowed charges. As can be seen from this table, anesthesia and cardiac surgery face a decrease of 8 percent over the transition period, while thoracic surgery has a decrease of 6 percent over the same period. No other specialty has a decrease of more than 2 percent. The increases are spread throughout the specialties, with rheumatology standing to gain the most with a 5 percent increase, followed by orthopedic surgery, obstetrics and gynecology and podiatry each with a 3 percent increase.

It is not surprising that the practice expenses for cardiac and thoracic surgery and anesthesiology would decrease if clinical staff in the facility is excluded given the clinical staff time in the CPEP data. The raw CPEP data for the cardiac and thoracic codes contain up to 57 hours of clinical staff time in the hospital for a given procedure. For example, the total facility clinical staff

time of 24 hours for CPT code 33771 (repair of great vessels defect) includes nearly seven hours for a physician assistant to act as assistant at surgery, which can be billed separately, and over six hours for a scrub nurse that we pay the hospital to provide.

The anesthesia CPEP panel also added inputs of up to 195 minutes clinical staff time per procedure in the facility setting, which is particularly inexplicable for such a hospital-based specialty. This time is divided between a registered nurse, physician assistant, and an anesthesia technician. It is in no way clear for what purposes an anesthesiologist would employ a nurse or a physician assistant, but in any case we pay the hospital for all nursing care and we make separate payment for a physician assistant.

We welcome comments on this entire issue and particularly solicit information about any possible appropriate use of physicians' clinical staff in the facility setting that we should consider for our final rule.

TABLE 5.—IMPACT ON TOTAL ALLOWED CHARGES BY SPECIALTY OF EXCLUDING THE COST OF CLINICAL STAFF IN THE FACILITY SETTING

Specialty	Impact on total payments (percent)
ANESTHESIOLOGY	−8
CARDIAC SURGERY	−8
CARDIOLOGY	−2
CLINICS	−1
DERMATOLOGY	2
EMERGENCY MEDICINE	−1
FAMILY PRACTICE	2
GASTROENEROLOGY	−2
GENERAL PRACTICE	2
GENERAL SURGERY	0
HEMATOLOGY ONCOLOGY	1
INTERNAL MEDICINE	0
NEPHROLOGY	0
NEUROLOGY	1
NEUROSURGERY	1
OBSTETRICS/GYNECOLOGY	3
OPHTHALMOLOGY	1
ORTHOPEDIC SURGERY	3
OTHER PHYSICIAN	0
OTOLARYNGOLOGY	2
PATHOLOGY	0
PLASTIC SURGERY	1
PSYCHIATRY	−1
PULMONARY	−2
RADIATION ONCOLOGY	0
RADIOLOGY	0
RHEUMATOLOGY	5
THORACIC SURGERY	−6
UROLOGY	2
VASCULAR SURGERY	0
OTHERS	
CHIROPRACTOR	0
NONPHYSICIAN PRACTITIONER	0
OPTOMETRIST	2
PODIATRY	3
SUPPLIERS	0

Physician Time

Background

Under the ''top down'' methodology we are using to calculate the resource-based practice expense for physicians' services, the physician time attributed to each service has now become a significant factor in determining the RVUs assigned to that service. Therefore, it is vital that there is confidence in the accuracy of these times. As we discussed above, we have a contract to assist us in resolving many of the outstanding methodological issues we face in refining our ''top down'' approach. One of the tasks this contractor will undertake is to develop options for validating the 1992 Harvard research team study and the AMA/RUC physician time data.

Pediatric Surgery Physician Time Data

In its comments on the June 1998 proposed rule, the American College of Surgeons stated that the physician time assigned to pediatric surgery codes was based on erroneously low physician time data from the original Harvard study, rather than on later data from the study of pediatric services performed by the same Harvard study team for the American Pediatric Surgical Association in 1992. The comment further stated that the latter data were used as the basis for the work RVUs assigned to these 48 pediatric surgical services. We responded in the final rule that such inaccuracies in the physician time data would be considered during the refinement process. We are currently analyzing the data needed to make the appropriate corrections and will update the physician times for these 48 pediatric surgical services in the final rule.

Physical Therapy and Occupational Therapy Times

In the November 1998 final rule we did not use the RUC physician time data for the physical therapy codes (CPT 97001 through 97770) as we believed these times to be inaccurate. Instead, we set the time for these procedures using the judgment of our clinical staff. In its comments on the final rule, the American Physical Therapy Association (APTA) stated that the times that we used were too low because it appeared that we used only intra-service time. The American Occupational Therapy Association, in its comments on the proposed rule, also objected to our reduction in times for outpatient rehabilitation codes. While APTA conceded that the RUC survey data on the times for these services could cause confusion, APTA also argued that we should recognize some preservice and postservice times for physical therapy services. APTA made specific recommendations that included such preservice and postservice times, while acknowledging that, because multiple procedures are often performed at the same session, there could be overlap in these times. We agree that it is appropriate to include some preservice and postservice times for these procedures and have adjusted the total code-specific times used to create the practice expense pools as shown in Table 6, ''Revised Times for CPT codes 97001 through 97770.''

TABLE 6.—REVISED TIMES FOR CPT CODES 97001 THROUGH 97770

HCPCS	Total time used for HCFA 11/2/98 final rule (minutes)	Revised time (minutes)
97001	30	42
97002	20	25
97003	45	57
97004	30	35
97010	5	5
97012	15	15
97014	13	13
97016	18	18
97018	13	13
97020	14	14
97022	15	15
97024	15	15
97026	10	10
97028	9	9
97032	18	18
97033	14	14
97034	16	16
97035	12	12
97036	15	15
97110	15	18
97112	15	18
97113	15	18
97122	15	18
97124	15	18
97250	15	18
97261	15	18
97265	15	18
97504	15	18
97520	15	18
97530	15	18
97535	15	18
97537	15	18
97542	15	18

TABLE 6.—REVISED TIMES FOR CPT CODES 97001 THROUGH 97770—Continued

HCPCS	Total time used for HCFA 11/2/98 final rule (minutes)	Revised time (minutes)
97750	15	18
97703	15	18
97770	15	18

RUC Time Database

The primary sources for the physician time data used in creating the specialty-specific practice expense pools are the surveys done for the initial establishment of the work RVUs and the surveys submitted to the AMA's RUC. We have been informed by the AMA that some of the RUC times we used for the November 1998 final rule differed from the times found in the official RUC database. The AMA also conveyed to us that the RUC is currently verifying their database with the relevant specialties and plans to send it to us in time for its use in the final rule.

Crosswalk Issues

Physical and Occupational Therapy Indirect Costs

We currently crosswalk physical and occupational therapy services to the ''all physician'' practice expense per hour for direct costs. However, for indirect costs we believed that the crosswalk to ''all physicians'' would overstate the actual practice expense for therapy services. Instead we used the data used to develop the therapy salary equivalency guidelines to create the practice expense per hour for these costs. These guidelines, which were developed for therapists working under contract for a facility, assume a required space of 250 square feet per therapist. Organizations representing both physical and occupational therapists objected that this estimate of 250 square feet was insufficient to reflect expenses for therapists in private practice. After further consideration of these comments and after consultation with industry representatives, we agree that these space requirements may not be representative of the actual space needed by independent therapists. Based on our analysis of the available data, we have increased the space requirements to 500 square feet.

Vascular Surgery

The SMS survey sample of 10 vascular surgeons is too small for us to calculate accurately a practice expense per hour for this specialty. In the 1998 proposed and final rules, we combined their data with that of the cardiac and thoracic surgeons to create a combined practice expense pool for all three specialties. The Society for Vascular Surgery commented that this crosswalk understated the actual practice expense for their specialty because vascular surgery services generally involved patients with more co-morbidities, included more evaluation and management services and thus were more office-based. We agree that the current crosswalk might not appropriately approximate the specialty's costs, and we are proposing to change vascular surgery's crosswalk to the ''all physician'' practice expense per hour.

Calculation of Practice Expense Pools—Other Issues

In the November 2, 1998 final rule, in response to the many commenters that objected to the reductions published in the June 5, 1998 proposed rule for services with no work RVUS, we created, as an interim solution, a separate practice expense pool for all services with zero work RVUs. We used the ''all physicians'' category for the practice expense per hour for this pool and, instead of allocating this pool by the CPEP data, we used the 1998 RVUs as the allocator.

This was of benefit to most of the services included in this expense pool, but some specialties, such as sleep medicine, neurology, ophthalmology, and pathology that had not commented on problems with their services with no work RVUs were negatively affected by this methodological change relative to the June 5, 1998 proposal. We have subsequently received comments from societies for these specialties requesting that these services be taken out of this special pool and be treated like the vast majority of codes. As many of these services are provided by other specialties as well and such a change could have an impact across specialties, we are seeking comments both on such an adjustment in general and on specific services that should either be included or excluded from the adjustment. However, if we do remove codes from the zero work RVU pool in our final rule, we plan to do it in a uniform manner across families or categories of codes, instead of allowing individual services to be placed in or out of the ''zero work RVU'' practice expense pool depending on which method yields the highest RVUs.

Table 7, ''Approximate Additional Changes in the Practice Expense RVUs for Codes That Might Be Removed from the Zero Work Pool,'' shows the list of codes that we are considering removing from the ''zero work RVU'' pool, and Table 8, ''Additional Impact on Total Allowed Charges by Specialty of Removing Selected Codes from the Zero Work Pool,'' shows the impact of this change by specialty.

TABLE 7.—APPROXIMATE ADDITIONAL CHANGES IN PRACTICE EXPENSE RVUS FOR CODES THAT MIGHT BE REMOVED FROM THE ''ZERO-WORK'' POOL

HCPCS	MOD	Description	Approx. change in non-facility practice expense RVUs	Approx. change in facility practice expense RVUs
88104	TC	Cytopathology, fluids	0.52	0.52
88106	TC	Cytopathology, fluids	0.28	0.28
88107	TC	Cytopathology, fluids	0.09	0.09
88108	TC	Cytopath, concentrate tech	0.42	0.42
88125	TC	Forensic cytopathology	0.08	0.08
88160	TC	Cytopath smear, other source	0.92	0.92
88161	TC	Cytopath smear, other source	0.25	0.25
88162	TC	Cytopath smear, other source	0.21	0.21
88170	TC	Fine needle aspiration	−0.11	−0.11
88171	TC	Fine needle aspiration	−0.44	−0.44
88172	TC	Evaluation of smear	0.44	0.44
88173	TC	Interpretation of smear	0.57	0.57
88180	TC	Cell market study	0.41	0.41
88182	TC	Cell market study	0.86	0.86

TABLE 7.—APPROXIMATE ADDITIONAL CHANGES IN PRACTICE EXPENSE RVUS FOR CODES THAT MIGHT BE REMOVED FROM THE "ZERO-WORK" POOL—Continued

HCPCS	MOD	Description	Approx. change in non-facility practice expense RVUs	Approx. change in facility practice expense RVUs
88300	TC	Surg path, gross	0.3	0.3
88302	TC	Tissue exam by pathologist	0.71	0.71
88304	TC	Tissue exam by pathologist	0.5	0.5
88305	TC	Tissue exam by pathologist	0.69	0.69
88307	TC	Tissue exam by pathologist	1.2	1.2
88309	TC	Tissue exam by pathologist	1.85	1.85
88311	TC	Decalcify tissue	−0.01	−0.01
88312	TC	Special stains	1.3	1.3
88313	TC	Special stains	1	1
88314	TC	Histochemical stain	0.5	0.5
88318	TC	Chemical histochemistry	0.43	0.43
88319	TC	Enzyme histochemistry	0.93	0.93
88323	TC	Microslide consultation	0.58	0.58
88331	TC	Pathology consult in surgery	−0.18	−0.18
88332	TC	Pathology consult in surgery	−0.15	−0.15
88342	TC	Immunocytochemistry	0.98	0.98
88346	TC	Immunofluorescent study	1.09	1.09
88347	TC	Immunofluorescent study	1.06	1.06
88348	TC	Electron microscopy	3.87	3.87
88349	TC	Scanning electron microscopy	4.43	4.43
88355	TC	Analysis, skeletal muscle	1.46	1.46
88356	TC	Analysis, nerve	0.46	0.46
88358	TC	Analysis, tumor	0.67	0.67
88362	TC	Nerve teasing preparations	0.3	0.3
88365	TC	Tissue hybridization	1.21	1.21
92060	TC	Special eye evaluation	1.13	1.13
92065	TC	Orthoptic/pleoptic training	0.67	0.67
92081	TC	Visual field examination(s)	0.6	0.6
92082	TC	Visual field examination(s)	0.74	0.74
92083	TC	Visual field examination(s)	0.96	0.96
92135	TC	Opthalmic dx imagining	0.96	0.96
92235	TC	Eye exam with photos	1.44	1.44
92240	TC	Icg angiography	1.44	1.44
92250	TC	Eye exam with photos	1.17	1.17
92265	TC	Eye muscle evaluation	0.29	0.29
92270	TC	Electro-oculography	0.61	0.61
92275	TC	Electroretinography	−0.23	−0.23
92283	TC	Color vision examination	0.05	0.05
92284	TC	Dark adaptation eye exam	0.57	0.57
92285	TC	Eye photography	1.41	1.41
92286	TC	Internal eye photography	1.02	1.02
92325		Modification of contact lens	−0.08	−0.28
92326		Replacement of contact lens	−1.4	−1.58
92354		Special spectacles fitting	−8.78	−9.09
92355		Special spectacles fitting	−4.05	−4.36
92358		Eye prosthesis serive	−0.72	−0.91
92371		Repair & adjust spectacles	−0.36	−0.54
92392		Supply of low vision aids	−3.94	−4.13
92393		Supply of artificial eye	−12.84	−13.02
92395		Supply of spectacles	−1.16	−1.34
92396		Supply of contact lenses	−2.12	−2.3
93307	TC	Echo exam of heart	−2.9	−2.9
93350	TC	Echo transthoracic	4.55	4.55
95805	TC	Multiple sleep latency test	−0.56	−0.56
95806	TC	Sleep study, unattended	−3.07	−3.07
95807	TC	Sleep study, attended	−0.04	−0.04
95808	TC	Polysomnograph, 1–3	5.62	5.62
95810	TC	Polysomnography, 4 or more	5.9	5.9
95811	TC	Polysomnography w/cpap	5.54	5.54
95812	TC	Electroencephalogram (EEG)	0.84	0.84
95813	TC	Electroencephalogram (EEG)	0.55	0.55
95816	TC	Electroencephalogram (EEG)	0.85	0.85
95819	TC	Electroencephalogram (EEG)	1.04	1.04
95822	TC	Sleep electroencephalogram	−0.62	−0.62
95824	TC	Electroencephalography	−0.38	−0.38
95829	TC	Surgery electrocorticogram	3.41	3.41
95875	TC	Limb exercise test	−0.02	−0.02
95923	TC	Autonomic nervous func test	0.93	0.93
95930	TC	Visual evoked potential test	0.21	0.21

TABLE 7.—APPROXIMATE ADDITIONAL CHANGES IN PRACTICE EXPENSE RVUS FOR CODES THAT MIGHT BE REMOVED FROM THE ''ZERO-WORK'' POOL—Continued

HCPCS	MOD	Description	Approx. change in non-facility practice expense RVUs	Approx. change in facility practice expense RVUs
95950	TC	Ambulatory eeg monitoring	−3.35	−3.35
95951	TC	EEG monitoring/videorecord	22.62	22.62
95954	TC	EEG monitoring/giving drugs	1.7	1.7
95956	TC	EEG monitoring/cable/radio	13.85	13.85

TABLE 8.—ADDITIONAL IMPACT ON TOTAL ALLOWED CHARGES BY SPECIALTY OF REMOVING SELECTED CODES FROM THE ''ZERO WORK'' POOL

Specialty	Impact on total payments (percent)
ANESTHESIOLOGY	0
CARDIAC SURGERY	0
CARDIOLOGY	−2
CLINICS	0
DERMATOLOGY	2
EMERGENCY MEDICINE	0
FAMILY PRACTICE	0
GASTROENTEROLOGY	0
GENERAL PRACTICE	−1
GENERAL SURGERY	0
HEMATOLOGY ONCOLOGY	−1
INTERNAL MEDICINE	−1
NEPHROLOGY	0
NEUROLOGY	0
NEUROSURGERY	0
OBSTETRICS/GYNECOLOGY	0
OPHTHALMOLOGY	3
ORTHOPEDIC SURGERY	0
OTHER PHYSICIAN	0
OTOLARYNGOLOGY	−1
PATHOLOGY	8
PLASTIC SURGERY	0
PSYCHIATRY	0
PULMONARY	0
RADIATION ONCOLOGY	−2
RADIOLOGY	−1
RHEUMATOLOGY	−1
THORACIC SURGERY	0
UROLOGY	0
VASCULAR SURGERY	−1
OTHERS:	
CHIROPRACTOR	0
NONPHYSICIAN PRACTITIONER	0
OPTOMETRIST	3
PODIATRY	0
SUPPLIERS	16

Site-of-Service Differential

Clarification of Site-of-Service Policy

We wish to clarify the circumstances under which either the non-facility or facility RVUs are used to calculate payment for a service. In the November 2, 1998 final rule, we defined hospitals, skilled nursing facilities (SNFs), and ambulatory surgical centers (ASCs) as facilities for practice expense purposes. For the purposes of the physician practice expense calculation, all other sites-of-service are considered non-facility. The distinction between the non-facility and facility setting takes into account the higher expenses of the practitioner in the non-facility setting, where the practitioner typically bears the cost of the resources—clinical staff, supplies, and equipment—associated with the service.

The major purpose of the site-of-service distinction is to ensure that Medicare does not make a duplicate payment for any of the practice expenses incurred in performing a service for a Medicare patient. When the beneficiary is a hospital, SNF, or ASC patient, the facility itself is paid for the clinical staff, supplies, and equipment needed to take care of that patient, and the lower facility rate should be paid to the practitioner. Therefore, if the patient is a facility patient or a facility will bill for the service, the practitioner must bill using the facility site-of-service designation. We are modifying the language in § 414.22(b)(5)(i) in order to clarify this policy. There are also three further clarifications that need to be made with respect to this policy.

(1) When a procedure is performed in an ASC that is not on the Medicare approved list of ASC procedures, we do

not make a facility payment to the ASC. In this situation, the ASC is considered a physician's office and the non-facility RVUs would be used.

(2) Because of the hospital bundling requirement, only the hospital can bill for therapy services provided to hospital patients. In addition, through PM–AB–98–63, ''Prospective Payment System for Outpatient Rehabilitation Services and Application of Financial Limitations,'' dated October 1998 and our final rule of November 2, 1998, we advised our fiscal intermediaries to require SNFs to bill Medicare directly for all outpatient therapy services provided to their SNF residents in a noncovered Part A stay and to their nonresidents covered under Part B. Because only the facility can bill for therapy services provided to hospital and SNF patients, the payment for the full practice expense must be reflected in the facility payment. Therefore, the higher non-facility RVUs are used to pay for therapy services even in the facility setting.

(3) While a SNF is considered a facility, a nursing home is not. Many are mixed facilities with a combination of nursing home and SNF patients. Practitioners, such as podiatrists, have commented that it is not always easy to determine into which category the patient falls. We are clarifying our policy to state that practitioners, such as podiatrists, should designate their service as a facility service, unless they verify that no Part A claim will be made for the service, in which case the ''non-facility'' designation can be used. However, we note that there might be lower per patient costs in a mixed facility or a nursing home setting, where multiple patients can be seen in a single visit to the site, than in the office setting. We welcome comments on ways to examine the relative costs of treating patients in these different settings, so that we can determine whether an adjustment to certain non-facility practice expense payments is appropriate.

Limitation on Facility RVUs

The non-facility RVUs would be expected to be higher than the facility RVUs for a given service, because the practitioner bears the costs of the necessary clinical staff, supplies, and equipment. Because of anomalies in our calculations, generally due to the different mix of specialties delivering the service in the two settings, for some codes the facility RVUs are higher than the non-facility RVUs. We are proposing to limit the facility rate so that it cannot be higher than the non-facility rate for any given code. Because of budget neutrality, any decrease in the facility RVUs will be offset by a corresponding increase in RVUs spread throughout the physician fee schedule. This change has negligible impact on any specialty.

C. Practice Expense Relative Value Units for a Physician's Interpretation of Abnormal Papanicolaou Smears

In the November 1998 final rule (63 FR 58814), we revised the codes for a physician's interpretation of an abnormal Papanicolaou (Pap) smear to include three HCPCS level II codes (P3001, G0124, and G0141) in addition to the CPT code 88141. We included the HCPCS level II codes to accommodate differences in Pap smear technology. We evaluated the practice expense RVUs for each of these three codes in a slightly different manner for the 1999 physician fee schedule. We now believe that it would be more appropriate to evaluate the work, practice expense, and malpractice RVUs for these codes identically and comparable to the values for CPT code 88141. We are proposing to make the practice expense RVUs identical for these codes since there are no significant differences between them.

D. Physician Pathology Services and Independent Laboratories

Physician pathology services consist of a technical component and a professional component. The technical component refers to the slide preparation, staining, and other duties performed by the laboratory technologist. The professional component refers to the physician's interpretation.

A hospital laboratory may furnish the technical component of the physician pathology service directly to its patients or it may have an independent laboratory furnish the service. Before the implementation of the hospital inpatient prospective payment system (PPS), the independent laboratory had two payment options:

- It could make an arrangement with the hospital and have the hospital bill the intermediary, and the hospital could be paid on a reasonable cost basis for the service.
- It could bill the carrier directly for the service and be paid on a reasonable charge basis.

In most cases, the independent laboratory furnished a service that combined the technical and professional components and billed the carrier for the complete physician pathology service.

When developing PPS, we considered requiring the hospital to include in its costs the technical component of the physician pathology service to a patient by an independent laboratory. This would have been consistent with our general policy of including the cost of hospital services to hospital inpatients by outside suppliers in the diagnosis-related group (DRG) payment. Instead, we decided to allow the independent laboratory to continue to bill the carrier for the complete service. The rationale, based on discussions with the College of American Pathologists, was that the technical component was an incidental service to the physician pathology service. At that time it was not treated as a service in and of itself, and the independent laboratory usually billed for the complete service. It was believed that requiring the separation and identification of the technical component service would have been disruptive to traditional billing practices for independent laboratories.

When PPS began, hospitals that furnished the technical component of the physician pathology service directly included that cost in their base period cost report. This cost was used to calculate the standardized amounts that are the basis for payment under PPS. Therefore, hospitals are paid for providing the technical component of the service through the standardized amounts. It was our understanding that most hospital laboratories furnished the technical component service directly to its patients. Even though the hospital that contracted out its physician pathology services did not include any of the cost of technical component services in its base period cost, when PPS was fully implemented, this hospital would have been paid the same PPS rate as that paid to other hospitals that had included technical component costs.

Currently, under the physician fee schedule, an independent laboratory can bill and receive payment for the technical component of physician pathology services for a hospital inpatient. We believe this is in conflict with the hospital rebundling provision in section 1862(a)(14) of the Act and has created a perverse incentive for the type of activity that the bundling provision was intended to prevent. Based on the way PPS rates are constructed, we believe that we are paying for the technical component twice; once to the hospital through the PPS payment and again to the independent laboratory through the physician fee schedule.

Generally, historically larger hospitals used independent laboratories on an ''as needed'' basis and smaller hospitals contracted with independent laboratories for their physician pathology service. Recently, though, we have become aware that more hospitals are considering contracting their in-

house technical component physician pathology services to an outside laboratory if our policy remained unchanged. The hospital could continue to be paid for the technical component service under the PPS, and the independent laboratory could bill its carrier for the same TC under the physician fee schedule.

Because we believe that a hospital patient's technical component is already included in payment under PPS, we are proposing to revise our regulations to end payments to independent laboratories under the physician fee schedule for technical component services furnished to hospital inpatients. Specifically, we propose to revise § 415.130(c) to state that, after December 31, 1999, we would only pay hospitals for their inpatients' technical component services.

Section 4104(c) of OBRA 1990 (Public Law 101–508) instructed HCFA, in establishing ancillary policies under the physician fee schedule, to ''consider an appropriate adjustment to reflect the technical component of furnishing physician pathology services through a laboratory that is independent of a hospital and separate from an attending or consulting physician's office.'' We considered this issue when we implemented the physician fee schedule and established a separate payment for the technical component of physician pathology services furnished both to hospital patients and non-hospital patients.

However, we have now reconsidered this policy with respect to hospital inpatients because it seems inconsistent with the hospital rebundling provision and we believe it creates an incentive to shift the location where the services are provided, thereby conflicting with the purpose of the hospital rebundling provision. We have anecdotal information that hospitals are having a pathologist establish an ''independent'' laboratory near the hospital, intending that the new laboratory perform the technical components of physician pathology services and bill for those technical components and that there would be no reduction in PPS payment to the hospital. We believe our proposal is necessary in order for Medicare to avoid making double payment in such circumstances. We believe that the language of section 4104(c) of OBRA 1990 provides sufficient authority for us to determine that, in the case of hospital patients, it is not appropriate for us to provide for independent laboratories to bill the TC of pathology services directly.

Under our proposal, independent laboratories would still be able to bill and receive payment from their Medicare carrier for the technical component of a physician pathology service furnished to beneficiaries who are not hospital inpatients. For the technical component of physician pathology services provided by an independent laboratory to a hospital inpatient, the independent laboratory would have to make arrangements with a hospital to receive payment.

The physician fee schedule regulations would continue to allow the independent laboratory to bill and receive payment under the physician fee schedule for the technical component of physician pathology services to hospital outpatients. Of course, the hospital could, if it chose instead, make an arrangement with the independent laboratory and be paid on a reasonable cost basis for this service. However, payment is made under only one method and only to one of these entities.

Since we will be publishing final regulations to implement the outpatient prospective payment system and have received comments and concerns about the outpatient technical component of physician pathology services, we will address that issue in context of those regulations.

E. Discontinuous Anesthesia Time

Payment for anesthesia services is based on the sum of base units plus time units multiplied by a locality-specific anesthesia conversion factor. Under the current regulations at § 414.46(a)(1) (Additional rules for payment of anesthesia services), the base unit is the value for each anesthesia code reflecting all activities other than anesthesia time. These activities include preoperative and postoperative visits, the administration of fluids or blood incident to anesthesia care, and monitoring services.

Anesthesia time, as defined under § 414.46(a)(2), starts when the anesthesiologist or certified register nurse anesthetist (CRNA) begins to prepare the patient for anesthesia care and ends when the anesthesiologist or CRNA is no longer in personal attendance; that is, when the patient may be placed safely under postoperative care. Time units are computed by the carrier based on the reported anesthesia time. (For purposes of this section and as described in section 1861(bb) of the Act, the term CRNA includes an anesthesiologist assistant (AA)).

In the normal course of the administration of an anesthetic, the following events occur:

- Establishment of venous access.
- Acquisition of initial monitoring information (blood pressure, oximetry, electrocardiogram).
- Induction of anesthesia (general, regional, block, monitored anesthesia care).
- Maintenance of anesthesia during the surgical procedure.
- Conclusion of anesthesia attendance.

In many situations, once the anesthesiologist or CRNA is in attendance he or she remains continuously with the patient for all five events. This represents continuous anesthesia time.

There may be instances, however, when there is a break in the continuous presence of the anesthesiologist or CRNA in the events listed above. Discontinuous anesthesia time could occur when a regional or block technique is used, resulting in a break between the induction of the anesthesia and the maintenance of the anesthesia. For example, a patient may receive an upper extremity block for hand or arm surgery in a location other than the operating room, and there may be a time period following the start of the anesthetic and prior to moving the patient to the operating room during which the patient can be safely observed by non-anesthesia personnel.

A break in anesthesia time could also occur between the periods when the anesthesiologist or CRNA obtains initial monitoring information and induces anesthesia. This usually occurs when a patient is being prepared in the operating room for induction of anesthesia and, for some reason, the surgeon is delayed or unavailable. In this instance, the anesthesiologist or CRNA may leave the patient under the observation of the operating room nurse until it is appropriate to proceed with the induction of the anesthesia.

Discontinuous anesthesia time could also occur in facilities that use anesthesia ''induction'' rooms where anesthesiologists or CRNAs may start IVs, thereby increasing efficiency in the use of operating room time. In these cases, there could be breaks at any point in the time periods between the establishment of the venous access, acquisition of the initial monitoring information, and induction of the anesthesia.

We are proposing to revise our regulations to allow anesthesiologists and CRNAs to sum up blocks of time around a break in continuous anesthesia care as long as there is continuous monitoring of the patient within the blocks of time. We propose to revise our regulations in § 414.46 to include this exception to the general requirement.

The current regulations on anesthesia time units refer to anesthesiologists and medically-directed CRNAs. However, the calculation of anesthesia time units also applies to claims for services submitted by CRNAs who are not medically-directed. Thus, we are proposing to revise the regulation text at § 414.60 (Payment for the services of CRNAs) to clarify this issue. These revisions are necessary to link the payment methodology for CRNA services to the payment methodology for physician anesthesia services.

These revisions would not alter the fundamental principle that anesthesia time represents a continuous block of time when a patient is under the care of an anesthesiologist or CRNA. Nor would this proposal alter our policy that an anesthesiologist or CRNA may not bill time units for the pre-anesthesia examination and evaluation; these services will continue to be included as part of the base unit component.

F. Optometrist Services

Before 1987, the services of optometrists were covered only if related to the condition of aphakia. Effective April 1, 1987, section 9336 of the Omnibus Budget Reconciliation Act of 1986 (OBRA 1986) (Public Law 99–509), enacted on October 21, 1986, amended section 1861(r)(4) of the Act to expand coverage of optometrists services. Thus, coverage has been expanded to include services otherwise covered by Medicare that an optometrist is legally authorized to perform as a doctor of optometry by the State in which the optometrist performs them.

We are conforming § 410.23 (Limitations on services of an optometrist) of the regulations to be consistent with the statutory provision that has been implemented through manual provisions. The regulations would specify that Medicare Part B pays for the services of a doctor of optometry, acting within the scope of his or her license, if the services would be covered as physicians' services when performed by a doctor of medicine or osteopathy.

G. Assisted Suicide

Section 9 of Public Law 105–12 (The Assisted Suicide Funding Restriction Act of 1997) added section 1862(a)(16) of the Act. Public Law 105–12 prohibits the use of Federal funds to furnish or pay for any health care service or health benefit coverage for the purpose of causing, or assisting to cause, the death of any individual. The prohibition does not apply to withholding or withdrawing medical treatment, nutrition, or hydration. In addition, the prohibition does not apply to furnishing a service to alleviate pain, even if doing so may increase the risk of death, as long as the purpose is not to cause or assist in causing death. The list of programs to which the prohibition applies includes the Medicare program.

We are conforming the regulations to the Medicare law amendment contained in ''The Assisted Suicide Funding Restriction Act of 1997'' by adding a new paragraph (q) to § 411.15 (Particular services excluded from coverage) to exclude from coverage any health care service for the specific purpose of causing, or assisting to cause, the death of an individual.

H. CPT Modifier –25

Payment under the Medicare physician fee schedule is based on the relative resources or work involved in providing a service. Under current policy, if a patient visits a physician for a minor procedure (for example, a minor surgery or an office based endoscopy) and receives no other services, the physician may only bill for the procedure and may not also bill for an office visit since no other services were provided.

If, however, in addition to the procedure the physician also provides significant, separately identifiable evaluation and management (E/M) services beyond the usual preoperative and postoperative services associated with the procedure, these services should be billed with modifier -25 and are separately payable. The E/M service does not have to be unrelated to the procedure and the same diagnosis is not sufficient reason to deny payment for the E/M service. This policy is described in section 15501.1 of the Medicare Carriers Manual and is consistent with CPT coding definitions.

To avoid any confusion on this point, we are proposing that for procedures where the global surgery rules do not apply (for example, the global code is ''XXX'' in the database), a provider may only bill for a separately identifiable E/M service by using the CPT modifier −25. Since every procedure has an inherent E/M component, in order for an E/M service to be billed, there must be a significant, separately identifiable service documented in the medical record. While there has been concern raised that physicians and others may be billing separately for E/M services that are part of the underlying procedure, we understand that there are times that such E/M services are provided and billed because they truly are separate and significant.

Example 1: A woman visits her rheumatologist for a follow-up visit. The visit is to monitor the status of her rheumatoid arthritis and the medication regime she has been following (methotrexate and non-steroidal anti-inflammatory drugs). During the few days prior to her visit she has experienced increased pain in her left knee. At the visit the rheumatologist notes the knee is markedly swollen and aspirates it. The rheumatologist should appropriately bill an E/M visit code with a modifier −25 in addition to the procedure code for the knee aspiration. (The knee aspiration is a significant, separately identifiable procedure which occurs during a routine visit.)

Example 2: A cardiac patient visits the physician specifically for a previously scheduled echography test. An E/M service should not be billed. (The assumption is the E/M service is built into the procedure and, therefore, should not be billed.)

Requiring the use of modifier –25 will assist carriers in claims adjudication and eliminate unnecessary denials when providers appropriately attach modifier –25 to E/M services that are significant and separately identifiable from the procedure. A separate diagnosis is not necessary. Additionally, using this modifier will alert physicians to the need for documentation in the medical record to support proper payment.

I. Nurse Practitioner Qualifications

In the November 2, 1998, final rule (63 FR 58814), we specified the qualifications for a nurse practitioner (NP). On May 12, 1999 we published a correction notice to the final rule (64 FR 25456). The final NP qualifications in § 410.75 (Nurse practitioner's services) require that, after December 31, 1999, for Medicare Part B coverage of his or her services, an NP must—

- Possess a master's degree in nursing;
- Be a registered professional nurse who is authorized by the State in which the services are furnished to practice as a nurse practitioner in accordance with State law; and,
- Be certified as a nurse practitioner by the American Nurses Credentialing Center or other recognized national certifying bodies that have established standards for nurse practitioners as defined in paragraphs (b)(1) and (b)(2) of § 410.75.

Subsequent to the publication of the NP qualifications, we gave additional consideration to the qualifications because we realized that the qualifications would exclude many experienced NPs from continuing to qualify as NPs under the Medicare program.

We gave particular consideration to the qualification criteria that require an NP to have a master's degree and national certification for the following reasons—

- Many NPs who had been practicing for 10 to 20 years or more did not graduate from master's level programs;
- Several States still do not require a master's degree for NPs to practice;
- Numerous NPs without master's degrees who have been practicing for 10 to 20 years or more in rural underserved areas and serving indigent populations were grandfathered by States for licensure and insurance payment purposes;
- Experienced women's health NPs will not be required to have a master's degree as a condition for national certification until 2007;
- We did not allow the NP population a transition time to enable NPs to achieve national certification or earn a master's degree; and
- The requirements for NPs were never implemented by regulations but are contained in section 2158 of the Medicare Carriers Manual. Nevertheless, it was under these qualifications, which did not require NPs to have a master's degree, that many individuals have been issued NP billing numbers, and no problems in practice have been reported.

Prior to the publication of the NP qualifications, an advanced nurse could qualify under section 2158 of the Medicare Carriers Manual (HCFA Pub 14–3) as a NP if he or she—

- Was a registered professional nurse currently licensed to practice in the State in which the services are furnished;
- Satisfied the applicable requirements for qualification of NPs of the State in which the services are furnished; and,
- Met at least one of the following requirements:
- Was currently certified as a primary care nurse practitioner by the American Nurses' Association or by the National Board of Pediatric Nurse Practitioners and Associates; or,
- Had satisfactorily completed a formal educational program of at least one academic year that prepares registered nurses to perform an expanded role in the delivery of primary care and that includes at least four months (in the aggregate) of classroom instruction, and that awards a degree, diploma, or certification for successful completion of the program; or,
- Had successfully completed a formal education program (that does not qualify under the immediately preceding requirement) that prepares registered nurses to perform an expanded role in the delivery of primary care and have been performing that expanded role for at least 12 months during the 18 month period immediately preceding February 8, 1978, the effective date for provision of the services of nurse practitioners as reflected in the conditions of certification for health clinics.

Thus, NPs could have obtained Medicare billing numbers as NPs without a master's degree or national certification if the State did not require such certification. NPs who currently have billing numbers can continue to bill the Medicare program for their services until the end of this year without a master's degree or national certification. NPs can apply to the Medicare program for a billing number until the end of this year if they meet the NP qualifications at section 2158 of the Medicare Carriers Manual (as set out above).

It was not our intention to establish qualifications in the 1998 final rule that would cause experienced NPs who have been furnishing services to Medicare patients to be barred from billing under the Medicare program because they do not posses a master's degree or national certification. Also, it was not our intention to inadvertently preclude NPs, solely on the basis of their not having a master's degree, from billing under the Medicare program and providing services to Medicare patients located in rural underserved areas and indigent populations where access to care is extremely limited.

We are proposing to revise § 410.75 to specify NP qualifications that are less restrictive, but that still ensure that quality services are furnished to Medicare patients. We propose to require progressively enhanced qualifications, providing lead time for NPs to obtain a Medicare billing number under section 2158 criteria or national certification. The requirement that a NP applying for a Medicare billing number for the first time must have a master's degree in nursing as of January 1, 2003 will provide these NPs with enough time to earn such a degree. We believe it is reasonable to require, ultimately, a master's degree as the minimum educational level for new practitioners independently treating beneficiaries and directly billing the Medicare program.

The proposed NP qualifications require that for Medicare Part B coverage of his or her services, a nurse practitioner must meet the qualifications of either (1) or (2) below—

(1)(i) Be a registered professional nurse who is authorized by the State in which the services are furnished to practice as a nurse practitioner in accordance with State law; *and*

(ii) Be certified as a nurse practitioner by a recognized national certifying body that has established standards for nurse practitioners; *or*

(2) Be a registered professional nurse who is authorized by the State in which the services are furnished to practice as a nurse practitioner in accordance with State law and have been granted a Medicare billing number as a nurse practitioner by December 31, 2000. Nurse practitioners having and maintaining valid Medicare billing numbers will not lose these numbers or the ability to bill the Medicare program for covered services solely on the basis of education and credentialing.

(3) On or after January 1, 2001, nurse practitioners applying for a Medicare billing number for the first time must meet the standards for nurse practitioners as defined in paragraphs (1)(i) and (1)(ii).

(4) On or after January 1, 2003, nurse practitioners applying for a Medicare billing number for the first time must possess a master's degree in nursing and meet the standards for nurse practitioners as defined in paragraphs (1)(i) and (1)(ii) above.

J. Relative Value Units for Pediatric Services

It has come to our attention that the work RVUs for approximately 48 pediatric surgical services are inappropriate. The present values reflect the evaluation and management (E/M) services of the postoperative period as determined in the original Harvard study and not the subsequent Harvard study of 1992. Thus, when we readjusted the work RVUs for global surgical services to account for increases in the work RVUs for E/M services during the 5-year review, we did not adjust the work RVUs for these pediatric services appropriately. We are proposing to change the RVUs for the E/M services during the global surgical period for pediatric surgical services to reflect the findings of the 1992 Harvard study and are in the process of analyzing the data to determine the specific changes to be made. Changing the RVUs for E/M services during the global surgical period would result in increases in the work RVUs for these codes. The actual increases would be reflected in the final rule.

K. Percutaneous Thrombectomy of an Arteriovenous Fistula

One editorial revision made by the AMA for the (Physicians') Current Procedural Terminology (CPT) (4th Edition, 1999) was the addition of the word ''external'' to CPT codes 36860 and 36861, which describe declotting a cannula. Previously some professional organizations had recommended using

these codes to describe the percutaneous declotting of a dialysis graft or arteriovenous fistula. The editorial revision, however, makes it clear that using CPT codes 36860 and 36861 for percutaneous declotting is inappropriate. There are currently no CPT codes for the percutaneous thrombectomy or revision of an arteriovenous fistula.

We have received a recommendation from the Society of Cardiovascular and Interventional Radiology to create a temporary HCFA Common Procedure Coding System (HCPCS) code, bundling several activities regarding percutaneous thrombectomy of a dialysis graft or fistula. The HCPCS code would be used until the AMA creates a permanent CPT code. We are proposing to implement a HCPCS code, defined as ''percutaneous thrombectomy and/or revision, arteriovenous fistula, autogenous or nonautogenous dialysis graft.'' We are defining it analogously to open surgical procedures, CPT codes 36831 to 36833. We are proposing a 90-day global period for this service to be consistent with the open surgical procedure codes and to facilitate comparisons with them. More than one CPT code may be required to describe them. Moreover, we do not have an independent evaluation of the work RVUs involved, such as a RUC recommendation. Therefore, we are proposing individual local carrier pricing for the new HCPCS code.

L. Pulse Oximetry, Temperature Gradient Studies, and Venous Pressure Determinations

There are certain simple diagnostic procedures, that is, CPT codes 94760, 94761, 94762, 93740, and 93770 (pulse oximetry and venous pressure determinations), that have separate CPT codes. However, the technical work involved in these procedures is small, while the physician work involved in interpreting them is included in an E/M service or a more complex procedure. Moreover, in the inpatient hospital setting, the technical expense of performing these procedures is included in the DRG payment. In the physician office setting, the practice expenses associated with the procedures are included in the staff and equipment costs reported in the AMA's Socioeconomic Monitoring Survey that we have used to establish the resource-based practice expenses in 1999. We believe that continuing to pay separately for these codes duplicates amounts included in both facility payments and PERVUs. In order to avoid duplicate payments, we are proposing to discontinue separate payment for CPT codes 94760, 94761, 94762, and 93770 and to list them in the physician fee schedule with a status code of ''B'' for ''payment always bundled into payment for other services.''

M. Removal of Requirement for X-Ray Before Chiropractic Manipulation

Section 1861(r)(5) of the Act defines a doctor of chiropractic as a physician only for purpose of manual manipulation of the spine to correct a subluxation demonstrated by x-ray to exist. Section 4513(a) of the BBA eliminates the statutory provision that a spinal subluxation be demonstrated by an x-ray. Thus, section 1861(r)(5) of the Act was amended to allow Medicare payment for a chiropractor's manual manipulation of the spine to correct subluxation without that subluxation being demonstrated by an x-ray. This provision is effective for services furnished on or after January 1, 2000.

In § 410.22 (Limitations on services of a chiropractor), paragraph (b)(1) states that Medicare Part B pays only for a chiropractor's manual manipulation of the spine to correct a subluxation if an x-ray demonstrates that a subluxation exists and if the subluxation has resulted in a neuromusculoskeletal condition for which manipulation is appropriate treatment.

In accordance with the BBA, we are deleting the x-ray requirement from § 410.22(b)(1). Thus, effective January 1, 2000, § 410.22(b)(1) will state that Medicare Part B pays only for a chiropractor's manual manipulation of the spine to correct a subluxation if the subluxation has resulted in a neuromusculoskeletal condition for which manipulation is appropriate treatment.

N. Coverage of Prostate Cancer Screening Tests

Section 4103 of the BBA provides for Medicare coverage of certain prostate cancer screening tests for all male beneficiaries, effective January 1, 2000, subject to certain frequency and other limitations. Effective January 1, 2000, the law provides for coverage for screening digital rectal examinations (DRE) and screening prostate-specific antigen blood tests. In addition, the law provides for coverage for years beginning after 2002 of other procedures as we find appropriate for the purpose of early detection of prostate cancer, taking into account changes in technology and standards of medical practice, availability, effectiveness, costs, and other factors as we consider appropriate.

Current Medicare coverage policy allows payment for tests to diagnose prostate cancer and related medically necessary services that are furnished to beneficiaries. Under the policy, diagnostic prostate cancer tests are covered if they are medically necessary to evaluate a specific complaint or symptom that might indicate prostate cancer, or to monitor an existing medical condition of an individual who has had a history of prostate cancer. This coverage is based, in part, on section 1861(s)(3) of the Act, that provides for general Medicare coverage for diagnostic x-ray, clinical laboratory, and other diagnostic tests. Before the enactment of the BBA, prostate cancer screening tests have been excluded from coverage based on section 1862(a)(7) of the Act, that states that routine physical checkups are excluded services. This exclusion is described in § 411.15(a) (Particular services excluded from services). In addition, prostate cancer screening tests have been excluded from coverage based on section 1862(a)(1)(A) of the Act. This section provides that items and services must be reasonable and necessary for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member as stated in § 411.15(k).

To conform the regulations to the statutory requirements of the BBA, we are specifying an exception to the list of examples of routine physical checkups excluded from coverage in §§ 411.15(a)(1) and 411.15(k)(9) for prostate cancer screening tests that meet the frequency limitations and the conditions for coverage that we are specifying under § 410.39 (Prostate cancer screening tests). Coverage of prostate cancer screening is provided under Medicare Part B only.

As provided in the law, this new coverage allows payment for one screening DRE and one screening prostate-specific antigen blood test every year.

We are proposing to add § 410.39 (Prostate cancer screening tests: Conditions for and limitations on coverage) to provide for coverage of two types of prostate cancer screening tests. We are proposing several definitions of terms that would be included to implement the statutory provisions and to help the reader in understanding the provisions of the regulation. These include definitions of the terms—(1) prostate cancer screening tests, (2) a screening DRE, (3) a screening prostate-specific antigen blood test, (4) an attending physician, and (5) an attending physician assistant, nurse practitioner, clinical nurse specialist or certified nurse midwife. We are also proposing conditions of coverage for the two prostate cancer screening tests

identified in the law for coverage effective January 1, 2000.

Section 4103(a) of the BBA defines the term ''prostate cancer screening test'' to mean a test (among other things) that is ''provided for the purpose of early detection of prostate cancer to a man over 50 years of age who has not had such a test during the preceding year.'' We have interpreted this language to mean that payment may be made for a male beneficiary over 50 years of age or older (that is, starting at least one day after he has attained age 50) for both an annual screening DRE and an annual screening prostate-specific antigen test. We have also interpreted the law to mean that payment may not be made for such screening tests for an individual male beneficiary who is age 50 or younger.

Under our authority under the ''reasonable and necessary'' clause of the Act, section 1862(a)(1)(A) of the Act, we are establishing conditions under which we would cover prostate cancer screening tests. To ensure that the screening digital rectal examinations are performed as safely and accurately as possible, we are proposing to require, in § 410.39(b), that the examination must be performed by the beneficiary's attending physician who is either a doctor of medicine or osteopathy (as defined in section 1861(r)(1) of the Act), or by the beneficiary's attending physician assistant, nurse practitioner, clinical nurse specialist, or certified nurse midwife (as defined in section 1861(aa) and section 1861(gg) of the Act) who is authorized under State law to perform the examinations. In § 410.39(c), we are proposing that payment may not be made for screening DRE performed for a man age 50 or younger. For an individual over 50 years of age, payment may be made for a screening DRE only if the man has not had such an examination paid for by Medicare during the preceding 11 months following the month in which his last Medicare-covered screening DRE was performed. In § 410.39(d) (Conditions for coverage of screening prostate-specific antigen blood tests), we are specifying that coverage is available for screening prostate-specific antigen blood tests only if they are ordered by the beneficiary's attending physician, or by the beneficiary's attending physician assistant, nurse practitioner, clinical nurse specialist, or certified nurse midwife who is authorized to order this test under State law. We are including this coverage requirement to make certain that beneficiaries receive appropriate information about the implications and possible results of having these examinations performed. In § 410.39(e) (Limitation on coverage of screening prostate-specific antigen blood test), we are proposing that payment may not be made for a screening prostate-specific antigen blood test performed for a man age 50 or younger. For an individual over 50 years of age, payment may be made for a screening prostate-specific antigen blood test only if the man has not had such an examination paid for by Medicare during the preceding 11 months following the month in which his last Medicare-covered screening prostate-specific antigen blood test was performed.

We have created a new HCPCS code, G0102, prostate cancer screening DRE, to be used for the screening DRE. A DRE is a relatively quick and simple procedure and we have assigned it the same value as CPT code 99211, the lowest level E/M service. A DRE is usually provided as part of an E/M service. We believe that it would be extremely rare for a DRE to be the only service provided during a patient encounter. For this reason, we are proposing to bundle the DRE into the payment for an E/M service when a covered E/M service is provided on the same day as a DRE. If the DRE is the only service provided or is provided as part of an otherwise noncovered service, such as CPT code 99397, preventive services visit, HCPCS code G0102 would be separately payable if all the aforementioned coverage requirements are met.

We have created a new HCPCS code, G0103, prostate screening; prostate specific antigen (PSA) to be used for the screening PSA test. The PSA screening test is priced at the same payment rate as CPT code 85153, PSA; total and would be paid under the clinical diagnostic laboratory fee schedule.

O. Diagnostic Tests

1. Supervision of Diagnostic Tests

On October 31, 1997, we published a final rule with comment period (62 FR 59048) in the **Federal Register** that required that diagnostic tests covered under section 1861(s)(3) of the Act and payable under the physician fee schedule must be furnished under the appropriate level of supervision by a physician as defined in section 1861(r) of the Act in order to be considered reasonable and necessary and, therefore, covered under Medicare. Medicare requires that physicians supervise diagnostic testing to ensure the safety and effectiveness of the diagnostic testing furnished to beneficiaries. The October 31, 1997 final rule designated the level of physician supervision for most diagnostic tests payable under the physician fee schedule. The physician supervision requirement applied to tests performed by physician assistants (PAs), nurse practitioners (NPs), clinical nurse specialists (CNSs), and other nonphysician personnel.

Sections 4511 and 4512 of the BBA removed the restrictions on the areas and settings in which NPs, CNSs, and PAs may be paid under the physician fee schedule for services that would be physician services if furnished by a physician.

Therefore, we are proposing to revise § 410.32(b)(2), which concerns diagnostic x-ray and other diagnostic tests. We are proposing to add an exception that would specify that no physician supervision is required for diagnostic tests performed by NPs and CNSs when they are authorized by the State to perform these tests. In addition, we are proposing to modify § 410.32(b)(3) by means of a parenthetical stating that diagnostic tests that a PA is legally authorized to perform under State law require only a general level of physician supervision.

This distinction is based on the fact that PAs are licensed to practice with physician supervision. Also, for purposes of Medicare, they must be either employees or contractors of physicians, and their services may be billed only by the physicians (see section 1861(b)(6) as modified by section 4512(b) of the BBA). For these reasons, we believe it is appropriate to require that PAs furnish diagnostic tests under the general supervision of those physicians.

We are also proposing to add an exception criterion at § 410.32(b)(2) so that the physician supervision rules would not apply to pathology and laboratory codes in the 80000 series of the CPT payable under the physician fee schedule. This family of codes is within the ambit of the Clinical Laboratory Improvement Amendments of 1988 (CLIA) regulations (Part 493), and we have decided that it would be unnecessarily confusing to apply another, separate set of supervision rules to the performance of these procedures. We now believe that the appropriate level of supervision of these pathology and laboratory procedures (including the determination that there should be no physician supervision at all) should be determined under the CLIA regulations, and we would consider these matters beyond the scope of § 410.32.

2. Independent Diagnostic Testing Facilities (IDTFs)

Section 410.33, as adopted in the October 1997 final rule (62 FR 59099), establishes criteria for the operation of IDTFs. We are proposing to modify the implementation date from July 1, 1998 to March 15, 1999 to reflect the actual implementation date.

Section 410.33(a) lists the types of entities the carrier may pay for diagnostic tests under the physician fee schedule. We are proposing to modify § 410.33(a) to include NPs and CNSs who perform diagnostic tests that the State authorizes them to perform in the list of entities that may be paid directly by the carrier for diagnostic tests under the physician fee schedule. This amendment would not authorize an NP or a CNS to serve as the supervising physician for an IDTF under the requirements set forth in § 410.33(b).

P. New and Revised Relative Value Units for Calendar Year 1999

The AMA's RUC evaluated 16 new and revised 1999 CPT codes at its September 1998 meeting. We received the RUC's recommendations for these codes too late to incorporate them into our November 2, 1998, final rule (63 FR 58814) on the 1999 physician fee schedule. We have completed our evaluations of the codes, and we have included them below for comment.

For twelve of the codes we propose accepting the RUC evaluations of work. For two of the codes, 94620 and 94621 (pulmonary stress testing), that represent revisions of existing codes, we revised the work RVUs recommended by the RUC to achieve budget neutrality of work RVUs within the family of codes. That is, we adjusted the work RVUs so that the sum of the new or revised work RVUs (weighted by projected frequency of use) for a family of codes would be the same as the sum of the current work RVUs (weighted by their current frequency of use). We also confirmed that the RUC's recommended changes to work RVUs were neutral for two other sets of codes: (1) 31622, 31623, and 31624 (bronchoscopy); and (2) 69990 (use of operating microscope).

Finally, we are proposing specific payment policies apart from the RUC recommendations. We summarize our adjustments for codes 33975, 33976, 69990, 94620, and 94621 below:

1. Ventricular Assist Device Implantations (CPT Codes 33975 and 33976)

In 1998, we requested that the AMA's RUC re-examine the work RVUs for CPT codes 33975, 33976, 33977, and 33978 regarding implantation and removal of ventricular assist devices. We made this request based on information provided by the Society of Thoracic Surgeons (the Society) that patients receiving these devices are now being maintained on them for longer periods than in 1993, when the work was originally surveyed. One suggestion of the Society was to decrease the global period from 90 days to 10 days. In September 1998, the RUC re-evaluated the work for the implantation CPT codes 33975 and 33976 based on 10-day global periods. The RUC recommended increasing the work RVUs despite the reduction in the global period based on survey results that intraservice work had increased and postoperative work had also increased. The survey reported substantial time spent by the surgeon attending the patient in the critical care unit post-operatively. We did not incorporate the recommendations from the September 1998 RUC meeting into the 1999 Medicare Physician Fee Schedule because we received them too late to incorporate them into our 1998 final rule (63 FR 58814). We did reduce the global period for the implantation codes to 10 days.

We note that the technology and indications for these devices are evolving rapidly. Device and technique modifications are being introduced and new, miniaturized devices have been developed and are being tested in Europe that will decrease the time required for implantation. Trials are being conducted or planned to extend the indications from limited use as a short-term bridge to cardiac transplant to maintenance of patients with end-stage heart failure. With these changing indications, the patient population and the procedure work will evolve.

Because of the evolving technology and indications and because much critical care today is provided by critical care specialists rather than by surgeons, we are proposing that there be no global period for these codes until we have further evaluated the procedures. We have estimated RVUs for these codes based on the RUC survey results for the intraservice work, and we propose implementing them on an interim basis. To enable evaluation of work trends, patient acuity, and medical effectiveness and development of final work RVUs covering a global period, we will require submission of the operative report, the anesthesia record, and the hospital discharge summary along with the claim for the implantation procedure. On an interim basis, we will allow separate billing for all preoperative and postoperative work performed by the surgeon or by other physicians subject to the existing requirements for medical necessity, reasonableness, and documentation.

We estimated the work RVU values for these codes as intraservice work only. We considered other alternatives such as using the average work intensity for all physician time from the RUC survey, (that is, total work RVUs divided by total physician time), but we rejected this intensity as being too low and not adequately representing the greater average intensity of the intraservice work compared to the pre- and post-procedures work. We used the median intraservice times from the RUC survey and the work intensity for a cardiac surgical procedure code that does not include any pre or post service work, CPT code 33530, reoperation for a coronary artery bypass procedure or a valve procedure. We are proposing to assign work RVUs of 21 for CPT code 33975 and 23 for CPT code 33976. These values are slightly more than half of the RUC recommendations for the codes including a 10-day global period. We also note that the proposed value for CPT code 33975, which represents only intraservice work, is approximately the same as the value in 1999 when the code included a global period of 10 days and prior to 1999 when the code included a global period of 90 days. We will be examining the operative reports and anesthesia records in the future to update the RUC survey estimates.

2. Use of Operating Microscope (CPT Code 69990)

CPT code 69990 replaced two previous codes, 61712 and 64830. These previous codes were add-on codes that could be used only with certain primary procedure codes. The RUC evaluated the work RVUs for code 69990 as a budget-neutral, weighted average of the RVUs for codes 61712 and 64830. However, code 69990 also replaces the use of a ''−20'' microsurgery modifier. The CPT modifier −20 could be used with a wide range of primary procedure codes, but we have not paid additional amounts when the CPT modifier −20 is submitted. No evidence was presented at the RUC that the work has changed for those procedures formerly qualified by the CPT microsurgery modifier −20 and now associated with the code 69990. Therefore, we would pay separately for code 69990 only if it is submitted as an add-on code to a primary procedure for which the use of code 61712 or 64830 was acceptable. The primary procedure codes for which we would pay separately for code 69990 are 61304 through 61711, 62010 through 62100, 63081 through 63308, 63704 through 63710, 64831, 64834 through

64836, 64840 through 64858, 64861 through 64870, 64885 through 64898, and 64905 through 64907 (nervous system).

3. Pulmonary Stress Testing (CPT Codes 94620 and 94621)

CPT code 94620 previously included both simple and complex pulmonary stress testing. For CPT 1999, complex testing was removed from CPT code 94620 and assigned to a new CPT code 94621. We are proposing to adjust the RUC recommendations to maintain budget neutrality for work RVUs for these codes. Based on estimated frequencies of 70 percent for CPT code 94620 and 30 percent for CPT code 94621, the adjusted work RVUs are 0.64 for CPT code 94620 and 1.42 for CPT code 94621.

Our estimates for work neutrality in work values are based on the frequencies with which we estimate the specific procedures will be done and the codes billed. Typically, these estimates have been furnished by the specialty society that proposed the new codes. If these estimates are in error, our adjustments to maintain neutrality in work values will also be erroneous. We are planning to examine the actual frequencies with which the procedures are billed after the codes are introduced for any codes for which we have made adjustments to achieve neutrality in work values. If the reported frequencies confirm that the original estimates were incorrect, we may propose an adjustment of the work RVUs accordingly in a future year. This adjustment could either increase or decrease the work RVUs.

Table 9 lists the 16 codes, the RUC recommendations, and the results of our evaluation. This table includes the following information:

- A ''#'' identifies a new code for 1999.
- *CPT code.* This is the CPT code for a service.
- *Modifier.* A ''26'' in this column indicates that the work RVUs are for the professional component of the code.
- *Description.* This is an abbreviated version of the narrative description of the code.
- *RUC recommendations.* This column identifies the work RVUs recommended by the RUC.
- *HCPAC recommendations.* This column identifies work RVUs recommended by the HCPAC.
- *HCFA decision.* This column indicates whether we agreed with the RUC recommendation (''agree''); we established work RVUs that are higher than the RUC recommendation (''increase''); or we established work RVUs that were less than the RUC recommendation (''decrease''). Codes for which we did not accept the RUC recommendation are discussed in greater detail above. An ''(a)'' indicates that no RUC recommendation was provided. A discussion follows the table.
- *HCFA work RVUs.* This column contains the RVUs for physician work based on our reviews of the RUC recommendations.
- *1999 work RVUs.* This column establishes the 1999 RVUs for physician work.

Note: Because we did not receive these recommendations in time for the November 2, 1998 final rule, they were not implemented for CY 1999. We will implement these RUC recommendations in the CY 2000 physician fee schedule to be published later this year.

TABLE 9.—AMA RUC AND HCPAC RECOMMENDATIONS AND HCFA DECISIONS FOR NEW AND REVISED 1999 CPT CODES

CPT* code	MOD	Description	RUC recommendation	HCPAC recommendation	HCFA decision	HCFA work RVU	1999 work RVU
31622		Dx bronchoscope/wash	2.78		Agree	2.67	2.78
31623		Dx bronchoscope/brush	2.88		Agree	3.07	2.88
31624		Dx bronchoscope/lavage	2.88		Agree	3.11	2.88
32001		Total lung lavage	6.00		Agree	5.71	6.00
33975		Inplant ventricular device	39.00		Agree	21.00	21.00
33976		Inplant ventricular device	43.00		Agree	23.00	23.00
35500		Harvest vein for bypass	6.45		Agree	Carrier	6.45
36823		Insert cannula(s)	21.00		Agree	Carrier	21.00
38792		Identify sentinel node	0.52		Agree	Carrier	0.52
56321		Laparoscopy adrenalectomy	20.00		Agree	Carrier	20.00
56345		Laparoscopic splenectomy	17.00		Agree	Carrier	17.00
56347		Laparoscopic jejunostomy	9.78		Agree	Carrier	9.78
69990		Microsurgery add-on	3.47		Agree	3.46	3.47
76977	26	Us bone density measure	0.05		Agree	0.22	0.05
94620		Pulmonary stress test/simple	0.67		Agree	0.64	0.64
94621		Pulm stress test/complex	1.48		Agree	1.42	1.42

*All numeric HCPCS CPT Copyright 1997 American Medical Association.

III. Collection of Information Requirements

This document does not impose information collection and recordkeeping requirements. Consequently, it need not be reviewed by the Office of Management and Budget under the authority of the Paperwork Reduction Act of 1980 (44 U.S.C. 3501 *et seq.*).

IV. Response to Comments

Because of the large number of items of correspondence we normally receive on **Federal Register** documents published for comment, we are not able to acknowledge or respond to them individually. We will consider all comments we receive by the date and time specified in the **DATES** section of this preamble, and, if we proceed with a subsequent document, we will respond to the comments in the preamble to that document.

V. Regulatory Impact Analysis

We have examined the impacts of this proposed rule as required by Executive Order of 1993 (EO) 12866, the Unfunded Mandates Act of 1995 (EO) 12875, and the Regulatory Flexibility Act of 1980 (RFA) (Public Law 96–354).

Executive Order 12866 directs agencies to assess all costs and benefits

of available regulatory alternatives and, when regulation is necessary, to select regulatory approaches that maximize net benefits (including potential economic, environmental, public health and safety effects, distributive impacts, and equity). A regulatory impact analysis (RIA) must be prepared for major rules with economically significant effects ($100 million or more annually). While proposed changes in the Medicare physician fee schedule are budget neutral for the most part, they may involve redistribution of Medicare spending among procedures and physician specialties that exceeds $100 million, so this proposed rule is considered to be a major rule.

The Unfunded Mandates Reform Act of 1995 also requires (in section 202) that agencies prepare an assessment of anticipated costs and benefits before proposing any rule that may result in an annual expenditure by State, local, or tribal governments, in the aggregate, or by the private sector, of $100 million or more. This proposed rule will have no consequential effect on State, local, or tribal governments. We believe the private sector cost of this rule falls below these thresholds as well.

The Regulatory Flexibility requires that we analyze regulatory options for small businesses and other small entities. We prepare a Regulatory Flexibility Analysis (RFA) unless we certify that a rule would not have a significant economic impact on a substantial number of small entities. The RFA is to include a justification of why action is being taken, the kinds and number of small entities the proposed rule would affect, and an explanation of any considered meaningful options that achieve the objectives and would lessen any significant adverse economic impact on the small entities.

In addition, section 1102(b) of the Social Security Act requires us to prepare a regulatory impact analysis if a rule may have a significant impact on the operations of a substantial number of small rural hospitals. This analysis must conform to the provisions of section 603 of the RFA. For purposes of section 1102(b) of the Act, we define a small rural hospital as a hospital that is located outside of a Metropolitan Statistical Area and has fewer than 50 beds.

For purposes of the RFA, all physicians are considered to be small entities. There are about 700,000 physicians and other practitioners who receive Medicare payment under the physician fee schedule. We have prepared the following analysis, which, together with the rest of this preamble, meets all three assessment requirements. It explains the rationale for and purposes of the rule, details the costs and benefits of the rule, analyzes alternatives, and presents the measures we propose to minimize the burden on small entities.

A. Resource-Based Malpractice Relative Value Units

As explained earlier in this preamble, the resource-based malpractice RVUs must be implemented in a budget-neutral manner. That is, the total fee schedule malpractice RVUs must be the same under the resource-based method as would have existed had the prior charge-based malpractice RVUs been retained. This means that increases in RVUs for some services will necessarily be offset by corresponding decreases in values for other services. Table 10 shows, by specialty, the estimated percentage changes in allowed charges for our proposed resource-based malpractice RVUs.

TABLE 10.—IMPACT ON TOTAL ALLOWED CHARGES BY SPECIALTY OF THE RESOURCE-BASED MALPRACTICE EXPENSE RELATIVE VALUE UNITS

[Percent change]

Specialty	Allowed charges (in billions)	Impact by specialty (percent)
ANESTHESIOLOGY	0.3	−0.1
CARDIAC SURGERY	0.4	−1.0
CARDIOLOGY	3.7	−0.6
CLINICS	1.6	0.3
DERMATOLOGY	1.3	0.1
EMERGENCY MEDICINE	0.8	2.7
FAMILY PRACTICE	3.0	0.5
GASTROENTEROLOGY	1.1	−0.1
GENERAL PRACTICE	1.1	0.6
GENERAL SURGERY	2.2	−0.1
HEMATOLOGY ONCOLOGY	0.6	0.3
INTERNAL MEDICINE	6.4	0.4
NEPHROLOGY	0.9	1.3
NEUROLOGY	0.8	0.5
NEUROSURGERY	0.4	0.7
OBSTETRICS/GYNECOLOGY	0.4	−0.6
OPHTHALMOLOGY	3.8	−0.4
ORTHOPEDIC SURGERY	2.3	−1.0
OTHER PHYSICIAN	1.2	0.2
OTOLARYNGOLOGY	0.6	−0.2
PATHOLOGY	0.5	−0.6
PLASTIC SURGERY	0.2	−0.1
PSYCHIATRY	1.1	−0.1
PULMONARY	1.0	0.4
RADIATION ONCOLOGY	0.6	−0.4
RADIOLOGY	2.8	−0.5
RHEUMATOLOGY	0.3	0.5
THORACIC SURGERY	0.7	−0.8
UROLOGY	1.3	0.1
VASCULAR SURGERY	0.3	−0.2

TABLE 10.—IMPACT ON TOTAL ALLOWED CHARGES BY SPECIALTY OF THE RESOURCE-BASED MALPRACTICE EXPENSE RELATIVE VALUE UNITS—Continued

[Percent change]

Specialty	Allowed charges (in billions)	Impact by specialty (percent)
OTHERS:		
CHIROPRACTOR	0.4	0.6
NONPHYSICIAN PRACTITIONER	0.9	−0.5
OPTOMETRIST	0.6	0.1
PODIATRY	1.1	0.5
SUPPLIERS	0.4	−0.3

Table 11 shows the percentage change in total payment (in 1999 fee schedule dollars) for selected high-volume procedures which would result from the proposed change to resource-based malpractice RVUs.

As Tables 10 and 11 show, the effects on payments are very modest and, in most cases, negligible. Of the 35 major payment specialties shown in Table 10, 17 are estimated to experience payment increases and 18 are estimated to experience payment decreases. Only two specialties are estimated to experience increases of more than 1 percent, emergency medicine (2.7 percent) and nephrology (1.3 percent), with an estimated median payment increase of 0.5 percent among the specialties which receive an increase. No specialties are estimated to experience payment decreases greater than 1 percent, with an estimated median payment decrease of 0.4 percent among the specialties which receive a decrease.

The impact of the changes on the total revenue (Medicare and non-Medicare) for a given specialty is less than the impact displayed in Table 10 since physicians furnish services to both Medicare and non-Medicare patients. The magnitude of the impact on Medicare payment for a specialty depends generally on the mix of services a physician in the specialty furnishes.

TABLE 11.—TOTAL PAYMENT FOR SELECTED PROCEDURES BASED UPON RESOURCE BASED MALPRACTICE EXPENSE

Code	Mod	Description	Current facility	Resource based MP facility	Facility percent change	Current non-facility	Resource based MP non-facility	Non-facility percent change
11721		Debride nail, 6 or more	$32.65	$32.65	0	$37.16	$37.16	0
17000		Destroy benign/premal lesion	30.56	30.91	1	46.89	47.23	1
27130		Total hip replacement	1,360.78	1,312.50	−4	1,360.78	1,312.50	−4
27236		Repair of thigh fracture	1,060.70	1,046.11	−1	1,060.70	1,046.11	−1
27244		Repair of thigh fracture	1,074.59	1,063.83	−1	1,074.59	1,063.83	−1
27447		Total knee replacement	1,422.60	1,369.12	−4	1,422.60	1,369.12	−4
33533		CABG, arterial, single	1,839.38	1,814.03	−1	1,839.38	1,814.03	−1
35301		Rechanneling of artery	1,065.91	1,073.20	1	1,065.91	1,073.20	1
43239		Upper GI endoscopy, biopsy	139.97	137.19	−2	258.40	255.62	−1
45385		Colonscopy, lesion removal	277.50	275.07	−1	391.77	389.34	−1
66821		After cataract laser surgery	181.65	175.05	−4	191.37	184.77	−4
66984		Remove cataract, insert lens	663.72	653.65	−2	663.72	653.65	−2
67210		Treatment of retinal lesion	516.80	516.46	0	563.34	563.00	0
71010	26	Chest x-ray	8.34	8.34	0	8.34	8.34	0
71020		Chest x-ray	33.34	33.34	0	33.34	33.34	0
71020	26	Chest x-ray	10.07	10.07	0	10.07	10.07	0
77430		Weekly radiation therapy	170.88	169.49	−1	170.88	169.49	−1
78465		Heart image (3D) multiple	514.37	513.33	0	514.37	513.33	0
88305		Tissue exam by pathologist	58.35	58.00	−1	58.35	58.00	−1
88305	26	Tissue exam by pathologist	38.20	37.86	−1	38.20	37.86	−1
90801		Psy dx interview	135.45	135.80	0	136.15	136.49	0
90806		Psytx, office (45–50)	91.00	90.65	0	92.73	92.39	0
90807		Psytx, office (45–50) w/e&m	97.60	97.25	0	96.55	96.21	0
90862		Medication management	46.54	46.19	−1	47.23	46.89	−1
90921		ESRD related services	232.70	238.61	2	232.70	238.61	2
90935		Hemodialysis, one evaluation	66.34	66.34	0	66.34	66.34	0
92004		Eye exam, new patient	82.31	83.70	2	114.61	116.00	1
92012		Eye exam established pt	34.38	34.38	0	71.89	71.89	0
92014		Eye exam & treatment	55.92	56.61	1	83.36	84.05	1
92980		Insert intracoronary stent	899.89	883.57	−2	899.89	883.57	−2
92982		Coronary artery dilation	679.00	658.51	−3	679.00	658.51	−3
93000		Electrocardiogram, complete	25.01	24.31	−3	25.01	24.31	−3
93010		Electrocardiogram report	8.34	8.34	0	8.34	8.34	0
93015		Cardiovascular stress test	101.07	97.25	−4	101.07	97.25	−4
93307		Echo exam of heart	193.80	192.41	−1	193.80	192.41	−1
93307	26	Echo exam of heart	47.23	45.85	−3	47.23	45.85	−3
93510	26	Left heart catheterization	219.16	217.77	−1	219.16	217.77	−1
98941		Chiropractic manipulation	28.83	29.17	1	32.99	33.34	1
99202		Office/outpatient visit, new	50.71	50.71	0	64.95	64.95	0

TABLE 11.—TOTAL PAYMENT FOR SELECTED PROCEDURES BASED UPON RESOURCE BASED MALPRACTICE EXPENSE—Continued

Code	Mod	Description	Current facility	Resource based MP facility	Facility percent change	Current non-facility	Resource based MP non-facility	Non-facility percent change
99203		Office/outpatient visit, new	73.98	74.67	1	92.04	92.73	1
99204		Office/outpatient visit, new	106.28	107.32	1	129.90	130.94	1
99205		Office/outpatient visit, new	137.88	139.27	1	161.15	162.54	1
99211		Office/outpatient visit, est	13.55	13.20	−3	21.88	21.53	−2
99212		Office/outpatient visit, est	26.74	26.74	0	34.73	34.73	0
99213		Office/outpatient visit, est	36.47	36.82	1	45.85	46.19	1
99214		Office/outpatient visit, est	59.04	59.39	1	72.24	72.59	0
99215		Office/outpatient visit, est	91.69	92.39	1	105.24	105.93	1
99221		Initial hospital care	68.77	68.77	0	68.77	68.77	0
99222		Initial hospital care	109.06	109.40	0	109.06	109.40	0
99223		Initial hospital care	149.35	151.08	1	149.35	151.08	1
99231		Subsequent hospital care	32.30	32.30	0	32.30	32.30	0
99232		Subsequent hospital care	52.10	52.44	1	52.10	54.22	1
99233		Subsequent hospital care	74.33	74.67	0	74.33	74.67	0
99236		Observ/hosp same date	209.08	212.21	1	209.08	212.21	1
99238		Hospital discharge day	65.30	65.99	1	65.30	65.99	1
99239		Hospital discharge day	86.83	87.87	1	86.83	87.87	1
99241		Office consultation	38.55	37.86	−2	54.18	53.49	−1
99242		Office consultation	70.50	70.85	0	91.00	91.34	0
99243		Office consultation	93.43	93.78	0	115.66	116.00	0
99244		Office consultation	134.76	135.80	1	159.42	160.46	1
99245		Office consultation	176.44	177.48	1	202.14	203.18	1
99251		Initial inpatient consult	39.94	39.25	−2	39.94	39.25	−2
99252		Initial inpatient consult	73.28	73.63	0	73.28	73.63	0
99253		Initial inpatient consult	98.98	99.33	0	98.98	99.33	0
99254		Initial inpatient consult	138.58	139.62	1	138.58	139.62	1
99255		Initial inpatient consult	187.90	189.63	1	187.90	189.63	1
99261		Follow-up inpatient consult	26.74	26.74	0	26.74	26.74	0
99262		Follow-up inpatient consult	48.28	48.28	0	48.28	48.28	0
99263		Follow-up inpatient conult	68.42	69.12	1	68.42	69.12	1
99282		Emergency dept visit	26.40	26.74	1	26.40	26.74	1
99283		Emergency dept visit	56.27	58.00	3	56.27	58.00	3
99284		Emergency dept visit	87.52	89.95	3	87.52	89.95	3
99285		Emergency dept visit	135.11	139.97	3	135.11	139.97	3
99291		Critical care, first hour	189.98	192.41	1	191.37	193.80	1
99292		Critical care, addl 30 min	95.51	97.25	2	96.55	98.29	2
99301		Nursing facility care	62.17	62.86	1	62.17	62.86	1
99302		Nursing facility care	82.31	83.36	1	82.31	83.36	1
99303		Nursing facility care	102.11	102.81	1	102.11	102.81	1
99311		Nursing facility care, subseq	31.95	31.95	0	31.95	31.95	0
99312		Nursing facility care, subseq	50.36	50.71	1	50.36	50.71	1
99313		Nursing facility care, subseq	70.85	71.55	1	70.85	71.55	1
99348		Home visit, estab patient	67.03	67.38	1	66.68	67.03	1
99350		Home visit, estab patient	146.91	148.65	1	150.04	151.78	1

B. Resource-Based Practice Expense

Revisions in resource-based practice expense RVUs for physicians' services are also calculated to be budget neutral, that is, the total practice expense RVUs for calendar year 2000 are calculated to be the same as the total practice expense RVUs that we estimate would have occurred without the changes proposed in this regulation. This also means that increases in practice expense RVUs for some services will necessarily be offset by corresponding decreases in values for other services.

Table 12, ''Impact on Total Allowed Charges by Specialty of the Fully Implemented Resource-Based Practice Expense Relative Value Units'' shows, by specialty, the estimated percent changes in allowed charges resulting from the practice expense proposals discussed earlier in this proposed rule. This table shows the impact of proposed changes on the fully implemented practice expense RVUs. That is, the table compares payments using the fully implemented RVUs published in the November 2, 1998 final rule (63 FR 58816) to the fully implemented RVUs reflecting changes proposed in this rule.

TABLE 12.—IMPACT ON TOTAL ALLOWED CHARGES BY SPECIALTY OF THE FULLY-IMPLEMENTED RESOURCE-BASED PRACTICE EXPENSE RELATIVE VALUE UNITS

Specialty	Allowed charges (in billions)	Impact on total payments (percent)
ANESTHESIOLOGY	1.7	−8

TABLE 12.—IMPACT ON TOTAL ALLOWED CHARGES BY SPECIALTY OF THE FULLY-IMPLEMENTED RESOURCE-BASED PRACTICE EXPENSE RELATIVE VALUE UNITS—Continued

Specialty	Allowed charges (in billions)	Impact on total payments (percent)
CARDIAC SURGERY	0.3	−8
CARDIOLOGY	3.8	−2
CLINICS	1.7	−1
DERMATOLOGY	1.3	2
EMERGENCY MEDICINE	0.8	−1
FAMILY PRACTICE	3.2	2
GASTROENTEROLOGY	1.1	−2
GENERAL PRACTICE	1.1	2
GENERAL SURGERY	2.0	0
HEMATOLOGY ONCOLOGY	0.6	1
INTERNAL MEDICINE	6.7	0
NEPHROLOGY	0.9	0
NEUROLOGY	0.8	1
NEUROSURGERY	0.3	1
OBSTETRICS/GYNECOLOGY	0.4	3
OPHTHALMOLOGY	3.8	1
ORTHOPEDIC SURGERY	2.2	3
OTHER PHYSICIAN	1.2	0
OTOLARYNGOLOGY	0.6	2
PATHOLOGY	0.5	2
PLASTIC SURGERY	0.2	1
PSYCHIATRY	1.2	−1
PULMONARY	1.0	−2
RADIATION ONCOLOGY	0.6	0
RADIOLOGY	2.9	0
RHEUMATOLOGY	0.3	5
THORACIC SURGERY	0.6	−6
UROLOGY	1.3	2
VASCULAR SURGERY	0.3	0
OTHERS:		
CHIROPRACTOR	0.4	0
NONPHYSICIAN PRACTITIONER	0.8	2
OPTOMETRIST	0.5	2
PODIATRY	1.1	2
SUPPLIERS	0.5	1

Table 13 shows the percentage change in total payment (in 1999 physician fee schedule dollars) for selected high-volume procedures which would result from the change in payment related to the proposed changes in practice expense RVUs.

TABLE 13.—TOTAL PAYMENT FOR SELECTED PROCEDURES

Code	Mod	Description	Current non-faculity	Proposed non-facility	Non-facility percent change	Current facility	Proposed facility	Facility percent change
11721		Debride nail, 6 or more	$37.16	$37.51	1	$32.65	$27.44	−16
17000		Destroy benign/premal lesion	46.89	47.93	2	30.56	30.56	0
27130		Total hip replacement	NA	NA	NA	1,360.78	1,383.36	2
27236		Repair of thigh fracture	NA	NA	NA	1,060.70	1,061.39	0
27244		Repair of thigh fracture	NA	NA	NA	1,074.59	1,045.42	−3
27447		Total knee replacement	NA	NA	NA	1,422.60	1,443.44	1
33533		CABG, arterial, single	NA	NA	NA	1,839.38	1,699.06	−8
35301		Rechanneling of artery	NA	NA	NA	1,065.91	1,058.27	−1
43239		Upper GI endoscopy, biopsy	258.40	280.28	8	139.97	134.76	−4
45385		Colonscopy, lesion removal	391.77	431.02	10	277.50	264.31	−5
66821		After cataract laser surgery	191.37	196.23	3	181.65	171.57	−6
66984		Remove cataract, insert lens	NA	NA	NA	663.72	645.66	−3
67210		Treatment of retinal lesion	563.34	571.33	1	516.80	522.71	1
71010	26	Chest x-ray	8.34	8.34	0	8.34	8.34	0
71020		Chest x-ray	33.34	33.34	0	33.34	33.34	0
71020	26	Chest x-ray	10.07	10.07	0	10.07	10.07	0
77430		Weeekly radiation therapy	170.88	171.57	0	170.88	171.57	0
78465		Heat image (3D) multiple	514.37	517.50	1	514.37	517.50	1
88305		Tissue exam by pathologist	58.35	59.04	1	58.35	59.04	1
88305	26	Tissue exam by pathologist	38.20	38.90	2	38.20	38.90	2

TABLE 13.—TOTAL PAYMENT FOR SELECTED PROCEDURES—Continued

Code	Mod	Description	Current non-faculity	Proposed non-facility	Non-facility percent change	Current facility	Proposed facility	Facility percent change
90801		Psy dx interview	136.15	138.93	2	135.45	131.29	−3
90806		Psytx, office (45–50)	92.73	94.12	1	91.00	88.91	−2
90807		Psytx, office (45–50) w/e&m	96.55	98.64	2	97.60	94.82	−3
90862		Midication management	47.23	48.97	4	46.54	44.46	−4
90921		ESRD related services, month	232.70	243.12	4	232.70	218.46	−6
90935		Hemodialysis, one evaluation	NA	NA	NA	6634	58.35	−12
92004		Eye exam, new patient	114.61	116.70	2	82.31	82.66	0
92012		Eye exam established pt	71.89	73.63	2	34.38	34.73	1
92104		Eye exam & treatment	83.36	85.09	2	55.92	55.92	0
92980		Insert intracoronary stent	NA	NA	NA	899.89	766.18	−15
92982		Coronary artery dilation	NA	NA	NA	679.00	575.85	−15
93000		Electrocardiogram, complete	25.01	25.70	3	25.01	25.70	3
93010		Electrocardiogram report	8.34	8.34	0	8.34	8.34	0
93015		Cardiovascular stress test	101.07	101.76	1	101.07	101.76	1
93307		Echo exam of heart	193.80	194.84	1	193.80	194.84	1
93307	26	Echo exam of heart	47.23	47.23	0	47.23	47.23	0
93510	26	Left heart catheterization	219.16	219.50	0	219.16	219.50	0
90941		Chiropractic manipulation	32.99	32.99	0	28.83	28.83	0
99202		Office/outpatient visit, new	64.73	67.73	4	50.71	43.07	−15
99203		Office/outpatient visit, new	92.04	95.86	4	73.98	65.30	−12
99204		Office/outpatient visit, new	129.90	136.15	5	106.28	96.55	−9
99205		Office/outpatient visit, new	161.15	169.14	5	137.88	127.46	−8
99211		Office/outpatient visit, est	21.88	24.66	13	13.55	8.68	−36
99212		Office/outpatient visit, est	34.73	36.82	6	26.74	21.88	−18
99213		Office/outpatient visit, est	45.85	48.97	7	36.47	31.95	−12
99214		Office/outpatient visit, est	72.24	76.06	5	59.04	52.79	−11
99215		Office/outpatient visit, est	105.24	109.40	4	91.69	84.74	−8
99221		Initial hospital care	NA	NA	NA	68.77	61.82	−10
99222		Initial hospital care	NA	NA	NA	109.06	102.11	−6
99223		Initial hosptial care	NA	NA	NA	149.35	141.36	−5
99231		Subsequent hosptial care	NA	NA	NA	32.30	30.91	−4
99232		Subsequent hospital care	NA	NA	NA	52.10	50.36	−3
99233		Subsequent hospital care	NA	NA	NA	74.33	71.55	−4
99236		Observ/hosp same date	NA	NA	NA	209.08	201.44	−4
99238		Hospital discharge day	NA	NA	NA	65.30	60.43	−7
99239		Hospital discharge day	NA	NA	NA	86.83	82.66	−5
99241		Office consultation	54.18	59.39	10	38.55	31.26	−19
99242		Office consultation	91.00	96.90	6	70.50	62.86	−11
99243		Office consultation	115.66	123.30	7	93.43	84.05	−10
99244		Office consultation	159.42	168.80	6	134.76	123.64	−8
99245		Office consultation	202.14	213.60	6	176.44	164.63	−7
00251		Initial inpatient consult	NA	NA	NA	39.94	35.08	−12
99252		Initial impatient consult	NA	NA	NA	73.28	67.38	−8
99253		Initial inpatient consult	NA	NA	NA	98.98	91.69	−7
99254		Initial inpatient consult	NA	NA	NA	138.58	130.59	−6
99255		Initial inpatient consult	NA	NA	NA	187.90	178.87	−5
99261		Follow-up inpatient consult	NA	NA	NA	26.74	22.23	−17
99262		Follow-up inpatient consult	NA	NA	NA	48.28	43.07	−11
99263		Follow-up inpatient consult	NA	NA	NA	68.42	62.86	−8
99282		Emergency dept visit	NA	NA	NA	26.40	25.01	−5
99283		Emergency dept visit	NA	NA	NA	56.27	54.88	−2
99284		Emergency dept visit	NA	NA	NA	87.52	86.13	−2
99285		Emergency dept visit	NA	NA	NA	135.11	134.41	−1
99291		Critical care, first hour	191.37	193.45	1	189.98	186.16	−2
99292		Critical care, addl 30 min	96.55	98.29	2	95.51	92.73	−3
99301		Nursing facility care	NA	NA	NA	62.17	56.61	−9
99302		Nursing facility care	NA	NA	NA	82.31	75.71	−8
99303		Nursing facility care	NA	NA	NA	102.11	94.47	−7
99311		Nursing facility care, subseq	NA	NA	NA	31.95	28.48	−11
99312		Nursing facility care, subseq	NA	NA	NA	50.36	46.89	−7
99313		Nursing facility care, subseq	NA	NA	NA	70.85	66.68	−6
99348		Home visit, estab patient	66.68	68.07	2	67.03	62.86	−6
99350		Home visit, establ patient	150.04	152.12	1	146.91	141.70	−4

Table 14 shows the impact of using the 1999 resource-based practice expense RVUs, updated to reflect the year 2000 transitions, compared to the transitioned RVUs for the year 2000 which would result from provisions in this proposed rule.

TABLE 14.—IMPACT ON TOTAL ALLOWED CHARGES BY SPECIALTY OF THE TRANSITIONED RESOURCE-BASED PRACTICE EXPENSE RELATIVE VALUE UNITS

Specialty	Allowed charges (in billions)	Impact on total payments (percent)
ANESTHESIOLOGY	1.7	−4
CARDIAC SURGERY	0.3	−4
CARDIOLOGY	3.8	−1
CLINICS	1.6	0
DERMATOLOGY	1.1	1
EMERGENCY MEDICINE	0.8	−1
FAMILY PRACTICE	2.9	1
GASTROENTEROLOGY	1.1	−1
GENERAL PRACTICE	1.0	1
GENERAL SURGERY	2.0	0
HEMATOLOGY ONCOLOGY	0.5	1
INTERNAL MEDICINE	6.3	0
NEPHROLOGY	0.9	0
NEUROLOGY	0.8	0
NEUROSURGERY	0.3	0
OBSTETRICS/GYNECOLOGY	0.4	1
OPHTHHALMOLOGY	3.5	0
ORTHOPEDIC SURGERY	2.0	1
OTHER PHYSICIAN	1.2	0
OTOLARYNGOLOGY	0.6	1
PATHOLOGY	0.5	1
PLASTIC SURGERY	0.2	1
PSYCHIATRY	1.1	0
PULMONARY	1.0	−1
RADIATION ONCOLOGY	0.6	0
RADIOLOGY	2.9	0
RHEUMATOLOGY	0.3	3
THORACIC SURGERY	0.6	−3
UROLOGY	1.2	1
VASCULAR SURGERY	0.3	0
OTHERS:		
CHIROPRACTOR	0.4	1
NONPHYSICIAN PRACTITIONER	0.8	1
OPTOMETRIST	0.4	1
PODIATRY	1.0	1
SUPPLIERS	0.5	0

Table 15 shows the combined impact of the proposed changes in the malpractice RVUs and the fully implemented practice expense RVUs. The impact of the changes on the total revenue (Medicare and non-Medicare) for a given specialty is less than the impact displayed in these tables since physicians furnish services to both Medicare and non-Medicare patients. The magnitude of the impact that Medicare payment has on a specialty depends generally on the mix of services a physician in the specialty provides and the sites in which the services are performed.

TABLE 15.—IMPACT ON TOTAL ALLOWED CHARGES BY SPECIALTY OF PROPOSED FULLY IMPLEMENTED PRACTICE EXPENSE AND MALPRACTICE RELATIVE VALUE UNITS

Specialty	Allowed charges (in billions)	Impact on total payments (percent)
ANESTHESIOLOGY	1.6	−8
CARDIAC SURGERY	0.3	−9
CARDIOLOGY	3.6	−3
CLINICS	1.6	0
DERMATOLOGY	1.2	2
EMERGENCY MEDICINE	0.8	1
FAMILY PRACTICE	3.0	2
GASTROENTEROLOGY	1.0	−2
GENERAL PRACTICE	1.1	2
GENERAL SURGERY	1.9	0
HEMATOLOGY ONCOLOGY	0.6	1
INTERNAL MEDICINE	6.4	1
NEPHROLOGY	0.9	1
NEUROLOGY	0.8	1
NEUROSURGERY	0.3	1
OBSTETRICS/GYNECOLOGY	0.4	2
OPHTHALMOLOGY	3.6	0

TABLE 15.—IMPACT ON TOTAL ALLOWED CHARGES BY SPECIALTY OF PROPOSED FULLY IMPLEMENTED PRACTICE EXPENSE AND MALPRACTICE RELATIVE VALUE UNITS—Continued

Specialty	Allowed charges (in billions)	Impact on total payments (percent)
ORTHOPEDIC SURGERY	2.0	2
OTHER PHYSICIAN	1.2	0
OTOLARYNGOLOGY	0.6	2
PATHOLOGY	0.5	1
PLASTIC SURGERY	0.2	1
PSYCHIATRY	1.1	−1
PULMONARY	1.0	−1
RADIATION ONCOLOGY	0.6	0
RADIOLOGY	2.7	−1
RHEUMATOLOGY	0.3	6
THORACIC SURGERY	0.5	−7
UROLOGY	1.2	2
VASCULAR SURGERY	0.3	0
OTHERS:		
CHIROPRACTOR	0.4	1
NONPHYSICIAN PRACTITIONER	0.8	1
OPTOMETRIST	0.5	3
PODIATRY	1.0	3
SUPPLIERS	0.4	0

C. Practice Expense for Physician Interpretation of Abnormal Papanicolaou Smears

Currently, there are several codes for a physician's interpretation of an abnormal pap smear (three HCFA Common Procedure Coding System (HCPCS) codes and one CPT code). We evaluated the practice expense RVUs for each of these codes in a slightly different manner, and the practice expense RVUs assigned to HCPCS code G0141 were much lower than those for the other codes. We believe it is more appropriate to have the RVUs for all of these codes identical to those for CPT code 88141. Any impact of this provision would be incorporated into the physician fee schedule budget-neutrality calculation.

D. Technical Component of Physician Pathology Services and Independent Laboratories

Independent laboratories usually bill for a combined service which is the sum of the PC and TC services. These services can be furnished to both hospital and nonhospital patients.

The claims processing instructions require the independent laboratory to use the hospital as the place of service (POS) for TC billing of hospital patients. However, our analysis of national claims data indicates that independent laboratories are likely to use the independent laboratory as the POS. Thus, we cannot directly calculate the independent laboratory's billings for the combined service to hospital inpatients.

Based on our knowledge of laboratory practice arrangements, we have assumed that 60 percent of the allowed charges for independent laboratories represent billings for hospital inpatients. We adjusted this amount to remove PC billings because they would be billable whether or not this proposal is finalized. We estimated the PC amount by multiplying the total allowed charges for each code by the ratio of the PC RVUs to total RVUs for that code. The remaining amount represents the total allowed charges for TC services for hospital inpatients.

We estimated that payment under the physician fee schedule for TC billings by independent laboratories will decrease by $18 million.

The hospital is paid under the prospective payment system for the technical component of a physician pathology service to hospital inpatients. If the independent laboratory furnishes the technical component service, it must enter into an arrangement with a hospital to be paid appropriately for this service.

E. Discontinuous Anesthesia Time

If an anesthesia practitioner has not been billing for a block of time before an interruption in services, under our proposal he or she would be able to bill for that block of time and receive payment. It is our understanding that, in most instances, a block of time before an interruption is generally about fifteen minutes, or one time unit. On the other hand, some anesthesia practitioners may have interpreted our regulations as allowing them to bill for the block of time before an interruption. If an anesthesia practitioner has billed in this manner, then our proposed revision to the regulations would not have any economic effect. We estimate that overall there would be no cost or savings to Medicare.

F. Optometrist Services

The provision for optometrists' services would conform the regulations to a provision of OBRA 1986 that expanded coverage for services furnished by optometrists to include services otherwise covered by Medicare that an optometrist is legally authorized to perform as a doctor of optometry by the State in which the services are performed. This provision has been implemented through program instructions; therefore, this change in the regulations will have no impact on the program.

G. Assisted Suicide

This rule would conform the regulations to a provision in the Assisted Suicide Funding Act of 1997. This Act prohibits the use of Federal funds to furnish or pay for any health care service or health benefit coverage for the purpose of causing, or assisting to cause, the death of any individual. We believe that this regulation change would have no program costs or savings given the limited occurrence of assisted suicide and the exclusion from Medicare payment of expenses for these services under section 1862(a)(1)(A) of the Act. This section of the Act states that no payment may be made under Part A or Part B for any expenses incurred for items or services that are not reasonable or necessary for the

diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member.

H. CPT Modifier −25

Under our proposed policy for procedures when the global surgery rules do not apply (for example, the global code is ''XXX'' in the database), a physician may bill only for a separately identifiable E/M service with the use of the CPT modifier −25. This proposal would assist carriers in claims adjudication and eliminate unnecessary denials when physicians appropriately attach modifier −25 to E/M services if they are significant and separately identifiable from the procedure. We estimate a savings of $10 million due to this proposal.

I. Nurse Practioner Qualifications

The proposed NP qualifications provide a mechanism that would grandfather those individuals who have Medicare NP billing numbers before January 1, 2001; they could continue to bill as NPs. Therefore, an individual who may not have been nationally certified as an NP or who does not have a master's degree in nursing would be permitted to continue to bill under the Medicare program. However, after January 1, 2003, to obtain a Medicare NP billing number, a new applicant would be required to possess a master's degree in nursing, State authorization to practice as an NP, and national certification as an NP. By this time, the advanced nursing profession would have been furnished ample notification and time to acquire these credentials. There are no Medicare program costs or savings associated with this provision. Further, these requirements are consistent with our understanding of certification and training requirements being implemented by NP groups.

J. Relative Value Units for Pediatric Services

This proposal would correct our use of the wrong data in establishing the work RVUs for certain pediatric surgical services. Since pediatric services are a small portion of services under Medicare, this change would have a negligible impact on the Medicare program.

K. Percutaneous Thrombectomy of an Arteriovenous Fistula

We are proposing to establish payment for a new HCPCS code that more accurately describes the activities regarding percutaneous thrombectomy of a dialysis graft or fistula. Since this is basically a coding change we do not anticipate any costs or savings.

L. Pulse Oximetry, Temperature Gradient Studies, and Venous Pressure Determinations

We are proposing to discontinue separate payment for CPT codes 94760 (noninvasive ear or pulse oximetry for oxygen saturation; single determination); 94761 (non-invasive ear or pulse oximetry for oxygen saturation; multiple determinations); 94762 (noninvasive ear or pulse oximetry for oxygen saturation; by continuous overnight monitoring); 93740 (temperature gradient studies); and 93770 (determination of venous pressure). Payment for these codes would be bundled into payment for other services. Any savings from this provision would be incorporated into the physician fee schedule budget-neutrality calculation.

M. Removal of Requirement for X-ray Before Chiropractic Manipulation

This rule will conform the regulations to section 4513(a) of the BBA. We expect that removal of the requirement will encourage increased billing for chiropractic manipulation. The impact of this BBA provision is shown in the table below.

ESTIMATED COSTS

[$ millions]

FY 2000	$20
FY 2001	40
FY 2002	50
Total	110

N. Coverage of Prostate Cancer Screening Tests

Section 4103 of the BBA authorizes coverage of certain prostate cancer screening tests, effective January 1, 2000, subject to certain frequency and payment limitations. The new tests include: (1) Screening DREs, and (2) screening prostate-specific antigen tests. Based on the projected utilization of these screening services and related medically necessary follow-up tests and treatment that may be required for the beneficiaries screened, we estimate that this BBA provision will result in an increase in Medicare payments as described in the table below for fiscal years 2000 through 2002. These payments will be made to many urologists, primary care physicians, and other practitioners (involved in screening DREs), and to clinical laboratories (involved in screening prostate-specific antigen tests) nationally.

ESTIMATED MEDICARE COSTS

[$ million]

	Part A	Part B
FY 2000	$170	$590
FY 2001	300	1,100
FY 2002	400	1,270
Total	870	2,960

We believe that the effect of the rule will be positive. Prostate cancer is the most commonly diagnosed cancer in men and the second leading cause of cancer death for American men. The American Cancer Society estimates that in 1999 about 179,000 new cases of prostate cancer will be diagnosed in the United States, and about 37,000 will die directly from the disease. According to the American Urological Association, the use of a screening prostate-specific antigen blood test in combination with a screening DRE is the best method for detecting prostate cancer when the disease is localized and potentially curable. Although coverage of prostate cancer screening should improve access to this service for Medicare beneficiaries, the benefits of such screening, based on the available medical literature, are not entirely clear. The literature on the benefits of cancer detection especially among men over 70 indicates that screening for prostate cancer does not necessarily lead to the prolongation of life or improvement in the quality of life. However, when prostate cancer is found early, there is evidence that it can often be treated successfully. Through early detection of prostate cancer made possible under the new benefit and the use of appropriate treatment measures, our expectation is that the harmful effects of this serious disease among the Medicare population will be reduced in the future.

O. Diagnostic Tests

1. Supervision of Diagnostic Test

This proposal would conform the requirements of the physician supervision policy in § 410.32(b) with BBA provisions relating to PAs, NPs, and CNSs. We would clarify that the level of physician supervision for diagnostic tests performed by PAs, when they are authorized by the State to perform these tests, is general. This means that we would not require that the supervising physician for the diagnostic test be on the premises when the test is performed. It will mean that no level of physician supervision is required for diagnostic tests performed by NPs and CNSs when they are authorized by the State to perform these tests. The proposal would not affect the

scope of services for which PAs, NPs or CNs could bill; therefore, we do not expect any significant costs or savings.

2. Independent Diagnostic Testing Facilities (IDTF)

The IDTF proposal would clarify § 410.33 to the effect that NPs and CNSs are included among the entities that may bill carriers directly for diagnostic tests. This proposal is a technical one and would not have a significant effect on costs or savings.

P. New and Revised Relative Value Units for Calender Year 1999

1. Ventricular Assist Device Implantations

This proposal would suspend the global period and allow the surgeon to bill all postoperative E/M visits. Although, we anticipate an increase in billing for these codes, the anticipated economic impact on the Medicare program is negligible because of the minimal use of these services.

2. Use of Operating Microscope

CPT code 69990 replaced two previous codes that were add-on codes (61712 and 64830) and also replaced use of a ''−20'' microsurgery modifier. For clarification purposes, we are identifying the primary procedure codes for which we would pay separately for code 69990 since this is limited to those primary procedures for which the use of previous codes 61712 or 64830 was acceptable. There are no costs or savings associated with this proposal because it is a clarification in coding rather than a change in value.

3. Pulmonary Stress Testing

For 1999, the work RVUs established for CPT 94620 (simple pulmonary stress testing) were 0.88; the same work RVUs were assigned to the newly created code 94621, complex pulmonary stress testing. We are proposing to establish the work RVUs at 0.64 for CPT code 94620 and at 1.42 for CPT code 94621 based on the estimated frequencies. This proposal would not impact costs or savings to the Medicare program but would maintain budget neutrality for work RVUs for these codes.

Q. Budget-Neutrality

Each year since the fee schedule has been implemented, our actuaries have determined any adjustments needed to meet the budget-neutrality requirement of the statute. A component of the actuarial determination of budget-neutrality involves estimating the impact of changes in the volume-and-intensity of physicians' services provided to Medicare beneficiaries as a result of the proposed changes. Consistent with the provision in the November 2, 1999 final rule, the actuaries would use a model that assumes a 30 percent volume-and-intensity response to price reductions.

R. Impact on Beneficiaries

Although changes in physicians' payments when the physician fee schedule was implemented in 1992 were large, we detected no problems with beneficiary access to care. Furthermore, because there is a four-year transition of the resource-based practice expense system, we expect minimal impact on beneficiaries.

We are currently conducting substantial research to evaluate beneficiary access to physicians. This research includes, but is not limited to, augmenting the beneficiary survey questionnaire to further clarify access problems, conducting a survey of Medicare physicians to identify physician specialties and procedures by geographic areas, and tracking claims data in ''vulnerable populations''.

In accordance with the provisions of Executive Order 12866, this regulation was reviewed by the Office of Management and Budget.

List of Subjects

42 CFR Part 410

Health facilities, Health professions, Kidney diseases, Laboratories, Medicare, Rural areas, X-rays.

42 CFR Part 411

Kidney diseases, Medicare, Reporting and recordkeeping requirements.

42 CFR Part 414

Administrative practice and procedure, Health facilities, Health professions, Kidney diseases, Medicare, Reporting and recordkeeping requirements, Rural areas, X-rays.

42 CFR Part 415

Health facilities, Health professions, Medicare and Reporting and recordkeeping requirements.

For the reasons set forth in the preamble, 42 CFR chapter IV would be amended as follows:

PART 410—SUPPLEMENTARY MEDICAL INSURANCE (SMI) BENEFITS

A. Part 410 is amended as set forth below:

1. The authority citation for part 410 continues to read as follows:

Authority: Secs. 1102 and 1871 of the Social Security Act (42 U.S.C. 1302 and 1395hh).

2. In § 410.22, paragraph (b)(1) is revised to read as follows:

§ 410.22. Limitations on services of a chiropractor.

* * * * *

(b) *Limitations on services.* (1) Medicare Part B pays only for a chiropractor's manual manipulation of the spine to correct a subluxation if the subluxation has resulted in a neuromusculoskeletal condition for which manual manipulation is appropriate treatment.

* * * * *

3. Section 410.23 is revised to read as follows:

§ 410.23 Limitations on services of an optometrist.

Medicare Part B pays for the services of a doctor of optometry, acting within the scope of his or her license, if the services would be covered as physicians' services when performed by a doctor of medicine or osteopathy.

4. In § 410.32, the introductory text to paragraph (b)(2) is republished for the convenience of the reader, paragraph (b)(2) is amended by adding new paragraphs (b)(2)(v) and (b)(2)(vi), and the introductory text to paragraph (b)(3) is revised to read as follows:

§ 410.32 Diagnostic x-ray tests, diagnostic laboratory tests, and other diagnostic tests: Conditions.

* * * * *

(b) *Diagnostic x-ray and other diagnostic tests.* * * *

(2) *Exceptions.* The following diagnostic tests payable under the physician fee schedule are excluded from the basic rule set forth in paragraph (b)(1) of this section:

* * * * *

(v) Diagnostic tests performed by a nurse practitioner or clinical nurse specialist authorized to perform the tests under applicable State laws.

(vi) Pathology and laboratory procedures listed in the 80000 series of the Current Procedural Terminology published by the American Medical Association.

(3) *Levels of supervision.* Except where otherwise indicated, all diagnostic x-ray and other diagnostic tests subject to this provision and payable under the physician fee schedule must be furnished under at least a general level of physician supervision as defined in paragraph (b)(3)(i) of this section. In addition, some of these tests also require either direct or personal supervision as defined in paragraphs (b)(3)(ii) or (b)(3)(iii) of this section, respectively. (However, diagnostic tests a physician

assistant is legally authorized to perform under State law require only a general level of physician supervision.) When direct or personal supervision is required, physician supervision at the specified level is required throughout the performance of the test.

* * * * *

5. In § 410.33, paragraph (a)(1) is revised to read as follows:

§ 410.33 Independent diagnostic testing facility.

(a) *General rule.* (1) Effective for diagnostic procedures performed on or after March 15, 1999, carriers will pay for diagnostic procedures under the physician fee schedule only when performed by a physician, a group practice of physicians, an approved supplier of portable x-ray services, a nurse practitioner or a clinical nurse specialist when he or she performs a test he or she is authorized by the State to perform, or an independent diagnostic testing facility (IDTF). An IDTF may be a fixed location, a mobile entity, or an individual nonphysician practitioner. It is independent of a physician's office or hospital; however, these rules apply when an IDTF furnishes diagnostic procedures in a physician's office.

* * * * *

6. A new § 410.39 is added to read as follows:

§ 410.39 Prostate cancer screening tests: Conditions for and limitations on coverage.

(a) *Definitions.* As used in this section, the following definitions apply:

(1) *Prostate cancer screening tests* means any of the following procedures furnished to an individual for the purpose of early detection of prostate cancer:

(i) A screening digital rectal examination.

(ii) A screening prostate-specific antigen blood test.

(iii) For years beginning after 2002, other procedures HCFA finds appropriate for the purpose of early detection of prostate cancer, taking into account changes in technology and standards of medical practice, availability, effectiveness, costs, and other factors HCFA considers appropriate.

(2) *A screening digital rectal examination* means a clinical examination of an individual's prostate for nodules or other abnormalities of the prostate.

(3) *A screening prostate-specific antigen blood test* means a test that measures the level of prostate-specific antigen in an individual's blood.

(4) *An attending physician* for purposes of this provision means a doctor of medicine or osteopathy (as defined in section 1861(r)(1) of the Act) who is fully knowledgeable about the beneficiary's medical condition, and who would be responsible for using the results of any examination performed in the overall management of the beneficiary's specific medical problem.

(5) *An attending physician assistant, nurse practitioner, clinical nurse specialist, or certified nurse midwife,* for purposes of this provision means a physician assistant, nurse practitioner, clinical nurse specialist, or certified nurse midwife (as defined in sections 1861(aa) and 1861(gg) of the Act) who is fully knowledgeable about the beneficiary's medical condition, and who would be responsible for using the results of any examination performed in the overall management of the beneficiary's specific medical problem.

(b) *Condition for coverage of screening digital rectal examinations.* Medicare Part B pays for a screening digital rectal examination if it is performed by the beneficiary's attending physician, or by the beneficiary's attending physician assistant, nurse practitioner, clinical nurse specialist, or certified nurse midwife as defined in paragraphs (a)(4) or (a)(5) of this section who is authorized to perform this service under State law.

(c) *Limitation on coverage of screening digital rectal examinations.* (1) Payment may not be made for a screening digital rectal examination performed for a man age 50 or younger.

(2) For an individual over 50 years of age, payment may be made for a screening digital rectal examination only if the man has not had such an examination paid for by Medicare during the preceding 11 months following the month in which his last Medicare-covered screening digital rectal examination was performed.

(d) *Condition for coverage of screening prostate-specific antigen blood tests.* Medicare Part B pays for a screening prostate-specific antigen blood test if it is ordered by the beneficiary's attending physician, or by the beneficiary's attending physician assistant, nurse practitioner, clinical nurse specialist, or certified nurse midwife as defined in paragraphs (a)(4) or (a)(5) of this section who is authorized to order this test under State law.

(e) *Limitation on coverage of screening prostate-specific antigen blood test.* (1) Payment may not be made for a screening prostate-specific antigen blood test performed for a man under age 50.

(2) For an individual over 50 years of age, payment may be made for a screening prostate-specific antigen blood test only if the man has not had such an examination paid for by Medicare during the preceding 11 months following the month in which his last Medicare-covered screening prostate-specific antigen blood test was performed.

7. In § 410.75, paragraph (b) is revised to read as follows:

§ 410.75 Nurse practitioner's services.

* * * * *

(b) *Qualifications.* For Medicare Part B coverage of his or her services, a nurse practitioner must—

(1)(i) Be a registered professional nurse who is authorized by the State in which the services are furnished to practice as a nurse practitioner in accordance with State law; *and*

(ii) Be certified as a nurse practitioner by a recognized national certifying body that has established standards for nurse practitioners; *or*

(2) Be a registered professional nurse who is authorized by the State in which the services are furnished to practice as a nurse practitioner in accordance with State law and have been granted a Medicare billing number as a nurse practitioner by December 31, 2000.

(3) On or after January 1, 2001, nurse practitioners applying for a Medicare billing number for the first time must meet the standards for nurse practitioners in paragraphs (b)(1)(i) and (b)(1)(ii) of this section.

(4) On or after January 1, 2003, nurse practitioners applying for a Medicare billing number for the first time must possess a master's degree in nursing and meet the standards for nurse practitioners in paragraphs (b)(1)(i) and (b)(1)(ii) of this section.

* * * * *

PART 411—EXCLUSIONS FROM MEDICARE AND LIMITATIONS ON MEDICARE PAYMENT

B. Part 411 is amended as set forth below:

1. The authority citation for part 411 continues to read as follows:

Authority: Secs. 1102 and 1871 of the Social Security Act (42 U.S.C. 1302 and 1395hh).

2. In § 411.15, the introductory text to the section is revised, the introductory text to paragraph (a) is republished, paragraph (a)(1) is revised, the introductory text to paragraph (k) is republished, and new paragraphs (k)(9) and (q) are added to read as follows:

§ 411.15 Particular services excluded from coverage.

The following services are excluded from coverage:

(a) Routine physical checkups such as:

(1) Examinations performed for a purpose other than treatment or diagnosis of a specific illness, symptoms, complaint, or injury, except for screening mammography, colorectal cancer screening tests, screening pelvic examinations, or prostate cancer screening tests that meet the criteria specified in paragraphs (k)(6) through (k)(9) of this section.

* * * * *

(k) Any services that are not reasonable and necessary for one of the following purposes:

* * * * *

(9) In the case of prostate cancer screening tests, for the purpose of early detection of prostate cancer, subject to the conditions and limitations specified in § 410.39 of this chapter.

* * * * *

(q) *Assisted suicide.* Any health care service used for the purpose of causing, or assisting to cause, the death of any individual. This does not pertain to the withholding or withdrawing of medical treatment or care, nutrition or hydration or to the provision of a service for the purpose of alleviating pain or discomfort, even if the use may increase the risk of death, so long as the service is not furnished for the specific purpose of causing death.

PART 414—PAYMENT FOR PART B MEDICAL AND OTHER HEALTH SERVICES

C. Part 414 is amended as set forth below:

1. The authority citation for part 414 continues to read as follows:

Authority: Secs. 1102, 1871, and 1881(b)(1) of the Social Security Act (42 U.S.C. 1302, 1395(hh), and 1395rr(b)(1).

2. In § 414.22, the introductory text is republished, paragraph (b)(5)(i) is revised, and a new paragraph (c)(3) is added to read as follows:

§ 414.22 Relative value units (RVUs).

HCFA establishes RVUs for physicians' work, practice expense, and malpractice insurance.

* * * * *

(b) *Practice expense RVUs.* * * *

(5) * * *

(i) Usually one of two levels of practice expense RVUs can be applied to each code. The lower facility practice expense RVUs apply to services furnished to hospital, skilled nursing facility, or ambulatory surgical center patients. The higher non-facility practice expense RVUs apply to services performed in a physician's office, services furnished to patients in a nursing facility, in a facility or institution other than a hospital, skilled nursing facility, or ambulatory surgical center, or in the home. The facility practice expense RVUs for a particular code may not be greater than the non-facility RVUs for that code.

* * * * *

(c) *Malpractice insurance RVUs.*

* * *

(3) For services furnished in the year 2000 and subsequent years, the malpractice RVUs are based on the relative malpractice insurance resources.

3. In § 414.46, the introductory texts to paragraphs (a) and (b) are republished, paragraphs (a)(1) and (a)(2) are revised, paragraph (a)(3) is added, and paragraphs (b)(1) and (b)(2) are revised to read as follows:

§ 414.46 Additional rules for payment of anesthesia services.

(a) *Definitions.* For purposes of this section, the following definitions apply:

(1) *Base unit* means the value for each anesthesia code that reflects all activities other than anesthesia time. These activities include usual preoperative and postoperative visits, the administration of fluids and blood incident to anesthesia care, and monitoring services.

(2) *Anesthesia practitioner,* for the purpose of anesthesia time, means a physician who performs the anesthesia service alone, a CRNA who is not medically directed who performs the anesthesia service alone, or a medically directed CRNA.

(3) *Anesthesia time* means the time during which an anesthesia practitioner is present with the patient. It starts when the anesthesia practitioner begins to prepare the patient for anesthesia services and ends when the anesthesia practitioner is no longer furnishing anesthesia services to the beneficiary, that is, when the beneficiary may be placed safely under postoperative care. Anesthesia time is a continuous time period from the start of anesthesia to the end of an anesthesia service. In counting anesthesia time, the anesthesia practitioner can add blocks of anesthesia time around an interruption in anesthesia time as long as the anesthesia practitioner is furnishing continuous anesthesia care within the time periods around the interruption.

(b) *Determinations of payment amount—Basic rule.* For anesthesia services performed, medically directed, or medically supervised by a physician, the carrier pays the lesser of the actual charge or the anesthesia fee schedule amount.

(1) The carrier bases the physician fee schedule amount for an anesthesia service on the product of the sum of allowable base and time units and an anesthesia-specific CF. The carrier calculates the time units from the anesthesia time reported by the anesthesia practitioner for the anesthesia procedure. The physician who fulfills the conditions for medical direction in § 415.110 (Conditions for payment: Anesthesiology services) reports the same anesthesia time as the medically-directed CRNA.

(2) HCFA furnishes the carrier with the base units for each anesthesia procedure code. The base units are derived from the 1988 American Society of Anesthesiologists' Relative Value Guide except that the number of base units recognized for anesthesia services furnished during cataract or iridectomy surgery is four units.

* * * * *

4. In § 414.60, the introductory text of paragraph (a) is revised to read as follows:

§ 414.60 Payment for the services of CRNAs.

(a) *Basis for payment.* The allowance for the anesthesia service furnished by a CRNA, medically directed or not medically directed, is based on allowable base and time units as defined in § 414.46(a). Beginning with CY 1994—

* * * * *

PART 415—SERVICES FURNISHED BY PHYSICIANS IN PROVIDERS, SUPERVISING PHYSICIANS IN TEACHING SETTINGS, AND RESIDENTS IN CERTAIN SETTINGS

D. Part 415 is amended as set forth below:

1. The authority citation for part 415 continues to read as follows:

Authority: Secs. 1102 and 1871 of the Social Security Act (42 U.S.C. 1302 and 1395hh).

2. Section 415.130(c) is revised to read as follows:

§ 415.130 Conditions for payment; Physician pathology services.

* * * * *

(c) *Physician pathology services furnished by an independent laboratory.* The technical component of physician pathology services, as described in paragraph (a) of this section, furnished to a hospital inpatient before January 1, 2000, or to an outpatient can be paid on a fee schedule basis under this subpart. On or after January 1, 2000, payment is made only to the hospital for the technical component of physician

pathology services furnished to a hospital inpatient.

(Catalog of Federal Domestic Assistance Program No. 93.778, Medical Assistance Program)

(Catalog of Federal Domestic Assistance Program No. 93.773, Medicare—Hospital Insurance; and Program No. 93.774, Medicare—Supplementary Medical Insurance Program)

Dated: May 27, 1999.

Nancy-Ann Min DeParle,

Administrator, Health Care Financing Administration.

Dated: June 29, 1999.

Donna E. Shalala,

Secretary.

Note: These addenda will not appear in the Code of Federal Regulations.

Addendum A—Explanation and Use of Addenda B

The addenda on the following pages provide various data pertaining to the Medicare fee schedule for physicians' services furnished in 2000. Addendum B contains the RVUs for work, non-facility practice expense, facility practice expense, and malpractice expense, and other information for all services included in the physician fee schedule.

Addendum B—2000 Relative Value Units and Related Information Used in Determining Medicare Payments for 2000

This addendum contains the following information for each CPT code and alphanumeric HCPCS code, except for alphanumeric codes beginning with B (enteral and parenteral therapy), E (durable medical equipment), K (temporary codes for nonphysicians' services or items), or L (orthotics), and codes for anesthesiology.

1. *CPT/HCPCS code.* This is the CPT or alphanumeric HCPCS number for the service. Alphanumeric HCPCS codes are included at the end of this addendum.

2. *Modifier.* A modifier is shown if there is a technical component (modifier TC) and a professional component (PC) (modifier −26) for the service. If there is a PC and a TC for the service, Addendum B contains three entries for the code: One for the global values (both professional and technical); one for modifier −26 (PC); and one for modifier TC. The global service is not designated by a modifier, and physicians must bill using the code without a modifier if the physician furnishes both the PC and the TC of the service.

Modifier −53 is shown for a discontinued procedure. There will be RVUs for the code (CPT code 45378) with this modifier.

3. *Status indicator.* This indicator shows whether the CPT/HCPCS code is in the physician fee schedule and whether it is separately payable if the service is covered.

A = Active code. These codes are separately payable under the fee schedule if covered. There will be RVUs for codes with this status. The presence of an ''A'' indicator does not mean that Medicare has made a national decision regarding the coverage of the service. Carriers remain responsible for coverage decisions in the absence of a national Medicare policy.

B = Bundled code. Payment for covered services is always bundled into payment for other services not specified. If RVUs are shown, they are not used for Medicare payment. If these services are covered, payment for them is subsumed by the payment for the services to which they are incident. (An example is a telephone call from a hospital nurse regarding care of a patient.)

C = Carrier-priced code. Carriers will establish RVUs and payment amounts for these services, generally on a case-by-case basis following review of documentation, such as an operative report.

D = Deleted code. These codes are deleted effective with the beginning of the calendar year.

E = Excluded from physician fee schedule by regulation. These codes are for items or services that we chose to exclude from the physician fee schedule payment by regulation. No RVUs are shown, and no payment may be made under the physician fee schedule for these codes. Payment for them, if they are covered, continues under reasonable charge or other payment procedures.

G = Code not valid for Medicare purposes. Medicare does not recognize codes assigned this status. Medicare uses another code for reporting of, and payment for, these services.

N = Noncovered service. These codes are noncovered services. Medicare payment may not be made for these codes. If RVUs are shown, they are not used for Medicare payment.

P = Bundled or excluded code. There are no RVUs for these services. No separate payment should be made for them under the physician fee schedule.

—If the item or service is covered as incident to a physician's service and is furnished on the same day as a physician's service, payment for it is bundled into the payment for the physician's service to which it is incident (an example is an elastic bandage furnished by a physician incident to a physician's service).

—If the item or service is covered as other than incident to a physician's service, it is excluded from the physician fee schedule (for example, colostomy supplies) and is paid under the other payment provisions of the Act.

R = Restricted coverage. Special coverage instructions apply. If the service is covered and no RVUs are shown, it is carrier-priced.

T = Injections. There are RVUs for these services, but they are only paid if there are no other services payable under the physician fee schedule billed on the same date by the same provider. If any other services payable under the physician fee schedule are billed on the same date by the same provider, these services are bundled into the service(s) for which payment is made.

X = Exclusion by law. These codes represent an item or service that is not within the definition of ''physicians' services'' for physician fee schedule payment purposes. No RVUs are shown for these codes, and no payment may be made under the physician fee schedule. (Examples are ambulance services and clinical diagnostic laboratory services.)

4. *Description of code.* This is an abbreviated version of the narrative description of the code.

5. *Physician work RVUs.* These are the RVUs for the physician work for this service in 2000. Codes that are not used for Medicare payment are identified with a ''+.''

6. *Fully implemented non-facility practice expense RVUs.* These are the fully implemented resource-based practice expense RVUs for non-facility settings.

7. *Year 2000 Transition non-facility practice expense RVUs.* Blended non-facility practice expense RVUs for use in 2000.

8. *Fully implemented facility practice expense RVUs.* These are the fully implemented resource-based practice expense RVUs for facility settings.

9. *Year 2000 transition facility practice expense RVUs.* Blended facility practice expense RVUs for use in 2000.

10. *Malpractice expense RVUs.* These are the RVUs for the malpractice expense for the service for 2000.

11. *Fully implemented non-facility total.* This is the sum of the work, fully implemented non-facility practice expense, and malpractice expense RVUs.

12. *Year 2000 transition non-facility total.* This is the sum of the work, transition non-facility practice expense, and malpractice expense RVUs for use in 2000.

13. *Fully implemented facility total.* This is the sum of the work, fully implemented facility practice expense, and malpractice expense RVUs.

14. *Year 2000 transition facility total.* This is the sum of the work, transition facility practice expense, and malpractice expense RVUs for use in 2000.

15. *Global period.* This indicator shows the number of days in the global period for the code (0, 10, or 90 days). An explanation of the alpha codes follows:

MMM = The code describes a service furnished in uncomplicated maternity cases including antepartum care, delivery, and postpartum care. The usual global surgical concept does not apply. See the 1999 Physicians' Current Procedural Terminology for specific definitions.

XXX = The global concept does not apply.

YYY = The global period is to be set by the carrier (for example, unlisted surgery codes).

ZZZ = The code is part of another service and falls within the global period for the other service.

Addendum B—2000 Relative Value Units and Related Information Used in Determining Medicare Payments for 2000

ADDENDUM B.—RELATIVE VALUE UNITS (RVUs) AND RELATED INFORMATION

CPT[1]/ HCPCS[2]	MOD	Status	Description	Physician work RVUs[3,5]	Fully implemented non-facility PE RVUs	Year 2000 transitional non-facility PE RVUs	Fully implemented facility PE RVUs	Year 2000 transitional facility PE RVUs	Malpractice RVUs	Fully implemented non-facility total	Year 2000 transitional non-facility total	Fully implemented facility total	Year 2000 transitional facility total	Global
10040	.....	A	Acne surgery of skin abscess	1.18	1.31	0.83	0.54	0.36	0.05	2.54	2.06	1.77	1.59	010
10060	.....	A	Drainage of skin abscess	1.17	1.20	0.84	0.60	0.42	0.08	2.45	2.09	1.85	1.67	010
10061	.....	A	Drainage of skin abscess	2.40	1.84	1.27	1.11	0.73	0.17	4.41	3.84	3.68	3.30	010
10080	.....	A	Drainage of pilonidal cyst	1.17	1.83	1.19	0.66	0.47	0.09	3.09	2.45	1.92	1.73	010
10081	.....	A	Drainage of pilonidal cyst	2.45	2.47	1.84	1.43	1.02	0.21	5.13	4.50	4.09	3.68	010
10120	.....	A	Remove foreign body	1.22	1.65	1.08	0.66	0.46	0.10	2.97	2.40	1.98	1.78	010
10121	.....	A	Remove foreign body	2.69	2.62	1.86	1.70	1.13	0.25	5.56	4.80	4.64	4.07	010
10140	.....	A	Drainage of hematoma/fluid	1.53	1.27	0.90	0.81	0.54	0.11	2.91	2.54	2.45	2.18	010
10160	.....	A	Puncture drainage of lesion	1.20	1.43	0.92	0.70	0.46	0.10	2.73	2.22	2.00	1.76	010
10180	.....	A	Complex drainage, wound	2.25	1.31	1.23	1.24	1.19	0.24	3.80	3.72	3.73	3.68	010
11000	.....	A	Debride infected skin	0.60	0.51	0.47	0.23	0.23	0.04	1.15	1.11	0.87	0.87	000
11001	.....	A	Debride infect skin add-on	0.30	0.28	0.28	0.12	0.13	0.02	0.60	0.60	0.44	0.45	ZZZ
11010	.....	A	Debride skin, fx	4.20	2.14	3.22	1.88	3.09	0.38	6.72	7.80	6.46	7.67	010
11011	.....	A	Debride skin/muscle, fx	4.95	3.48	4.30	2.56	3.84	0.51	8.94	9.76	8.02	9.30	000
11012	.....	A	Debride skin/muscle/bone, fx	6.88	4.88	6.00	3.98	5.55	0.74	12.50	13.62	11.60	13.17	000
11040	.....	A	Debride skin partial	0.50	0.46	0.45	0.19	0.21	0.03	0.99	0.98	0.72	0.74	000
11041	.....	A	Debride skin full	0.82	0.61	0.61	0.32	0.32	0.06	1.49	1.49	1.20	1.20	000
11042	.....	A	Debride skin/tissue	1.12	0.86	0.79	0.44	0.40	0.09	2.07	2.00	1.65	1.61	000
11043	.....	A	Debride tissue/muscle	2.38	2.25	2.11	1.34	1.65	0.23	4.86	4.72	3.95	4.26	010
11044	.....	A	Debride tissue/muscle/bone	3.06	2.95	3.01	1.78	2.42	0.31	6.32	6.38	5.15	5.79	010
11055	.....	R	Trim skin lesion	0.27	0.34	0.31	0.11	0.13	0.02	0.63	0.60	0.40	0.42	000
11056	.....	R	Trim 2 to 4 skin lesions	0.39	0.38	0.38	0.15	0.17	0.03	0.80	0.80	0.57	0.59	000
11057	.....	R	Trim over 4 skin lesions	0.50	0.42	0.36	0.20	0.18	0.03	0.95	0.89	0.73	0.71	000
11100	.....	A	Biopsy of skin lesion	0.81	1.27	0.91	0.37	0.33	0.04	2.12	1.76	1.22	1.18	000
11101	.....	A	Biopsy, skin add-on	0.41	0.56	0.44	0.19	0.18	0.02	0.99	0.87	0.62	0.61	ZZZ
11200	.....	A	Removal of skin tags	0.77	0.97	0.72	0.32	0.28	0.04	1.78	1.53	1.13	1.09	010
11201	.....	A	Remove skin tags add-on	0.29	0.37	0.28	0.13	0.11	0.02	0.68	0.59	0.44	0.42	ZZZ
11300	.....	A	Shave skin lesion	0.51	0.88	0.73	0.22	0.26	0.03	1.42	1.27	0.76	0.80	000
11301	.....	A	Shave skin lesion	0.85	0.96	0.85	0.40	0.39	0.04	1.85	1.74	1.29	1.28	000
11302	.....	A	Shave skin lesion	1.05	1.06	1.02	0.49	0.49	0.05	2.16	2.12	1.59	1.59	000
11303	.....	A	Shave skin lesion	1.24	1.17	1.33	0.55	0.65	0.06	2.47	2.63	1.85	1.95	000
11305	.....	A	Shave skin lesion	0.67	0.77	0.67	0.28	0.28	0.04	1.48	1.38	0.99	0.99	000
11306	.....	A	Shave skin lesion	0.99	0.97	0.87	0.44	0.42	0.05	2.01	1.91	1.48	1.46	000
11307	.....	A	Shave skin lesion	1.14	1.05	1.04	0.51	0.51	0.06	2.25	2.24	1.71	1.71	000
11308	.....	A	Shave skin lesion	1.41	1.17	1.35	0.62	0.69	0.08	2.66	2.84	2.11	2.18	000
11310	.....	A	Shave skin lesion	0.73	0.97	0.86	0.34	0.36	0.04	1.74	1.63	1.11	1.13	000
11311	.....	A	Shave skin lesion	1.05	1.07	1.00	0.51	0.49	0.05	2.17	2.10	1.61	1.59	000
11312	.....	A	Shave skin lesion	1.20	1.13	1.18	0.58	0.60	0.06	2.39	2.44	1.84	1.86	000
11313	.....	A	Shave skin lesion	1.62	1.39	1.51	0.78	0.80	0.08	3.09	3.21	2.48	2.50	000
11400	.....	A	Removal of skin lesion	0.91	2.11	1.35	0.68	0.49	0.07	3.09	2.33	1.66	1.47	010
11401	.....	A	Removal of skin lesion	1.32	2.14	1.44	0.92	0.65	0.10	3.56	2.86	2.34	2.07	010
11402	.....	A	Removal of skin lesion	1.61	2.24	1.61	0.92	0.71	0.12	3.97	3.34	2.65	2.44	010
11403	.....	A	Removal of skin lesion	1.92	2.05	1.66	1.06	0.85	0.16	4.13	3.74	3.14	2.93	010
11404	.....	A	Removal of skin lesion	2.20	2.20	1.85	1.15	0.95	0.19	4.59	4.24	3.54	3.34	010
11406	.....	A	Removal of skin lesion	2.76	2.96	2.50	1.38	1.71	0.26	5.98	5.52	4.40	4.73	010
11420	.....	A	Removal of skin lesion	1.06	1.80	1.18	0.73	0.51	0.08	2.94	2.32	1.87	1.65	010
11421	.....	A	Removal of skin lesion	1.53	2.10	1.44	0.93	0.66	0.11	3.74	3.08	2.57	2.30	010
11422	.....	A	Removal of skin lesion	1.76	2.23	1.63	1.00	0.76	0.13	4.12	3.52	2.89	2.65	010
11423	.....	A	Removal of skin lesion	2.17	2.17	1.80	1.20	0.96	0.18	4.52	4.15	3.55	3.31	010
11424	.....	A	Removal of skin lesion	2.62	2.33	1.92	1.37	1.07	0.21	5.16	4.75	4.20	3.90	010
11426	.....	A	Removal of skin lesion	3.78	3.39	2.69	1.84	1.92	0.34	7.51	6.81	5.96	6.04	010
11440	.....	A	Removal of skin lesion	1.15	2.20	1.48	0.88	0.63	0.08	3.43	2.71	2.11	1.86	010
11441	.....	A	Removal of skin lesion	1.61	2.34	1.63	1.08	0.77	0.11	4.06	3.35	2.80	2.49	010
11442	.....	A	Removal of skin lesion	1.87	2.43	1.83	1.18	0.90	0.14	4.44	3.84	3.19	2.91	010
11443	.....	A	Removal of skin lesion	2.49	2.90	2.24	1.50	1.15	0.19	5.58	4.92	4.18	3.83	010
11444	.....	A	Removal of skin lesion	3.42	2.93	2.27	1.94	1.37	0.26	6.61	5.95	5.62	5.05	010
11446	.....	A	Removal of skin lesion	4.49	3.92	2.93	2.41	1.69	0.34	8.75	7.76	7.24	6.52	010
11450	.....	A	Removal, sweat gland lesion	2.73	3.71	3.31	0.90	1.91	0.24	6.68	6.28	3.87	4.88	090
11451	.....	A	Removal, sweat gland lesion	3.95	4.26	3.71	1.63	2.39	0.39	8.60	8.05	5.97	6.73	090
11462	.....	A	Removal, sweat gland lesion	2.51	3.48	3.05	0.99	1.81	0.24	6.23	5.80	3.74	4.56	090
11463	.....	A	Removal, sweat gland lesion	3.95	4.91	3.54	1.62	1.90	0.41	9.27	7.90	5.98	6.26	090
11470	.....	A	Removal, sweat gland lesion	3.25	4.43	3.73	1.30	2.16	0.32	8.00	7.30	4.87	5.73	090
11471	.....	A	Removal, sweat gland lesion	4.41	5.24	3.96	1.81	2.24	0.44	10.09	8.81	6.66	7.09	090
11600	.....	A	Removal of skin lesion	1.41	2.28	1.76	1.07	0.85	0.10	3.79	3.27	2.58	2.36	010
11601	.....	A	Removal of skin lesion	1.93	2.19	1.85	0.83	0.80	0.12	4.24	3.90	2.88	2.85	010
11602	.....	A	Removal of skin lesion	2.09	2.35	2.17	1.23	1.11	0.13	4.57	4.39	3.45	3.33	010
11603	.....	A	Removal of skin lesion	2.35	2.19	2.32	1.31	1.27	0.16	4.70	4.83	3.82	3.78	010
11604	.....	A	Removal of skin lesion	2.58	2.33	2.57	1.40	1.41	0.19	5.10	5.34	4.17	4.18	010
11606	.....	A	Removal of skin lesion	3.43	3.20	3.29	1.72	2.55	0.30	6.93	7.02	5.45	6.28	010
11620	.....	A	Removal of skin lesion	1.34	2.22	1.84	0.97	0.85	0.09	3.65	3.27	2.40	2.28	010
11621	.....	A	Removal of skin lesion	1.97	2.33	2.12	1.23	1.09	0.12	4.42	4.21	3.32	3.18	010
11622	.....	A	Removal of skin lesion	2.34	2.49	2.44	1.39	1.30	0.15	4.98	4.93	3.88	3.79	010
11623	.....	A	Removal of skin lesion	2.93	2.48	2.64	1.65	1.53	0.21	5.62	5.78	4.79	4.67	010
11624	.....	A	Removal of skin lesion	3.43	2.79	3.14	1.87	1.81	0.26	6.48	6.83	5.56	5.50	010
11626	.....	A	Removal of skin lesion	4.30	3.65	3.68	2.27	2.99	0.36	8.31	8.34	6.93	7.65	010
11640	.....	A	Removal of skin lesion	1.53	2.28	2.04	1.10	1.00	0.10	3.91	3.67	2.73	2.63	010
11641	.....	A	Removal of skin lesion	2.44	2.59	2.43	1.54	1.34	0.15	5.18	5.02	4.13	3.93	010
11642	.....	A	Removal of skin lesion	2.93	2.56	2.68	1.78	1.59	0.19	5.68	5.80	4.90	4.71	010
11643	.....	A	Removal of skin lesion	3.50	2.89	3.08	2.05	1.85	0.25	6.64	6.83	5.80	5.60	010
11644	.....	A	Removal of skin lesion	4.55	3.51	3.66	2.58	2.25	0.34	8.40	8.55	7.47	7.14	010
11646	.....	A	Removal of skin lesion	5.95	4.67	4.68	3.30	4.00	0.48	11.10	11.11	9.73	10.43	010
11719	.....	R	Trim nail(s)	0.11	0.43	0.35	0.04	0.09	0.01	0.55	0.47	0.16	0.21	000
11720	.....	A	Debride nail, 1-5	0.32	0.40	0.38	0.13	0.16	0.02	0.74	0.72	0.47	0.50	000
11721	.....	A	Debride nail, 6 or more	0.54	0.50	0.55	0.21	0.26	0.04	1.08	1.13	0.79	0.84	000

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[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.
[4] PE RVUs = Practice Expense Relative Value Units.
[5] # Indicates new CPT/HCPCS codes which were not factored into budget neutrality adjustments.

ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT[1]/ HCPCS[2]	MOD	Status	Description	Physician work RVUs[3,5]	Fully implemented non-facility PE RVUs	Year 2000 transitional non-facility PE RVUs	Fully implemented facility PE RVUs	Year 2000 transitional facility PE RVUs	Malpractice RVUs	Fully implemented non-facility total	Year 2000 transitional non-facility total	Fully implemented facility total	Year 2000 transitional facility total	Global
11730	.....	A	Removal of nail plate	1.13	0.71	0.60	0.44	0.35	0.08	1.92	1.81	1.65	1.56	000
11732	.....	A	Remove additional nail plate	0.57	0.27	0.27	0.23	0.19	0.04	0.88	0.88	0.84	0.80	ZZZ
11740	.....	A	Drain blood from under nail	0.37	0.61	0.52	0.13	0.17	0.03	1.01	0.92	0.53	0.57	000
11750	.....	A	Removal of nail bed	1.86	1.44	1.86	0.77	0.96	0.13	3.43	3.85	2.76	2.95	010
11752	.....	A	Remove nail bed/finger tip	2.67	1.79	2.43	1.61	1.57	0.22	4.68	5.32	4.50	4.46	010
11755	.....	A	Biopsy, nail unit	1.31	1.01	1.04	0.54	0.81	0.08	2.40	2.43	1.93	2.20	000
11760	.....	A	Reconstruction of nail bed	1.58	1.42	1.22	1.08	0.80	0.14	3.14	2.94	2.80	2.52	010
11762	.....	A	Reconstruction of nail bed	2.89	1.87	2.33	1.68	1.54	0.21	4.97	5.43	4.78	4.64	010
11765	.....	A	Excision of nail fold, toe	0.69	0.89	0.72	0.41	0.35	0.05	1.63	1.46	1.15	1.09	010
11770	.....	A	Removal of pilonidal lesion	2.61	2.52	2.71	1.26	2.08	0.25	5.38	5.57	4.12	4.94	010
11771	.....	A	Removal of pilonidal lesion	5.74	5.00	4.96	3.80	4.36	0.58	11.32	11.28	10.12	10.68	090
11772	.....	A	Removal of pilonidal lesion	6.98	5.93	5.58	4.24	4.74	0.73	13.64	13.29	11.95	12.45	090
11900	.....	A	Injection into skin lesions	0.52	0.62	0.45	0.21	0.18	0.02	1.16	0.99	0.75	0.72	000
11901	.....	A	Added skin lesions injection	0.80	0.74	0.59	0.34	0.28	0.03	1.57	1.42	1.17	1.11	000
11920	.....	R	Correct skin color defects	1.61	1.91	1.60	0.85	1.07	0.18	3.70	3.39	2.64	2.86	000
11921	.....	R	Correct skin color defects	1.93	2.12	1.82	1.02	1.27	0.22	4.27	3.97	3.17	3.42	000
11922	.....	R	Correct skin color defects	0.49	0.34	0.37	0.26	0.33	0.06	0.89	0.92	0.81	0.88	ZZZ
11950	.....	R	Therapy for contour defects	0.84	1.01	1.15	0.41	0.85	0.06	1.91	2.05	1.31	1.75	000
11951	.....	R	Therapy for contour defects	1.19	1.45	1.37	0.50	0.90	0.10	2.74	2.66	1.79	2.19	000
11952	.....	R	Therapy for contour defects	1.69	1.02	1.16	1.01	1.15	0.12	2.83	2.97	2.82	2.96	000
11954	.....	R	Therapy for contour defects	1.85	1.61	1.45	0.98	1.14	0.21	3.67	3.51	3.04	3.20	000
11960	.....	A	Insert tissue expander(s)	9.08	NA	NA	9.43	8.91	0.93	NA	NA	19.44	18.92	090
11970	.....	A	Replace tissue expander	7.06	NA	NA	4.63	6.53	0.79	NA	NA	12.48	14.38	090
11971	.....	A	Remove tissue expander(s)	2.13	5.06	3.78	3.13	2.82	0.23	7.42	6.14	5.49	5.18	090
11975	.....	N	Insert contraceptive cap	+1.48	1.39	1.27	0.57	0.86	0.12	2.99	2.87	2.17	2.46	XXX
11976	.....	R	Removal of contraceptive cap	1.78	1.52	1.46	0.68	1.04	0.15	3.45	3.39	2.61	2.97	XXX
11977	.....	N	Removal/reinsert contra cap	+3.30	2.09	2.33	1.26	1.91	0.27	5.66	5.90	4.83	5.48	XXX
12001	.....	A	Repair superficial wound(s)	1.70	2.17	1.40	0.78	0.70	0.15	4.02	3.25	2.63	2.55	010
12002	.....	A	Repair superficial wound(s)	1.86	2.25	1.56	0.82	0.84	0.17	4.28	3.59	2.85	2.87	010
12004	.....	A	Repair superficial wound(s)	2.24	2.42	1.83	0.94	1.09	0.21	4.87	4.28	3.39	3.54	010
12005	.....	A	Repair superficial wound(s)	2.86	2.85	2.23	1.19	1.40	0.27	5.98	5.36	4.32	4.53	010
12006	.....	A	Repair superficial wound(s)	3.67	3.80	2.87	1.86	1.90	0.35	7.82	6.89	5.88	5.92	010
12007	.....	A	Repair superficial wound(s)	4.12	4.26	3.11	2.16	2.06	0.40	8.78	7.63	6.68	6.58	010
12011	.....	A	Repair superficial wound(s)	1.76	2.24	1.52	0.79	0.80	0.16	4.16	3.44	2.71	2.72	010
12013	.....	A	Repair superficial wound(s)	1.99	2.38	1.75	0.84	0.98	0.19	4.56	3.93	3.02	3.16	010
12014	.....	A	Repair superficial wound(s)	2.46	2.69	1.99	1.03	1.16	0.23	5.38	4.68	3.72	3.85	010
12015	.....	A	Repair superficial wound(s)	3.19	3.11	2.44	1.23	1.50	0.30	6.60	5.93	4.72	4.99	010
12016	.....	A	Repair superficial wound(s)	3.93	3.34	2.90	1.46	1.96	0.38	7.65	7.21	5.77	6.27	010
12017	.....	A	Repair superficial wound(s)	4.71	4.96	4.31	2.16	2.91	0.46	10.13	9.48	7.33	8.08	010
12018	.....	A	Repair superficial wound(s)	5.53	5.66	5.63	2.73	4.16	0.48	11.67	11.64	8.74	10.17	010
12020	.....	A	Closure of split wound	2.62	2.42	1.86	1.42	1.36	0.24	5.28	4.72	4.28	4.22	010
12021	.....	A	Closure of split wound	1.84	1.93	1.30	1.06	0.70	0.16	3.93	3.30	3.06	2.70	010
12031	.....	A	Layer closure of wound(s)	2.15	2.45	1.62	1.11	0.75	0.16	4.76	3.93	3.42	3.06	010
12032	.....	A	Layer closure of wound(s)	2.47	2.46	1.80	1.19	0.88	0.17	5.10	4.44	3.83	3.52	010
12034	.....	A	Layer closure of wound(s)	2.92	2.71	2.16	1.35	1.48	0.25	5.88	5.33	4.52	4.65	010
12035	.....	A	Layer closure of wound(s)	3.43	2.80	2.44	1.63	1.86	0.33	6.56	6.20	5.39	5.62	010
12036	.....	A	Layer closure of wound(s)	4.05	4.60	3.56	2.32	2.42	0.42	9.07	8.03	6.79	6.89	010
12037	.....	A	Layer closure of wound(s)	4.67	4.96	4.16	2.85	3.10	0.46	10.09	9.29	7.98	8.23	010
12041	.....	A	Layer closure of wound(s)	2.37	2.75	1.83	1.16	0.81	0.18	5.30	4.38	3.71	3.36	010
12042	.....	A	Layer closure of wound(s)	2.74	2.68	1.98	1.33	0.99	0.19	5.61	4.91	4.26	3.92	010
12044	.....	A	Layer closure of wound(s)	3.14	2.83	2.30	1.48	1.62	0.27	6.24	5.71	4.89	5.03	010
12045	.....	A	Layer closure of wound(s)	3.64	3.28	2.80	1.77	2.04	0.34	7.26	6.78	5.75	6.02	010
12046	.....	A	Layer closure of wound(s)	4.25	4.89	3.98	2.40	2.73	0.38	9.52	8.61	7.03	7.36	010
12047	.....	A	Layer closure of wound(s)	4.65	5.38	4.87	2.79	3.58	0.46	10.49	9.98	7.90	8.69	010
12051	.....	A	Layer closure of wound(s)	2.47	2.66	1.88	1.27	0.91	0.18	5.31	4.53	3.92	3.56	010
12052	.....	A	Layer closure of wound(s)	2.77	2.58	2.09	1.25	1.03	0.19	5.54	5.05	4.21	3.99	010
12053	.....	A	Layer closure of wound(s)	3.12	2.73	2.32	1.40	1.66	0.24	6.09	5.68	4.76	5.02	010
12054	.....	A	Layer closure of wound(s)	3.46	3.05	2.94	1.53	2.18	0.30	6.81	6.70	5.29	5.94	010
12055	.....	A	Layer closure of wound(s)	4.43	4.00	3.76	2.11	2.82	0.41	8.84	8.60	6.95	7.66	010
12056	.....	A	Layer closure of wound(s)	5.24	5.41	5.28	2.94	4.04	0.45	11.10	10.97	8.63	9.73	010
12057	.....	A	Layer closure of wound(s)	5.96	4.93	5.49	3.90	4.97	0.52	11.41	11.97	10.38	11.45	010
13100	.....	A	Repair of wound or lesion	3.12	3.02	2.13	1.73	1.18	0.23	6.37	5.48	5.08	4.53	010
13101	.....	A	Repair of wound or lesion	3.92	3.20	2.73	2.17	1.65	0.25	7.37	6.90	6.34	5.82	010
13120	.....	A	Repair of wound or lesion	3.30	3.10	2.29	1.75	1.25	0.26	6.66	5.85	5.31	4.81	010
13121	.....	A	Repair of wound or lesion	4.33	3.41	3.15	2.24	1.84	0.28	8.02	7.76	6.85	6.45	010
13131	.....	A	Repair of wound or lesion	3.79	3.37	2.76	2.10	1.59	0.28	7.44	6.83	6.17	5.66	010
13132	.....	A	Repair of wound or lesion	5.95	4.15	4.56	3.12	2.80	0.36	10.46	10.87	9.43	9.11	010
13150	.....	A	Repair of wound or lesion	3.81	4.50	3.21	2.48	2.20	0.31	8.62	7.33	6.60	6.32	010
13151	.....	A	Repair of wound or lesion	4.45	4.47	3.57	2.85	2.09	0.31	9.23	8.33	7.61	6.85	010
13152	.....	A	Repair of wound or lesion	6.33	5.22	5.40	3.77	3.28	0.43	11.98	12.16	10.53	10.04	010
13160	.....	A	Late closure of wound	10.48	NA	NA	6.18	4.90	1.14	NA	NA	17.80	16.52	090
13300	.....	A	Repair of wound or lesion	5.27	3.95	5.08	2.89	4.55	0.46	9.68	10.81	8.62	10.28	010
14000	.....	A	Skin tissue rearrangement	5.89	6.28	4.99	4.20	3.03	0.48	12.65	11.36	10.57	9.40	090
14001	.....	A	Skin tissue rearrangement	8.47	7.56	6.36	5.52	5.34	0.70	16.73	15.53	14.69	14.51	090
14020	.....	A	Skin tissue rearrangement	6.59	6.66	5.99	4.82	5.07	0.53	13.78	13.11	11.94	12.19	090
14021	.....	A	Skin tissue rearrangement	10.06	8.07	7.41	6.60	6.67	0.76	18.89	18.23	17.42	17.49	090
14040	.....	A	Skin tissue rearrangement	7.87	7.07	7.21	5.55	4.62	0.57	15.51	15.65	13.99	13.06	090
14041	.....	A	Skin tissue rearrangement	11.49	8.72	8.64	7.45	5.87	0.73	20.94	20.86	19.67	18.09	090
14060	.....	A	Skin tissue rearrangement	8.50	7.58	8.00	6.32	7.37	0.63	16.71	17.13	15.45	16.50	090
14061	.....	A	Skin tissue rearrangement	12.29	9.64	10.51	8.36	7.03	0.79	22.72	23.59	21.44	20.11	090
14300	.....	A	Skin tissue rearrangement	11.76	8.89	10.58	7.78	10.03	0.97	21.62	23.31	20.51	22.76	090
14350	.....	A	Skin tissue rearrangement	9.61	NA	NA	5.97	6.28	0.96	NA	NA	16.54	16.85	090
15000	.....	A	Skin graft	4.00	2.30	2.32	1.95	2.14	0.38	6.68	6.70	6.33	6.52	000
15001	.....	A	Skin graft add-on	1.00	0.49	0.49	0.48	0.48	0.10	1.59	1.59	1.58	1.58	ZZZ

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[5] # Indicates new CPT/HCPCS codes which were not factored into budget neutrality adjustments.

ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT[1]/ HCPCS[2]	MOD	Status	Description	Physician work RVUs[3,5]	Fully implemented non-facility PE RVUs	Year 2000 transitional non-facility PE RVUs	Fully implemented facility PE RVUs	Year 2000 transitional facility PE RVUs	Malpractice RVUs	Fully implemented non-facility total	Year 2000 transitional non-facility total	Fully implemented facility total	Year 2000 transitional facility total	Global
15050	.....	A	Skin pinch graft	4.30	4.52	3.23	3.52	2.73	0.43	9.25	7.96	8.25	7.46	090
15100	.....	A	Skin split graft	9.05	5.83	5.38	5.79	5.36	0.98	15.86	15.41	15.82	15.39	090
15101	.....	A	Skin split graft add-on	1.72	1.17	1.45	0.78	1.26	0.18	3.07	3.35	2.68	3.16	ZZZ
15120	.....	A	Skin split graft	9.83	7.34	6.96	6.50	6.54	0.84	18.01	17.63	17.17	17.21	090
15121	.....	A	Skin split graft add-on	2.67	1.67	2.42	1.28	2.22	0.27	4.61	5.36	4.22	5.16	ZZZ
15200	.....	A	Skin full graft	8.03	7.96	6.22	5.25	4.87	0.75	16.74	15.00	14.03	13.65	090
15201	.....	A	Skin full graft add-on	1.32	0.94	1.38	0.63	1.10	0.14	2.40	2.84	2.09	2.56	ZZZ
15220	.....	A	Skin full graft	7.87	8.03	6.64	5.71	5.48	0.71	16.61	15.22	14.29	14.06	090
15221	.....	A	Skin full graft add-on	1.19	0.81	1.27	0.61	1.02	0.13	2.13	2.59	1.93	2.34	ZZZ
15240	.....	A	Skin full graft	9.04	7.82	7.22	6.44	6.53	0.82	17.68	17.08	16.30	16.39	090
15241	.....	A	Skin full graft add-on	1.86	1.29	1.94	0.96	1.59	0.18	3.33	3.98	3.00	3.63	ZZZ
15260	.....	A	Skin full graft	10.06	7.97	8.04	7.05	7.58	0.68	18.71	18.78	17.79	18.32	090
15261	.....	A	Skin full graft add-on	2.23	1.42	2.26	1.17	1.92	0.18	3.83	4.67	3.58	4.33	ZZZ
15350	.....	A	Skin homograft	4.00	6.92	4.63	3.96	3.15	0.42	11.34	9.05	8.38	7.57	090
15351	.....	A	Skin homograft add-on	1.00	0.42	0.42	0.42	0.42	0.09	1.51	1.51	1.51	1.51	ZZZ
15400	.....	A	Skin heterograft	4.00	3.84	2.50	3.84	2.50	0.36	8.20	6.86	8.20	6.86	090
15401	.....	A	Skin heterograft add-on	1.00	0.42	0.42	0.42	0.42	0.09	1.51	1.51	1.51	1.51	ZZZ
15570	.....	A	Form skin pedicle flap	9.21	7.18	6.58	5.72	5.85	0.95	17.34	16.74	15.88	16.01	090
15572	.....	A	Form skin pedicle flap	9.27	7.05	6.45	6.08	5.96	0.92	17.24	16.64	16.27	16.15	090
15574	.....	A	Form skin pedicle flap	9.88	7.34	6.60	6.42	6.14	0.91	18.13	17.39	17.21	16.93	090
15576	.....	A	Form skin pedicle flap	8.69	7.79	5.59	5.92	4.66	0.75	17.23	15.03	15.36	14.10	090
15580	.....	A	Attach skin pedicle graft	9.46	NA	NA	6.64	5.66	1.05	NA	NA	17.15	16.17	090
15600	.....	A	Skin graft	1.91	4.83	3.78	1.96	2.12	0.20	6.94	5.89	4.07	4.23	090
15610	.....	A	Skin graft	2.42	4.28	3.67	2.24	2.57	0.26	6.96	6.35	4.92	5.25	090
15620	.....	A	Skin graft	2.94	5.23	4.48	2.95	3.23	0.28	8.45	7.70	6.17	6.45	090
15625	.....	A	Skin graft	1.91	NA	NA	2.20	2.24	0.21	NA	NA	4.32	4.36	090
15630	.....	A	Skin graft	3.27	5.03	4.47	3.13	3.52	0.30	8.60	8.04	6.70	7.09	090
15650	.....	A	Transfer skin pedicle flap	3.97	5.05	4.90	3.22	3.98	0.36	9.38	9.23	7.55	8.31	090
15732	.....	A	Muscle-skin graft, head/neck	17.84	NA	NA	11.10	13.95	1.55	NA	NA	30.49	33.34	090
15734	.....	A	Muscle-skin graft, trunk	17.79	NA	NA	10.72	15.68	1.96	NA	NA	30.47	35.43	090
15736	.....	A	Muscle-skin graft, arm	16.27	NA	NA	10.09	13.84	1.82	NA	NA	28.18	31.93	090
15738	.....	A	Muscle-skin graft, leg	17.92	NA	NA	10.70	12.35	2.01	NA	NA	30.63	32.28	090
15740	.....	A	Island pedicle flap graft	10.25	7.62	9.45	6.64	8.96	0.68	18.55	20.38	17.57	19.89	090
15750	.....	A	Neurovascular pedicle graft	11.41	NA	NA	7.87	10.43	1.24	NA	NA	20.52	23.08	090
15756	.....	A	Free muscle flap, microvasc	35.23	NA	NA	21.01	26.84	3.77	NA	NA	60.01	65.84	090
15757	.....	A	Free skin flap, microvasc	35.23	NA	NA	21.51	27.09	3.53	NA	NA	60.27	65.85	090
15758	.....	A	Free fascial flap, microvasc	35.10	NA	NA	21.67	27.17	3.58	NA	NA	60.35	65.85	090
15760	.....	A	Composite skin graft	8.74	7.82	7.87	6.34	7.13	0.76	17.32	17.37	15.84	16.63	090
15770	.....	A	Derma-fat-fascia graft	7.52	NA	NA	5.80	6.95	0.85	NA	NA	14.17	15.32	090
15775	.....	R	Hair transplant punch grafts	3.96	2.83	2.98	1.51	2.32	0.45	7.24	7.39	5.92	6.73	000
15776	.....	R	Hair transplant punch grafts	5.54	3.63	4.00	2.93	3.65	0.63	9.80	10.17	9.10	9.82	000
15780	.....	A	Abrasion treatment of skin	7.29	6.41	4.04	6.22	3.53	0.58	14.28	11.91	14.09	11.40	090
15781	.....	A	Abrasion treatment of skin	4.85	4.30	4.20	4.30	3.18	0.30	9.45	9.35	9.45	8.33	090
15782	.....	A	Abrasion treatment of skin	4.32	3.72	2.51	3.30	1.98	0.29	8.33	7.12	7.91	6.59	090
15783	.....	A	Abrasion treatment of skin	4.29	3.89	2.95	3.76	2.39	0.28	8.46	7.52	8.33	6.96	090
15786	.....	A	Abrasion, lesion, single	2.03	1.54	1.11	1.23	0.79	0.12	3.69	3.26	3.38	2.94	010
15787	.....	A	Abrasion, lesions, add-on	0.33	0.24	0.25	0.15	0.14	0.02	0.59	0.60	0.50	0.49	ZZZ
15788	.....	R	Chemical peel, face, epiderm	2.09	2.44	2.03	1.00	1.31	0.10	4.63	4.22	3.19	3.50	090
15789	.....	R	Chemical peel, face, dermal	4.92	5.15	3.38	3.25	2.43	0.32	10.39	8.62	8.49	7.67	090
15792	.....	R	Chemical peel, nonfacial	1.86	2.39	1.47	2.39	1.47	0.12	4.37	3.45	4.37	3.45	090
15793	.....	A	Chemical peel, nonfacial	3.74	NA	NA	2.80	1.67	0.17	NA	NA	6.71	5.58	090
15810	.....	A	Salabrasion	4.74	2.82	3.47	2.82	3.47	0.41	7.97	8.62	7.97	8.62	090
15811	.....	A	Salabrasion	5.39	5.55	4.81	4.36	4.21	0.62	11.56	10.82	10.37	10.22	090
15819	.....	A	Plastic surgery, neck	9.38	NA	NA	6.51	7.60	0.87	NA	NA	16.76	17.85	090
15820	.....	A	Revision of lower eyelid	5.15	9.06	7.61	6.11	6.13	0.31	14.52	13.07	11.57	11.59	090
15821	.....	A	Revision of lower eyelid	5.72	9.41	8.12	6.38	6.61	0.31	15.44	14.15	12.41	12.64	090
15822	.....	A	Revision of upper eyelid	4.45	8.22	6.77	5.71	5.52	0.24	12.91	11.46	10.40	10.21	090
15823	.....	A	Revision of upper eyelid	7.05	9.52	8.95	6.96	7.67	0.35	16.92	16.35	14.36	15.07	090
15824	.....	R	Removal of forehead wrinkles	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
15825	.....	R	Removal of neck wrinkles	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
15826	.....	R	Removal of brow wrinkles	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
15828	.....	R	Removal of face wrinkles	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
15829	.....	R	Removal of skin wrinkles	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
15831	.....	A	Excise excessive skin tissue	12.40	NA	NA	7.33	9.01	1.30	NA	NA	21.03	22.71	090
15832	.....	A	Excise excessive skin tissue	11.59	NA	NA	6.88	7.94	1.24	NA	NA	19.71	20.77	090
15833	.....	A	Excise excessive skin tissue	10.64	NA	NA	6.98	6.87	1.36	NA	NA	18.98	18.87	090
15834	.....	A	Excise excessive skin tissue	10.85	NA	NA	7.20	7.50	1.31	NA	NA	19.36	19.66	090
15835	.....	A	Excise excessive skin tissue	11.67	NA	NA	6.64	7.12	1.43	NA	NA	19.74	20.22	090
15836	.....	A	Excise excessive skin tissue	9.34	NA	NA	5.63	5.96	1.00	NA	NA	15.97	16.30	090
15837	.....	A	Excise excessive skin tissue	8.43	6.54	6.51	5.84	6.16	0.88	15.85	15.82	15.15	15.47	090
15838	.....	A	Excise excessive skin tissue	7.13	NA	NA	5.52	5.95	0.55	NA	NA	13.20	13.63	090
15839	.....	A	Excise excessive skin tissue	9.38	6.99	4.82	5.73	4.19	0.84	17.21	15.04	15.95	14.41	090
15840	.....	A	Graft for face nerve palsy	13.26	NA	NA	9.33	12.58	1.11	NA	NA	23.70	26.95	090
15841	.....	A	Graft for face nerve palsy	23.26	NA	NA	14.41	16.36	2.66	NA	NA	40.33	42.28	090
15842	.....	A	Graft for face nerve palsy	37.96	NA	NA	20.67	26.07	4.74	NA	NA	63.37	68.77	090
15845	.....	A	Skin and muscle repair, face	12.57	NA	NA	8.45	11.73	0.91	NA	NA	21.93	25.21	090
15850	.....	B	Removal of sutures	0.78	1.26	0.83	0.30	0.35	0.05	2.09	1.66	1.13	1.18	XXX
15851	.....	A	Removal of sutures	0.86	1.51	0.92	0.32	0.25	0.06	2.43	1.84	1.24	1.17	000
15852	.....	A	Dressing change,not for burn	0.86	1.61	1.05	0.37	0.31	0.08	2.55	1.99	1.31	1.25	000
15860	.....	A	Test for blood flow in graft	1.95	1.04	1.26	0.80	1.14	0.20	3.19	3.41	2.95	3.29	000
15876	.....	R	Suction assisted lipectomy	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
15877	.....	R	Suction assisted lipectomy	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
15878	.....	R	Suction assisted lipectomy	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
15879	.....	R	Suction assisted lipectomy	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX

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[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.
[4] PE RVUs = Practice Expense Relative Value Units.
[5] # Indicates new CPT/HCPCS codes which were not factored into budget neutrality adjustments.

ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT[1]/ HCPCS[2]	MOD	Status	Description	Physician work RVUs[3,5]	Fully implemented non-facility PE RVUs	Year 2000 transitional non-facility PE RVUs	Fully implemented facility PE RVUs	Year 2000 transitional facility PE RVUs	Malpractice RVUs	Fully implemented non-facility total	Year 2000 transitional non-facility total	Fully implemented facility total	Year 2000 transitional facility total	Global
15920	.....	A	Removal of tail bone ulcer	7.95	NA	NA	5.17	4.19	0.80	NA	NA	13.92	12.94	090
15922	.....	A	Removal of tail bone ulcer	9.90	NA	NA	6.77	6.63	1.07	NA	NA	17.74	17.60	090
15931	.....	A	Remove sacrum pressure sore	9.24	NA	NA	5.29	4.24	0.99	NA	NA	15.52	14.47	090
15933	.....	A	Remove sacrum pressure sore	10.85	NA	NA	7.57	7.54	1.18	NA	NA	19.60	19.57	090
15934	.....	A	Remove sacrum pressure sore	12.69	NA	NA	7.94	8.02	1.40	NA	NA	22.03	22.11	090
15935	.....	A	Remove sacrum pressure sore	14.57	NA	NA	9.24	10.72	1.62	NA	NA	25.43	26.91	090
15936	.....	A	Remove sacrum pressure sore	12.38	NA	NA	8.29	9.72	1.33	NA	NA	22.00	23.43	090
15937	.....	A	Remove sacrum pressure sore	14.21	NA	NA	9.43	12.03	1.58	NA	NA	25.22	27.82	090
15940	.....	A	Removal of pressure sore	9.34	NA	NA	5.65	4.75	1.02	NA	NA	16.01	15.11	090
15941	.....	A	Removal of pressure sore	11.43	NA	NA	8.81	8.23	1.26	NA	NA	21.50	20.92	090
15944	.....	A	Removal of pressure sore	11.46	NA	NA	7.92	8.99	1.24	NA	NA	20.62	21.69	090
15945	.....	A	Removal of pressure sore	12.69	NA	NA	8.58	10.34	1.38	NA	NA	22.65	24.41	090
15946	.....	A	Removal of pressure sore	21.57	NA	NA	13.41	15.72	2.25	NA	NA	37.23	39.54	090
15950	.....	A	Remove thigh pressure sore	7.54	NA	NA	4.66	3.97	0.81	NA	NA	13.01	12.32	090
15951	.....	A	Remove thigh pressure sore	10.72	NA	NA	7.60	7.95	1.15	NA	NA	19.47	19.82	090
15952	.....	A	Remove thigh pressure sore	11.39	NA	NA	7.05	7.40	1.25	NA	NA	19.69	20.04	090
15953	.....	A	Remove thigh pressure sore	12.63	NA	NA	7.94	8.90	1.38	NA	NA	21.95	22.91	090
15956	.....	A	Remove thigh pressure sore	15.52	NA	NA	9.81	14.17	1.67	NA	NA	27.00	31.36	090
15958	.....	A	Remove thigh pressure sore	15.48	NA	NA	9.84	14.16	1.69	NA	NA	27.01	31.33	090
15999	.....	C	Removal of pressure sore	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
16000	.....	A	Initial treatment of burn(s)	0.89	0.95	0.67	0.23	0.21	0.07	1.91	1.63	1.19	1.17	000
16010	.....	A	Treatment of burn(s)	0.87	1.04	0.70	0.32	0.25	0.07	1.98	1.64	1.26	1.19	000
16015	.....	A	Treatment of burn(s)	2.35	2.82	2.52	0.88	1.55	0.22	5.39	5.09	3.45	4.12	000
16020	.....	A	Treatment of burn(s)	0.80	1.10	0.74	0.24	0.22	0.06	1.96	1.60	1.10	1.08	000
16025	.....	A	Treatment of burn(s)	1.85	1.62	1.06	0.67	0.46	0.17	3.64	3.08	2.69	2.48	000
16030	.....	A	Treatment of burn(s)	2.08	2.66	1.61	0.86	0.71	0.20	4.94	3.89	3.14	2.99	000
16035	.....	A	Incision of burn scab	4.82	2.84	2.44	1.99	2.02	0.50	8.16	7.76	7.31	7.34	090
17000	.....	A	Destroy benign/premal lesion	0.60	0.76	0.61	0.26	0.25	0.03	1.39	1.24	0.89	0.88	010
17003	.....	A	Destroy 2-14 lesions	0.15	0.56	0.35	0.07	0.07	0.01	0.72	0.51	0.23	0.23	ZZZ
17004	.....	A	Destroy 15 & more lesions	2.79	1.86	2.15	1.31	1.27	0.12	4.77	5.06	4.22	4.18	010
17106	.....	A	Destruction of skin lesions	4.59	3.49	2.79	2.67	1.86	0.28	8.36	7.66	7.54	6.73	090
17107	.....	A	Destruction of skin lesions	9.16	5.93	4.98	4.96	3.49	0.54	15.63	14.68	14.66	13.19	090
17108	.....	A	Destruction of skin lesions	13.20	8.29	9.20	7.17	8.64	0.81	22.30	23.21	21.18	22.65	090
17110	.....	A	Destruct lesion, 1-14	0.65	0.92	0.68	0.26	0.24	0.04	1.61	1.37	0.95	0.93	010
17111	.....	A	Destruct lesion, 15 or more	0.92	1.13	0.89	0.37	0.35	0.06	2.11	1.87	1.35	1.33	010
17250	.....	A	Chemical cautery, tissue	0.50	0.63	0.50	0.19	0.19	0.04	1.17	1.04	0.73	0.73	000
17260	.....	A	Destruction of skin lesions	0.91	1.07	1.15	0.42	0.52	0.04	2.02	2.10	1.37	1.47	010
17261	.....	A	Destruction of skin lesions	1.17	1.17	1.34	0.55	0.66	0.05	2.39	2.56	1.77	1.88	010
17262	.....	A	Destruction of skin lesions	1.58	1.37	1.68	0.74	0.87	0.06	3.01	3.32	2.38	2.51	010
17263	.....	A	Destruction of skin lesions	1.79	1.47	1.96	0.82	1.02	0.07	3.33	3.82	2.68	2.88	010
17264	.....	A	Destruction of skin lesions	1.94	1.55	2.18	0.88	1.15	0.08	3.57	4.20	2.90	3.17	010
17266	.....	A	Destruction of skin lesions	2.34	1.75	2.57	0.98	1.34	0.11	4.20	5.02	3.43	3.79	010
17270	.....	A	Destruction of skin lesions	1.32	1.27	1.36	0.61	0.67	0.06	2.65	2.74	1.99	2.05	010
17271	.....	A	Destruction of skin lesions	1.49	1.33	1.62	0.70	0.83	0.06	2.88	3.17	2.25	2.38	010
17272	.....	A	Destruction of skin lesions	1.77	1.46	1.93	0.84	1.02	0.07	3.30	3.77	2.68	2.86	010
17273	.....	A	Destruction of skin lesions	2.05	1.60	2.20	0.95	1.18	0.09	3.74	4.34	3.09	3.32	010
17274	.....	A	Destruction of skin lesions	2.59	1.87	2.68	1.18	1.46	0.11	4.57	5.38	3.88	4.16	010
17276	.....	A	Destruction of skin lesions	3.20	2.19	2.95	1.63	1.74	0.16	5.55	6.31	4.99	5.10	010
17280	.....	A	Destruction of skin lesions	1.17	1.19	1.49	0.52	0.71	0.05	2.41	2.71	1.74	1.93	010
17281	.....	A	Destruction of skin lesions	1.72	1.44	1.86	0.82	0.98	0.07	3.23	3.65	2.61	2.77	010
17282	.....	A	Destruction of skin lesions	2.04	1.60	2.20	0.97	1.19	0.08	3.72	4.32	3.09	3.31	010
17283	.....	A	Destruction of skin lesions	2.64	1.89	2.58	1.27	1.46	0.11	4.64	5.33	4.02	4.21	010
17284	.....	A	Destruction of skin lesions	3.21	2.17	2.99	1.55	1.73	0.14	5.52	6.34	4.90	5.08	010
17286	.....	A	Destruction of skin lesions	4.44	2.83	3.76	2.41	2.38	0.23	7.50	8.43	7.08	7.05	010
17304	.....	A	Chemosurgery of skin lesion	7.60	6.84	5.60	3.65	2.92	0.33	14.77	13.53	11.58	10.85	000
17305	.....	A	2nd stage chemosurgery	2.85	2.61	2.53	1.37	1.30	0.12	5.58	5.50	4.34	4.27	000
17306	.....	A	3rd stage chemosurgery	2.85	2.62	2.07	1.38	1.07	0.12	5.59	5.04	4.35	4.04	000
17307	.....	A	Followup skin lesion therapy	2.85	2.61	2.11	1.39	1.10	0.12	5.58	5.08	4.36	4.07	000
17310	.....	A	Extensive skin chemosurgery	0.95	1.05	0.60	0.47	0.27	0.05	2.05	1.60	1.47	1.27	000
17340	.....	A	Cryotherapy of skin	0.76	1.19	0.75	0.25	0.20	0.05	2.00	1.56	1.06	1.01	010
17360	.....	A	Skin peel therapy	1.43	1.30	0.80	0.71	0.43	0.07	2.80	2.30	2.21	1.93	010
17380	.....	R	Hair removal by electrolysis	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
17999	.....	C	Skin tissue procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
19000	.....	A	Drainage of breast lesion	0.84	1.47	0.94	0.24	0.23	0.07	2.38	1.85	1.15	1.14	000
19001	.....	A	Drain breast lesion add-on	0.42	1.11	0.69	0.12	0.13	0.03	1.56	1.14	0.57	0.58	ZZZ
19020	.....	A	Incision of breast lesion	3.57	6.19	3.86	3.14	2.33	0.36	10.12	7.79	7.07	6.26	090
19030	.....	A	Injection for breast x-ray	1.53	10.96	5.75	0.42	0.48	0.07	12.56	7.35	2.02	2.08	000
19100	.....	A	Biopsy of breast	1.27	3.46	2.08	0.39	0.37	0.09	4.82	3.44	1.75	1.73	000
19101	.....	A	Biopsy of breast	3.18	8.71	5.63	3.78	3.16	0.24	12.13	9.05	7.20	6.58	010
19110	.....	A	Nipple exploration	4.30	7.68	5.18	4.10	3.39	0.43	12.41	9.91	8.83	8.12	090
19112	.....	A	Excise breast duct fistula	3.67	7.87	5.21	2.92	2.73	0.37	11.91	9.25	6.96	6.77	090
19120	.....	A	Removal of breast lesion	5.56	4.16	3.66	3.45	3.30	0.57	10.29	9.79	9.58	9.43	090
19125	.....	A	Excision, breast lesion	6.06	4.70	3.93	3.65	3.40	0.63	11.39	10.62	10.34	10.09	090
19126	.....	A	Excision,addl breast lesion	2.93	NA	NA	1.11	1.34	0.30	NA	NA	4.34	4.57	ZZZ
19140	.....	A	Removal of breast tissue	5.14	8.33	6.50	3.49	4.08	0.54	14.01	12.18	9.17	9.76	090
19160	.....	A	Removal of breast tissue	5.99	NA	NA	4.25	4.37	0.61	NA	NA	10.85	10.97	090
19162	.....	A	Remove breast tissue, nodes	13.53	NA	NA	7.91	9.05	1.38	NA	NA	22.82	23.96	090
19180	.....	A	Removal of breast	8.80	NA	NA	5.84	5.97	0.90	NA	NA	15.54	15.67	090
19182	.....	A	Removal of breast	7.73	NA	NA	4.91	5.75	0.80	NA	NA	13.44	14.28	090
19200	.....	A	Removal of breast	15.49	NA	NA	8.96	10.03	1.57	NA	NA	26.02	27.09	090
19220	.....	A	Removal of breast	15.72	NA	NA	8.74	10.19	1.57	NA	NA	26.03	27.48	090
19240	.....	A	Removal of breast	16.00	NA	NA	8.79	9.52	1.64	NA	NA	26.43	27.16	090
19260	.....	A	Removal of chest wall lesion	15.44	NA	NA	9.89	7.69	1.76	NA	NA	27.09	24.89	090
19271	.....	A	Revision of chest wall	18.90	NA	NA	12.43	13.79	2.23	NA	NA	33.56	34.92	090

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT[1]/ HCPCS[2]	MOD	Status	Description	Physician work RVUs[3,5]	Fully implemented non-facility PE RVUs	Year 2000 transitional non-facility PE RVUs	Fully implemented facility PE RVUs	Year 2000 transitional facility PE RVUs	Malpractice RVUs	Fully implemented non-facility total	Year 2000 transitional non-facility total	Fully implemented facility total	Year 2000 transitional facility total	Global
19272		A	Extensive chest wall surgery	21.55	NA	NA	12.76	13.22	2.46	NA	NA	36.77	37.23	090
19290		A	Place needle wire, breast	1.27	5.50	2.99	0.35	0.42	0.06	6.83	4.32	1.68	1.75	000
19291		A	Place needle wire, breast	0.63	1.52	0.90	0.17	0.22	0.03	2.18	1.56	0.83	0.88	ZZZ
19316		A	Suspension of breast	10.69	NA	NA	7.10	9.93	1.19	NA	NA	18.98	21.81	090
19318		A	Reduction of large breast	15.62	NA	NA	9.66	12.53	1.75	NA	NA	27.03	29.90	090
19324		A	Enlarge breast	5.85	NA	NA	3.77	3.67	0.65	NA	NA	10.27	10.17	090
19325		A	Enlarge breast with implant	8.45	NA	NA	5.95	6.16	0.96	NA	NA	15.36	15.57	090
19328		A	Removal of breast implant	5.68	NA	NA	4.09	4.09	0.64	NA	NA	10.41	10.41	090
19330		A	Removal of implant material	7.59	NA	NA	4.82	4.52	0.85	NA	NA	13.26	12.96	090
19340		A	Immediate breast prosthesis	6.33	NA	NA	3.24	5.40	0.71	NA	NA	10.28	12.44	ZZZ
19342		A	Delayed breast prosthesis	11.20	NA	NA	7.26	9.50	1.26	NA	NA	19.72	21.96	090
19350		A	Breast reconstruction	8.92	11.28	9.48	6.18	6.93	1.00	21.20	19.40	16.10	16.85	090
19355		A	Correct inverted nipple(s)	7.57	13.04	9.20	4.74	5.05	0.78	21.39	17.55	13.09	13.40	090
19357		A	Breast reconstruction	18.16	NA	NA	12.72	12.96	2.04	NA	NA	32.92	33.16	090
19361		A	Breast reconstruction	19.26	NA	NA	11.41	16.63	2.16	NA	NA	32.83	38.05	090
19364		A	Breast reconstruction	41.00	NA	NA	23.94	21.02	4.44	NA	NA	69.38	66.46	090
19366		A	Breast reconstruction	21.28	NA	NA	11.21	14.51	2.26	NA	NA	34.75	38.05	090
19367		A	Breast reconstruction	25.73	NA	NA	14.59	18.22	2.85	NA	NA	43.17	46.80	090
19368		A	Breast reconstruction	32.42	NA	NA	18.57	20.21	3.68	NA	NA	54.67	56.31	090
19369		A	Breast reconstruction	29.82	NA	NA	17.58	19.72	3.33	NA	NA	50.73	52.87	090
19370		A	Surgery of breast capsule	8.05	NA	NA	5.52	6.11	0.91	NA	NA	14.48	15.07	090
19371		A	Removal of breast capsule	9.35	NA	NA	6.51	7.55	1.05	NA	NA	16.91	17.95	090
19380		A	Revise breast reconstruction	9.14	NA	NA	6.41	7.61	1.02	NA	NA	16.57	17.77	090
19396		A	Design custom breast implant	2.17	4.23	2.97	0.83	1.27	0.25	6.65	5.39	3.25	3.69	000
19499		C	Breast surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
20000		A	Incision of abscess	2.12	1.86	1.39	1.06	0.76	0.16	4.14	3.67	3.34	3.04	010
20005		A	Incision of deep abscess	3.42	2.65	2.32	2.07	2.03	0.32	6.39	6.06	5.81	5.77	010
20100		A	Explore wound, neck	10.08	5.35	5.37	4.85	5.12	0.98	16.41	16.43	15.91	16.18	010
20101		A	Explore wound, chest	3.22	2.29	2.00	1.74	1.72	0.31	5.82	5.53	5.27	5.25	010
20102		A	Explore wound, abdomen	3.94	3.05	2.57	1.90	1.99	0.41	7.40	6.92	6.25	6.34	010
20103		A	Explore wound, extremity	5.30	3.96	3.39	2.99	2.90	0.55	9.81	9.24	8.84	8.75	010
20150		A	Excise epiphyseal bar	13.69	NA	NA	7.51	10.49	1.11	NA	NA	22.31	25.29	090
20200		A	Muscle biopsy	1.46	1.60	1.41	0.61	0.92	0.17	3.23	3.04	2.24	2.55	000
20205		A	Deep muscle biopsy	2.35	3.82	2.93	0.97	1.51	0.29	6.46	5.57	3.61	4.15	000
20206		A	Needle biopsy, muscle	0.99	2.99	2.02	0.31	0.68	0.06	4.04	3.07	1.36	1.73	000
20220		A	Bone biopsy, trocar/needle	1.27	3.45	2.44	2.01	1.72	0.06	4.78	3.77	3.34	3.05	000
20225		A	Bone biopsy, trocar/needle	1.87	0.65	1.62	0.65	1.45	0.10	2.62	3.59	2.62	3.42	000
20240		A	Bone biopsy, excisional	3.23	NA	NA	3.52	2.78	0.29	NA	NA	7.04	6.30	010
20245		A	Bone biopsy, excisional	3.95	NA	NA	4.15	4.02	0.38	NA	NA	8.48	8.35	010
20250		A	Open bone biopsy	5.03	NA	NA	3.73	4.62	0.49	NA	NA	9.25	10.14	010
20251		A	Open bone biopsy	5.56	NA	NA	4.47	5.41	0.71	NA	NA	10.74	11.68	010
20500		A	Injection of sinus tract	1.23	4.94	2.67	4.39	2.30	0.09	6.26	3.99	5.71	3.62	010
20501		A	Inject sinus tract for x-ray	0.76	12.94	6.64	0.20	0.27	0.03	13.73	7.43	0.99	1.06	000
20520		A	Removal of foreign body	1.85	4.30	2.54	2.85	1.62	0.16	6.31	4.55	4.86	3.63	010
20525		A	Removal of foreign body	3.50	5.46	3.94	3.64	3.03	0.36	9.32	7.80	7.50	6.89	010
20550		A	Inj tendon/ligament/cyst	0.86	2.17	1.29	0.18	0.20	0.06	3.09	2.21	1.10	1.12	000
20600		A	Drain/inject joint/bursa	0.66	1.15	0.83	0.26	0.26	0.05	1.86	1.54	0.97	0.97	000
20605		A	Drain/inject joint/bursa	0.68	1.44	0.97	0.27	0.26	0.05	2.17	1.70	1.00	0.99	000
20610		A	Drain/inject joint/bursa	0.79	1.79	1.14	0.31	0.28	0.07	2.65	2.00	1.17	1.14	000
20615		A	Treatment of bone cyst	2.28	3.52	2.03	2.33	1.30	0.18	5.98	4.49	4.79	3.76	010
20650		A	Insert and remove bone pin	2.23	4.07	2.62	2.78	1.98	0.18	6.48	5.03	5.19	4.39	010
20660		A	Apply,remove fixation device	2.51	NA	NA	1.32	1.51	0.47	NA	NA	4.30	4.49	000
20661		A	Application of head brace	4.89	NA	NA	6.08	5.12	0.85	NA	NA	11.82	10.86	090
20662		A	Application of pelvis brace	6.07	NA	NA	4.76	5.93	0.59	NA	NA	11.42	12.59	090
20663		A	Application of thigh brace	5.43	NA	NA	3.82	4.43	0.51	NA	NA	9.76	10.37	090
20664		A	Halo brace application	8.06	NA	NA	7.76	5.96	1.42	NA	NA	17.24	15.44	090
20665		A	Removal of fixation device	1.31	2.23	1.39	1.16	0.85	0.18	3.72	2.88	2.65	2.34	010
20670		A	Removal of support implant	1.74	4.73	2.77	3.31	1.86	0.18	6.65	4.69	5.23	3.78	010
20680		A	Removal of support implant	3.35	4.12	3.87	4.12	3.87	0.36	7.83	7.58	7.83	7.58	090
20690		A	Apply bone fixation device	3.52	NA	NA	1.67	2.82	0.35	NA	NA	5.54	6.69	090
20692		A	Apply bone fixation device	6.41	NA	NA	3.36	4.67	0.68	NA	NA	10.45	11.76	090
20693		A	Adjust bone fixation device	5.86	NA	NA	12.71	7.71	0.70	NA	NA	19.27	14.27	090
20694		A	Remove bone fixation device	4.16	7.20	5.01	5.65	4.24	0.46	11.82	9.63	10.27	8.86	090
20802		A	Replantation, arm, complete	41.15	NA	NA	24.95	32.95	3.68	NA	NA	69.78	77.78	090
20805		A	Replant forearm, complete	50.00	NA	NA	41.90	46.01	3.83	NA	NA	95.73	99.84	090
20808		A	Replantation, hand, complete	61.65	NA	NA	39.11	50.70	5.83	NA	NA	106.59	118.18	090
20816		A	Replantation digit, complete	30.94	NA	NA	41.00	35.86	3.26	NA	NA	75.20	70.06	090
20822		A	Replantation digit, complete	25.59	NA	NA	37.88	31.63	2.69	NA	NA	66.16	59.91	090
20824		A	Replantation thumb, complete	30.94	NA	NA	36.32	33.52	3.48	NA	NA	70.74	67.94	090
20827		A	Replantation thumb, complete	26.41	NA	NA	37.45	31.78	2.90	NA	NA	66.76	61.09	090
20838		A	Replantation, foot, complete	41.41	NA	NA	31.69	36.32	5.27	NA	NA	78.37	83.00	090
20900		A	Removal of bone for graft	5.58	5.21	4.13	5.21	4.13	0.58	11.37	10.29	11.37	10.29	090
20902		A	Removal of bone for graft	7.55	NA	NA	7.90	6.64	0.83	NA	NA	16.28	15.02	090
20910		A	Remove cartilage for graft	5.34	6.70	3.78	5.69	3.28	0.46	12.50	9.58	11.49	9.08	090
20912		A	Remove cartilage for graft	6.35	NA	NA	6.13	5.57	0.59	NA	NA	13.07	12.51	090
20920		A	Removal of fascia for graft	5.31	NA	NA	4.71	4.49	0.54	NA	NA	10.56	10.34	090
20922		A	Removal of fascia for graft	6.61	7.58	6.17	6.03	5.40	0.88	15.07	13.66	13.52	12.89	090
20924		A	Removal of tendon for graft	6.48	NA	NA	6.12	6.02	0.72	NA	NA	13.32	13.22	090
20926		A	Removal of tissue for graft	5.53	NA	NA	5.44	4.13	0.76	NA	NA	11.73	10.42	090
20930		B	Spinal bone allograft	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
20931		A	Spinal bone allograft	1.81	NA	NA	0.97	1.43	0.32	NA	NA	3.10	3.56	ZZZ
20936		B	Spinal bone autograft	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
20937		A	Spinal bone autograft	2.79	NA	NA	1.49	2.19	0.36	NA	NA	4.64	5.34	ZZZ
20938		A	Spinal bone autograft	3.02	NA	NA	1.61	2.37	0.47	NA	NA	5.10	5.86	ZZZ

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT[1]/ HCPCS[2]	MOD	Status	Description	Physician work RVUs[3,5]	Fully implemented non-facility PE RVUs	Year 2000 transitional non-facility PE RVUs	Fully implemented facility PE RVUs	Year 2000 transitional facility PE RVUs	Malpractice RVUs	Fully implemented non-facility total	Year 2000 transitional non-facility total	Fully implemented facility total	Year 2000 transitional facility total	Global
20950	.....	A	Record fluid pressure,muscle	1.26	NA	NA	1.65	1.42	0.14	NA	NA	3.05	2.82	000
20955	.....	A	Fibula bone graft, microvasc	39.21	NA	NA	26.94	32.92	4.10	NA	NA	70.25	76.23	090
20956	.....	A	Iliac bone graft, microvasc	39.27	NA	NA	26.85	28.02	4.97	NA	NA	71.09	72.26	090
20957	.....	A	Mt bone graft, microvasc	40.65	NA	NA	20.91	25.58	5.14	NA	NA	66.70	71.37	090
20962	.....	A	Other bone graft, microvasc	39.27	NA	NA	26.13	27.66	4.54	NA	NA	69.94	71.47	090
20969	.....	A	Bone/skin graft, microvasc	43.92	NA	NA	29.05	36.30	4.30	NA	NA	77.27	84.52	090
20970	.....	A	Bone/skin graft, iliac crest	43.06	NA	NA	27.33	35.00	4.46	NA	NA	74.85	82.52	090
20972	.....	A	Bone-skin graft, metatarsal	42.99	NA	NA	20.08	31.54	4.18	NA	NA	67.25	78.71	090
20973	.....	A	Bone-skin graft, great toe	45.76	NA	NA	26.92	36.39	5.06	NA	NA	77.74	87.21	090
20974	.....	A	Electrical bone stimulation	0.62	0.34	2.03	0.32	1.09	0.05	1.01	2.70	0.99	1.76	000
20975	.....	A	Electrical bone stimulation	2.60	NA	NA	1.38	2.24	0.32	NA	NA	4.30	5.16	000
20999	.....	C	Musculoskeletal surgery	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
21010	.....	A	Incision of jaw joint	10.14	NA	NA	6.10	8.61	0.53	NA	NA	16.77	19.28	090
21015	.....	A	Resection of facial tumor	5.29	NA	NA	5.73	6.03	0.55	NA	NA	11.57	11.87	090
21025	.....	A	Excision of bone, lower jaw	10.06	7.44	5.97	6.34	4.30	0.82	18.32	16.85	17.22	15.18	090
21026	.....	A	Excision of facial bone(s)	4.85	5.43	4.42	4.34	3.03	0.41	10.69	9.68	9.60	8.29	090
21029	.....	A	Contour of face bone lesion	7.71	7.28	8.24	5.25	4.93	0.66	15.65	16.61	13.62	13.30	090
21030	.....	A	Removal of face bone lesion	6.46	5.54	4.59	4.27	3.05	0.50	12.50	11.55	11.23	10.01	090
21031	.....	A	Remove exostosis, mandible	3.24	3.66	3.83	1.96	1.98	0.26	7.16	7.33	5.46	5.48	090
21032	.....	A	Remove exostosis, maxilla	3.24	3.66	3.94	3.65	2.88	0.26	7.16	7.44	7.15	6.38	090
21034	.....	A	Removal of face bone lesion	16.17	10.17	8.88	9.89	8.74	1.40	27.74	26.45	27.46	26.31	090
21040	.....	A	Removal of jaw bone lesion	2.11	3.36	3.18	1.57	1.54	0.17	5.64	5.46	3.85	3.82	090
21041	.....	A	Removal of jaw bone lesion	6.71	5.77	6.01	3.99	3.56	0.52	13.00	13.24	11.22	10.79	090
21044	.....	A	Removal of jaw bone lesion	11.86	NA	NA	7.54	8.95	0.94	NA	NA	20.34	21.75	090
21045	.....	A	Extensive jaw surgery	16.17	NA	NA	9.78	12.40	1.31	NA	NA	27.26	29.88	090
21050	.....	A	Removal of jaw joint	10.77	NA	NA	10.91	11.89	0.79	NA	NA	22.47	23.45	090
21060	.....	A	Remove jaw joint cartilage	10.23	NA	NA	8.61	10.41	0.83	NA	NA	19.67	21.47	090
21070	.....	A	Remove coronoid process	8.20	NA	NA	5.22	6.31	0.76	NA	NA	14.18	15.27	090
21076	.....	A	Prepare face/oral prosthesis	13.42	9.45	12.74	7.11	7.56	1.01	23.88	27.17	21.54	21.99	010
21077	.....	A	Prepare face/oral prosthesis	33.75	23.77	32.04	17.88	19.02	2.63	60.15	68.42	54.26	55.40	090
21079	.....	A	Prepare face/oral prosthesis	22.34	16.80	23.56	12.37	13.77	1.62	40.76	47.52	36.33	37.73	090
21080	.....	A	Prepare face/oral prosthesis	25.10	18.88	26.47	13.89	15.46	1.87	45.85	53.44	40.86	42.43	090
21081	.....	A	Prepare face/oral prosthesis	22.88	17.20	24.12	12.66	14.09	1.72	41.80	48.72	37.26	38.69	090
21082	.....	A	Prepare face/oral prosthesis	20.87	14.70	19.81	11.05	11.76	1.58	37.15	42.26	33.50	34.21	090
21083	.....	A	Prepare face/oral prosthesis	19.30	14.52	20.36	10.68	11.89	1.41	35.23	41.07	31.39	32.60	090
21084	.....	A	Prepare face/oral prosthesis	22.51	16.93	23.74	12.46	13.87	1.71	41.15	47.96	36.68	38.09	090
21085	.....	A	Prepare face/oral prosthesis	9.00	6.34	8.54	4.77	5.07	0.71	16.05	18.25	14.48	14.78	010
21086	.....	A	Prepare face/oral prosthesis	24.92	18.74	26.28	13.79	15.35	1.98	45.64	53.18	40.69	42.25	090
21087	.....	A	Prepare face/oral prosthesis	24.92	17.55	23.65	13.20	14.04	1.95	44.42	50.52	40.07	40.91	090
21088	.....	C	Prepare face/oral prosthesis	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	090
21089	.....	C	Prepare face/oral prosthesis	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	090
21100	.....	A	Maxillofacial fixation	4.22	6.34	3.75	3.49	2.32	0.26	10.82	8.23	7.97	6.80	090
21110	.....	A	Interdental fixation	5.21	5.31	5.66	3.64	3.32	0.37	10.89	11.24	9.22	8.90	090
21116	.....	A	Injection, jaw joint x-ray	0.81	7.68	4.24	0.25	0.52	0.05	8.54	5.10	1.11	1.38	000
21120	.....	A	Reconstruction of chin	4.93	9.30	6.60	6.37	5.14	0.42	14.65	11.95	11.72	10.49	090
21121	.....	A	Reconstruction of chin	7.64	7.46	6.80	5.46	5.80	0.64	15.74	15.08	13.74	14.08	090
21122	.....	A	Reconstruction of chin	8.52	NA	NA	6.61	6.69	0.76	NA	NA	15.89	15.97	090
21123	.....	A	Reconstruction of chin	11.16	NA	NA	6.75	7.79	0.96	NA	NA	18.87	19.91	090
21125	.....	A	Augmentation lower jaw bone	10.62	10.13	7.63	7.17	6.15	0.86	21.61	19.11	18.65	17.63	090
21127	.....	A	Augmentation lower jaw bone	11.12	9.12	8.85	7.58	8.08	0.98	21.22	20.95	19.68	20.18	090
21137	.....	A	Reduction of forehead	9.82	NA	NA	6.83	7.28	0.90	NA	NA	17.55	18.00	090
21138	.....	A	Reduction of forehead	12.19	NA	NA	7.96	8.79	1.12	NA	NA	21.27	22.10	090
21139	.....	A	Reduction of forehead	14.61	NA	NA	7.49	9.52	1.35	NA	NA	23.45	25.48	090
21141	.....	A	Reconstruct midface, lefort	18.10	NA	NA	9.52	12.54	1.53	NA	NA	29.15	32.17	090
21142	.....	A	Reconstruct midface, lefort	18.81	NA	NA	10.63	13.37	1.86	NA	NA	31.30	34.04	090
21143	.....	A	Reconstruct midface, lefort	19.58	NA	NA	10.53	13.62	1.30	NA	NA	31.41	34.50	090
21145	.....	A	Reconstruct midface, lefort	19.94	NA	NA	10.52	13.04	1.57	NA	NA	32.03	34.55	090
21146	.....	A	Reconstruct midface, lefort	20.71	NA	NA	11.41	13.76	1.73	NA	NA	33.85	36.20	090
21147	.....	A	Reconstruct midface, lefort	21.77	NA	NA	11.31	14.01	1.63	NA	NA	34.71	37.41	090
21150	.....	A	Reconstruct midface, lefort	25.24	NA	NA	16.00	18.02	1.97	NA	NA	43.21	45.23	090
21151	.....	A	Reconstruct midface, lefort	28.30	NA	NA	16.74	19.59	3.44	NA	NA	48.48	51.33	090
21154	.....	A	Reconstruct midface, lefort	30.52	NA	NA	18.04	21.04	3.35	NA	NA	51.91	54.91	090
21155	.....	A	Reconstruct midface, lefort	34.45	NA	NA	17.04	22.15	3.78	NA	NA	55.27	60.38	090
21159	.....	A	Reconstruct midface, lefort	42.38	NA	NA	22.97	28.32	4.04	NA	NA	69.39	74.74	090
21160	.....	A	Reconstruct midface, lefort	46.44	NA	NA	20.19	28.53	3.78	NA	NA	70.41	78.75	090
21172	.....	A	Reconstruct orbit/forehead	27.80	NA	NA	14.71	18.37	2.05	NA	NA	44.56	48.22	090
21175	.....	A	Reconstruct orbit/forehead	33.17	NA	NA	20.13	23.29	4.00	NA	NA	57.30	60.46	090
21179	.....	A	Reconstruct entire forehead	22.25	NA	NA	15.57	16.60	2.60	NA	NA	40.42	41.45	090
21180	.....	A	Reconstruct entire forehead	25.19	NA	NA	15.04	17.54	2.26	NA	NA	42.49	44.99	090
21181	.....	A	Contour cranial bone lesion	9.90	NA	NA	7.13	7.43	1.04	NA	NA	18.07	18.37	090
21182	.....	A	Reconstruct cranial bone	32.19	NA	NA	20.93	23.29	2.86	NA	NA	55.98	58.34	090
21183	.....	A	Reconstruct cranial bone	35.31	NA	NA	21.61	24.83	3.33	NA	NA	60.25	63.47	090
21184	.....	A	Reconstruct cranial bone	38.24	NA	NA	23.02	26.74	6.92	NA	NA	68.18	71.90	090
21188	.....	A	Reconstruction of midface	22.46	NA	NA	14.45	16.04	2.00	NA	NA	38.91	40.50	090
21193	.....	A	Reconstruct lower jaw bone	17.15	NA	NA	9.82	11.59	1.52	NA	NA	28.49	30.26	090
21194	.....	A	Reconstruct lower jaw bone	19.84	NA	NA	12.40	13.94	1.72	NA	NA	33.96	35.50	090
21195	.....	A	Reconstruct lower jaw bone	17.24	NA	NA	11.11	12.25	1.42	NA	NA	29.77	30.91	090
21196	.....	A	Reconstruct lower jaw bone	18.91	NA	NA	11.96	13.37	1.58	NA	NA	32.45	33.86	090
21198	.....	A	Reconstruct lower jaw bone	14.16	NA	NA	9.86	12.97	1.09	NA	NA	25.11	28.22	090
21206	.....	A	Reconstruct upper jaw bone	14.10	NA	NA	8.87	9.94	1.08	NA	NA	24.05	25.12	090
21208	.....	A	Augmentation of facial bones	10.23	8.54	10.38	7.40	9.81	0.85	19.62	21.46	18.48	20.89	090
21209	.....	A	Reduction of facial bones	6.72	7.24	6.11	5.22	5.10	0.59	14.55	13.42	12.53	12.41	090
21210	.....	A	Face bone graft	10.23	8.49	10.35	7.19	6.65	0.80	19.52	21.38	18.22	17.68	090
21215	.....	A	Lower jaw bone graft	10.77	8.49	10.68	6.51	6.47	0.84	20.10	22.29	18.12	18.08	090

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT[1]/ HCPCS[2]	MOD	Status	Description	Physician work RVUs[3,5]	Fully implemented non-facility PE RVUs	Year 2000 transitional non-facility PE RVUs	Fully implemented facility PE RVUs	Year 2000 transitional facility PE RVUs	Malpractice RVUs	Fully implemented non-facility total	Year 2000 transitional non-facility total	Fully implemented facility total	Year 2000 transitional facility total	Global
21230	.....	A	Rib cartilage graft	10.77	NA	NA	8.58	9.92	0.99	NA	NA	20.34	21.68	090
21235	.....	A	Ear cartilage graft	6.72	10.70	9.36	7.09	7.56	0.56	17.98	16.64	14.37	14.84	090
21240	.....	A	Reconstruction of jaw joint	14.05	NA	NA	10.14	13.46	1.16	NA	NA	25.35	28.67	090
21242	.....	A	Reconstruction of jaw joint	12.95	NA	NA	9.55	12.51	1.16	NA	NA	23.66	26.62	090
21243	.....	A	Reconstruction of jaw joint	20.79	NA	NA	12.49	14.06	1.64	NA	NA	34.92	36.49	090
21244	.....	A	Reconstruction of lower jaw	11.86	NA	NA	8.31	11.24	1.00	NA	NA	21.17	24.10	090
21245	.....	A	Reconstruction of jaw	11.86	12.05	12.25	8.96	10.71	0.95	24.86	25.06	21.77	23.52	090
21246	.....	A	Reconstruction of jaw	12.47	9.55	9.57	9.55	9.57	1.02	23.04	23.06	23.04	23.06	090
21247	.....	A	Reconstruct lower jaw bone	22.63	NA	NA	13.95	20.48	1.74	NA	NA	38.32	44.85	090
21248	.....	A	Reconstruction of jaw	11.48	8.73	11.22	7.14	7.00	0.91	21.12	23.61	19.53	19.39	090
21249	.....	A	Reconstruction of jaw	17.52	11.16	16.04	9.66	10.06	1.43	30.11	34.99	28.61	29.01	090
21255	.....	A	Reconstruct lower jaw bone	16.72	NA	NA	10.84	15.40	1.76	NA	NA	29.32	33.88	090
21256	.....	A	Reconstruction of orbit	16.19	NA	NA	11.85	15.59	1.45	NA	NA	29.49	33.23	090
21260	.....	A	Revise eye sockets	16.52	NA	NA	8.69	14.21	0.71	NA	NA	25.92	31.44	090
21261	.....	A	Revise eye sockets	31.49	NA	NA	14.10	16.70	2.56	NA	NA	48.15	50.75	090
21263	.....	A	Revise eye sockets	28.42	NA	NA	12.67	23.30	1.18	NA	NA	42.27	52.90	090
21267	.....	A	Revise eye sockets	18.90	NA	NA	13.78	14.82	1.18	NA	NA	33.86	34.90	090
21268	.....	A	Revise eye sockets	24.48	NA	NA	15.76	16.21	4.10	NA	NA	44.34	44.79	090
21270	.....	A	Augmentation cheek bone	10.23	9.59	10.01	8.19	9.31	0.95	20.77	21.19	19.37	20.49	090
21275	.....	A	Revision orbitofacial bones	11.24	NA	NA	9.79	9.75	1.09	NA	NA	22.12	22.08	090
21280	.....	A	Revision of eyelid	6.03	NA	NA	5.84	6.52	0.30	NA	NA	12.17	12.85	090
21282	.....	A	Revision of eyelid	3.49	NA	NA	4.60	4.39	0.21	NA	NA	8.30	8.09	090
21295	.....	A	Revision of jaw muscle/bone	1.53	NA	NA	3.29	2.17	0.12	NA	NA	4.94	3.82	090
21296	.....	A	Revision of jaw muscle/bone	4.25	NA	NA	3.81	3.87	0.38	NA	NA	8.44	8.50	090
21299	.....	C	Cranio/maxillofacial surgery	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
21300	.....	A	Treatment of skull fracture	0.72	4.45	2.73	0.24	0.55	0.08	5.25	3.53	1.04	1.35	000
21310	.....	A	Treatment of nose fracture	0.58	3.59	2.20	0.15	0.42	0.05	4.22	2.83	0.78	1.05	000
21315	.....	A	Treatment of nose fracture	1.51	4.04	3.00	1.16	1.48	0.13	5.68	4.64	2.80	3.12	010
21320	.....	A	Treatment of nose fracture	1.85	4.10	3.32	1.80	2.01	0.15	6.10	5.32	3.80	4.01	010
21325	.....	A	Repair of nose fracture	3.77	NA	NA	3.15	3.80	0.32	NA	NA	7.24	7.89	090
21330	.....	A	Repair of nose fracture	5.38	NA	NA	4.79	5.61	0.49	NA	NA	10.66	11.48	090
21335	.....	A	Repair of nose fracture	8.61	NA	NA	6.69	8.49	0.68	NA	NA	15.98	17.78	090
21336	.....	A	Repair nasal septal fracture	5.72	NA	NA	5.11	4.78	0.49	NA	NA	11.32	10.99	090
21337	.....	A	Repair nasal septal fracture	2.70	5.38	4.22	2.75	2.91	0.24	8.32	7.16	5.69	5.85	090
21338	.....	A	Repair nasoethmoid fracture	6.46	NA	NA	5.22	5.33	0.57	NA	NA	12.25	12.36	090
21339	.....	A	Repair nasoethmoid fracture	8.09	NA	NA	5.70	6.70	0.69	NA	NA	14.48	15.48	090
21340	.....	A	Repair of nose fracture	10.77	NA	NA	7.75	8.71	0.73	NA	NA	19.25	20.21	090
21343	.....	A	Repair of sinus fracture	12.95	NA	NA	9.02	9.49	1.26	NA	NA	23.23	23.70	090
21344	.....	A	Repair of sinus fracture	19.72	NA	NA	12.67	11.31	1.89	NA	NA	34.28	32.92	090
21345	.....	A	Repair of nose/jaw fracture	8.16	10.69	9.63	6.95	7.76	0.68	19.53	18.47	15.79	16.60	090
21346	.....	A	Repair of nose/jaw fracture	10.61	NA	NA	8.81	9.51	0.88	NA	NA	20.30	21.00	090
21347	.....	A	Repair of nose/jaw fracture	12.69	NA	NA	9.04	10.14	1.14	NA	NA	22.87	23.97	090
21348	.....	A	Repair of nose/jaw fracture	16.69	NA	NA	10.63	11.47	1.54	NA	NA	28.86	29.70	090
21355	.....	A	Repair cheek bone fracture	3.77	5.57	3.63	1.96	1.83	0.33	9.67	7.73	6.06	5.93	010
21356	.....	A	Repair cheek bone fracture	4.15	NA	NA	3.07	4.02	0.36	NA	NA	7.58	8.53	010
21360	.....	A	Repair cheek bone fracture	6.46	NA	NA	4.94	6.33	0.55	NA	NA	11.95	13.34	090
21365	.....	A	Repair cheek bone fracture	14.95	NA	NA	10.41	11.91	1.35	NA	NA	26.71	28.21	090
21366	.....	A	Repair cheek bone fracture	17.77	NA	NA	12.23	12.67	1.59	NA	NA	31.59	32.03	090
21385	.....	A	Repair eye socket fracture	9.16	NA	NA	7.42	8.92	0.70	NA	NA	17.28	18.78	090
21386	.....	A	Repair eye socket fracture	9.16	NA	NA	7.19	8.52	0.80	NA	NA	17.15	18.48	090
21387	.....	A	Repair eye socket fracture	9.70	NA	NA	7.27	7.68	0.83	NA	NA	17.80	18.21	090
21390	.....	A	Repair eye socket fracture	10.13	NA	NA	7.85	9.97	0.79	NA	NA	18.77	20.89	090
21395	.....	A	Repair eye socket fracture	12.68	NA	NA	9.08	9.77	1.20	NA	NA	22.96	23.65	090
21400	.....	A	Treat eye socket fracture	1.40	4.63	3.22	0.92	1.30	0.13	6.16	4.75	2.45	2.83	090
21401	.....	A	Repair eye socket fracture	3.26	4.41	3.61	2.41	2.61	0.26	7.93	7.13	5.93	6.13	090
21406	.....	A	Repair eye socket fracture	7.01	NA	NA	5.99	5.82	0.64	NA	NA	13.64	13.47	090
21407	.....	A	Repair eye socket fracture	8.61	NA	NA	7.06	7.38	0.73	NA	NA	16.40	16.72	090
21408	.....	A	Repair eye socket fracture	12.38	NA	NA	8.51	8.86	1.27	NA	NA	22.16	22.51	090
21421	.....	A	Treat mouth roof fracture	5.14	7.10	6.88	4.73	5.43	0.41	12.65	12.43	10.28	10.98	090
21422	.....	A	Repair mouth roof fracture	8.32	NA	NA	6.50	8.22	0.73	NA	NA	15.55	17.27	090
21423	.....	A	Repair mouth roof fracture	10.40	NA	NA	6.83	8.74	0.87	NA	NA	18.10	20.01	090
21431	.....	A	Treat craniofacial fracture	7.05	NA	NA	6.16	6.35	0.58	NA	NA	13.79	13.98	090
21432	.....	A	Repair craniofacial fracture	8.61	NA	NA	6.12	6.73	0.99	NA	NA	15.72	16.33	090
21433	.....	A	Repair craniofacial fracture	25.35	NA	NA	16.31	17.90	2.18	NA	NA	43.84	45.43	090
21435	.....	A	Repair craniofacial fracture	17.25	NA	NA	11.14	12.76	1.42	NA	NA	29.81	31.43	090
21436	.....	A	Repair craniofacial fracture	28.04	NA	NA	14.69	15.30	1.99	NA	NA	44.72	45.33	090
21440	.....	A	Repair dental ridge fracture	2.70	5.27	4.30	3.04	3.13	0.22	8.19	7.22	5.96	6.05	090
21445	.....	A	Repair dental ridge fracture	5.38	6.39	6.51	4.21	5.32	0.45	12.22	12.34	10.04	11.15	090
21450	.....	A	Treat lower jaw fracture	2.97	5.26	4.17	2.31	2.70	0.25	8.48	7.39	5.53	5.92	090
21451	.....	A	Treat lower jaw fracture	4.87	6.14	6.24	4.65	5.24	0.40	11.41	11.51	9.92	10.51	090
21452	.....	A	Treat lower jaw fracture	1.98	8.07	4.79	3.31	2.41	0.16	10.21	6.93	5.45	4.55	090
21453	.....	A	Treat lower jaw fracture	5.54	7.00	7.11	5.27	5.94	0.47	13.01	13.12	11.28	11.95	090
21454	.....	A	Treat lower jaw fracture	6.46	NA	NA	4.75	6.24	0.51	NA	NA	11.72	13.21	090
21461	.....	A	Repair lower jaw fracture	8.09	8.33	9.00	6.69	8.18	0.69	17.11	17.78	15.47	16.96	090
21462	.....	A	Repair lower jaw fracture	9.79	9.59	10.64	7.19	9.44	0.81	20.19	21.24	17.79	20.04	090
21465	.....	A	Repair lower jaw fracture	11.91	NA	NA	7.09	8.13	1.02	NA	NA	20.02	21.06	090
21470	.....	A	Repair lower jaw fracture	15.34	NA	NA	9.88	14.10	1.29	NA	NA	26.51	30.73	090
21480	.....	A	Reset dislocated jaw	0.61	2.08	1.47	0.18	0.46	0.05	2.74	2.13	0.84	1.12	000
21485	.....	A	Reset dislocated jaw	3.99	4.07	3.23	2.87	2.03	0.29	8.35	7.51	7.15	6.31	090
21490	.....	A	Repair dislocated jaw	11.86	NA	NA	6.72	6.79	0.90	NA	NA	19.48	19.55	090
21493	.....	A	Treat hyoid bone fracture	1.27	0.49	1.07	0.49	1.01	0.10	1.86	2.44	1.86	2.38	090
21494	.....	A	Repair hyoid bone fracture	6.28	2.40	5.28	2.40	5.28	0.48	9.16	12.04	9.16	12.04	090
21495	.....	A	Repair hyoid bone fracture	5.69	NA	NA	4.39	4.81	0.43	NA	NA	10.51	10.93	090
21497	.....	A	Interdental wiring	3.86	4.76	4.54	3.54	3.93	0.31	8.93	8.71	7.71	8.10	090

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT[1]/ HCPCS[2]	MOD	Status	Description	Physician work RVUs[3,5]	Fully implemented non-facility PE RVUs	Year 2000 transitional non-facility PE RVUs	Fully implemented facility PE RVUs	Year 2000 transitional facility PE RVUs	Malpractice RVUs	Fully implemented non-facility total	Year 2000 transitional non-facility total	Fully implemented facility total	Year 2000 transitional facility total	Global
21499	.....	C	Head surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
21501	.....	A	Drain neck/chest lesion	3.81	3.83	2.91	3.32	2.65	0.39	8.03	7.11	7.52	6.85	090
21502	.....	A	Drain chest lesion	7.12	NA	NA	7.94	6.26	0.81	NA	NA	15.87	14.19	090
21510	.....	A	Drainage of bone lesion	5.74	NA	NA	6.89	5.52	0.65	NA	NA	13.28	11.91	090
21550	.....	A	Biopsy of neck/chest	2.06	1.96	1.44	1.19	0.83	0.13	4.15	3.63	3.38	3.02	010
21555	.....	A	Remove lesion neck/chest	4.35	3.92	2.83	2.49	2.12	0.41	8.68	7.59	7.25	6.88	090
21556	.....	A	Remove lesion neck/chest	5.57	NA	NA	3.24	3.68	0.53	NA	NA	9.34	9.78	090
21557	.....	A	Remove tumor, neck or chest	8.88	NA	NA	7.41	8.32	0.85	NA	NA	17.14	18.05	090
21600	.....	A	Partial removal of rib	6.89	NA	NA	7.57	6.23	0.83	NA	NA	15.29	13.95	090
21610	.....	A	Partial removal of rib	14.61	NA	NA	10.26	7.94	2.03	NA	NA	26.90	24.58	090
21615	.....	A	Removal of rib	9.87	NA	NA	8.61	9.80	1.38	NA	NA	19.86	21.05	090
21616	.....	A	Removal of rib and nerves	12.04	NA	NA	9.19	8.54	1.56	NA	NA	22.79	22.14	090
21620	.....	A	Partial removal of sternum	6.79	NA	NA	8.26	7.85	0.83	NA	NA	15.88	15.47	090
21627	.....	A	Sternal debridement	6.81	NA	NA	13.05	9.26	0.87	NA	NA	20.73	16.94	090
21630	.....	A	Extensive sternum surgery	17.38	NA	NA	13.37	13.68	2.07	NA	NA	32.82	33.13	090
21632	.....	A	Extensive sternum surgery	18.14	NA	NA	13.30	12.91	2.41	NA	NA	33.85	33.46	090
21700	.....	A	Revision of neck muscle	6.19	6.82	5.67	6.47	5.49	0.78	13.79	12.64	13.44	12.46	090
21705	.....	A	Revision of neck muscle/rib	9.60	NA	NA	8.59	6.93	1.36	NA	NA	19.55	17.89	090
21720	.....	A	Revision of neck muscle	5.68	7.41	5.79	6.00	5.09	0.87	13.96	12.34	12.55	11.64	090
21725	.....	A	Revision of neck muscle	6.99	NA	NA	6.20	5.73	0.68	NA	NA	13.87	13.40	090
21740	.....	A	Reconstruction of sternum	16.50	NA	NA	14.54	12.15	2.05	NA	NA	33.09	30.70	090
21750	.....	A	Repair of sternum separation	10.77	NA	NA	12.44	10.20	1.41	NA	NA	24.62	22.38	090
21800	.....	A	Treatment of rib fracture	0.96	1.81	1.33	0.92	0.88	0.09	2.86	2.38	1.97	1.93	090
21805	.....	A	Treatment of rib fracture	2.75	NA	NA	4.10	2.79	0.30	NA	NA	7.15	5.84	090
21810	.....	A	Treatment of rib fracture(s)	6.86	NA	NA	6.74	7.35	0.60	NA	NA	14.20	14.81	090
21820	.....	A	Treat sternum fracture	1.28	2.17	1.83	1.30	1.39	0.13	3.58	3.24	2.71	2.80	090
21825	.....	A	Repair sternum fracture	7.41	NA	NA	11.08	9.29	1.01	NA	NA	19.50	17.71	090
21899	.....	C	Neck/chest surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
21920	.....	A	Biopsy soft tissue of back	2.06	1.99	1.43	0.77	0.60	0.10	4.15	3.59	2.93	2.76	010
21925	.....	A	Biopsy soft tissue of back	4.49	9.79	5.96	4.24	3.18	0.45	14.73	10.90	9.18	8.12	090
21930	.....	A	Remove lesion, back or flank	5.00	4.19	3.57	2.66	2.81	0.49	9.68	9.06	8.15	8.30	090
21935	.....	A	Remove tumor of back	17.96	NA	NA	11.75	9.45	1.88	NA	NA	31.59	29.29	090
22100	.....	A	Remove part of neck vertebra	9.73	NA	NA	8.15	8.22	1.41	NA	NA	19.29	19.36	090
22101	.....	A	Remove part, thorax vertebra	9.81	NA	NA	8.42	8.56	1.28	NA	NA	19.51	19.65	090
22102	.....	A	Remove part, lumbar vertebra	9.81	NA	NA	8.14	6.51	1.38	NA	NA	19.33	17.70	090
22103	.....	A	Remove extra spine segment	2.34	NA	NA	1.25	1.84	0.35	NA	NA	3.94	4.53	ZZZ
22110	.....	A	Remove part of neck vertebra	12.74	NA	NA	10.16	10.36	1.98	NA	NA	24.88	25.08	090
22112	.....	A	Remove part, thorax vertebra	12.81	NA	NA	9.91	10.33	1.67	NA	NA	24.39	24.81	090
22114	.....	A	Remove part, lumbar vertebra	12.81	NA	NA	12.27	10.07	1.46	NA	NA	26.54	24.34	090
22116	.....	A	Remove extra spine segment	2.32	NA	NA	1.24	1.82	0.35	NA	NA	3.91	4.49	ZZZ
22210	.....	A	Revision of neck spine	23.82	NA	NA	16.48	15.75	3.65	NA	NA	43.95	43.22	090
22212	.....	A	Revision of thorax spine	19.42	NA	NA	14.05	16.41	2.14	NA	NA	35.61	37.97	090
22214	.....	A	Revision of lumbar spine	19.45	NA	NA	14.61	15.51	2.48	NA	NA	36.54	37.44	090
22216	.....	A	Revise, extra spine segment	6.04	NA	NA	3.21	4.36	0.87	NA	NA	10.12	11.27	ZZZ
22220	.....	A	Revision of neck spine	21.37	NA	NA	15.12	16.59	3.31	NA	NA	39.80	41.27	090
22222	.....	A	Revision of thorax spine	21.52	NA	NA	10.44	12.61	1.07	NA	NA	33.03	35.20	090
22224	.....	A	Revision of lumbar spine	21.52	NA	NA	15.27	15.60	2.60	NA	NA	39.39	39.72	090
22226	.....	A	Revise, extra spine segment	6.04	NA	NA	3.22	4.36	0.78	NA	NA	10.04	11.18	ZZZ
22305	.....	A	Treat spine process fracture	2.05	2.67	2.56	1.70	2.08	0.22	4.94	4.83	3.97	4.35	090
22310	.....	A	Treat spine fracture	2.61	3.87	3.30	2.96	2.85	0.29	6.77	6.20	5.86	5.75	090
22315	.....	A	Treat spine fracture	8.84	NA	NA	9.48	7.73	1.20	NA	NA	19.52	17.77	090
22325	.....	A	Repair of spine fracture	18.30	NA	NA	13.78	11.41	2.42	NA	NA	34.50	32.13	090
22326	.....	A	Repair neck spine fracture	19.59	NA	NA	15.33	16.31	3.33	NA	NA	38.25	39.23	090
22327	.....	A	Repair thorax spine fracture	19.20	NA	NA	14.05	15.68	2.77	NA	NA	36.02	37.65	090
22328	.....	A	Repair each add spine fx	4.61	NA	NA	2.38	3.58	0.71	NA	NA	7.70	8.90	ZZZ
22505	.....	A	Manipulation of spine	1.87	10.53	5.98	10.17	5.80	0.14	12.54	7.99	12.18	7.81	010
22548	.....	A	Neck spine fusion	25.82	NA	NA	17.49	21.09	4.90	NA	NA	48.21	51.81	090
22554	.....	A	Neck spine fusion	18.62	NA	NA	13.68	17.59	3.29	NA	NA	35.59	39.50	090
22556	.....	A	Thorax spine fusion	23.46	NA	NA	16.26	19.90	3.36	NA	NA	43.08	46.72	090
22558	.....	A	Lumbar spine fusion	22.28	NA	NA	15.38	18.64	2.76	NA	NA	40.42	43.68	090
22585	.....	A	Additional spinal fusion	5.53	NA	NA	2.91	4.39	0.89	NA	NA	9.33	10.81	ZZZ
22590	.....	A	Spine & skull spinal fusion	20.51	NA	NA	15.02	19.22	3.49	NA	NA	39.02	43.22	090
22595	.....	A	Neck spinal fusion	19.39	NA	NA	14.19	18.67	3.38	NA	NA	36.96	41.44	090
22600	.....	A	Neck spine fusion	16.14	NA	NA	12.35	15.81	2.63	NA	NA	31.12	34.58	090
22610	.....	A	Thorax spine fusion	16.02	NA	NA	12.22	15.67	2.34	NA	NA	30.58	34.03	090
22612	.....	A	Lumbar spine fusion	21.00	NA	NA	15.15	18.76	2.77	NA	NA	38.92	42.53	090
22614	.....	A	Spine fusion, extra segment	6.44	NA	NA	3.44	4.79	0.87	NA	NA	10.75	12.10	ZZZ
22630	.....	A	Lumbar spine fusion	20.84	NA	NA	15.69	17.85	3.23	NA	NA	39.76	41.92	090
22632	.....	A	Spine fusion, extra segment	5.23	NA	NA	2.78	4.10	0.75	NA	NA	8.76	10.08	ZZZ
22800	.....	A	Fusion of spine	18.25	NA	NA	13.46	17.63	2.23	NA	NA	33.94	38.11	090
22802	.....	A	Fusion of spine	30.88	NA	NA	20.46	25.60	3.60	NA	NA	54.94	60.08	090
22804	.....	A	Fusion of spine	36.27	NA	NA	23.14	26.94	4.09	NA	NA	63.50	67.30	090
22808	.....	A	Fusion of spine	26.27	NA	NA	17.77	18.88	3.94	NA	NA	47.98	49.09	090
22810	.....	A	Fusion of spine	30.27	NA	NA	19.32	19.65	3.73	NA	NA	53.32	53.65	090
22812	.....	A	Fusion of spine	32.70	NA	NA	20.23	24.19	3.85	NA	NA	56.78	60.74	090
22818	.....	A	Kyphectomy, 1-2 segments	31.83	NA	NA	20.83	25.75	4.55	NA	NA	57.21	62.13	090
22819	.....	A	Kyphectomy, 3 & more segment	36.44	NA	NA	22.98	26.82	5.20	NA	NA	64.62	68.46	090
22830	.....	A	Exploration of spinal fusion	10.85	NA	NA	9.51	11.24	1.38	NA	NA	21.74	23.47	090
22840	.....	A	Insert spine fixation device	12.54	NA	NA	8.17	7.33	1.71	NA	NA	22.42	21.58	ZZZ
22841	.....	B	Insert spine fixation device	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
22842	.....	A	Insert spine fixation device	12.58	NA	NA	6.69	7.07	1.72	NA	NA	20.99	21.37	ZZZ
22843	.....	A	Insert spine fixation device	13.46	NA	NA	8.61	8.95	1.73	NA	NA	23.80	24.14	ZZZ
22844	.....	A	Insert spine fixation device	16.44	NA	NA	10.23	10.79	1.88	NA	NA	28.55	29.11	ZZZ
22845	.....	A	Insert spine fixation device	11.96	NA	NA	7.88	7.04	2.04	NA	NA	21.88	21.04	ZZZ

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT[1]/ HCPCS[2]	MOD	Status	Description	Physician work RVUs[3,5]	Fully implemented non-facility PE RVUs	Year 2000 transitional non-facility PE RVUs	Fully implemented facility PE RVUs	Year 2000 transitional facility PE RVUs	Malpractice RVUs	Fully implemented non-facility total	Year 2000 transitional non-facility total	Fully implemented facility total	Year 2000 transitional facility total	Global
22846		A	Insert spine fixation device	12.42	NA	NA	8.17	8.37	2.09	NA	NA	22.68	22.88	ZZZ
22847		A	Insert spine fixation device	13.80	NA	NA	8.53	9.03	1.75	NA	NA	24.08	24.58	ZZZ
22848		A	Insert pelvic fixationdevice	6.00	NA	NA	4.53	5.37	0.69	NA	NA	11.22	12.06	ZZZ
22849		A	Reinsert spinal fixation	18.51	NA	NA	13.25	13.01	2.35	NA	NA	34.11	33.87	090
22850		A	Remove spine fixation device	9.52	NA	NA	8.32	9.14	1.25	NA	NA	19.09	19.91	090
22851		A	Apply spine prosth device	6.71	NA	NA	5.06	6.01	0.98	NA	NA	12.75	13.70	ZZZ
22852		A	Remove spine fixation device	9.01	NA	NA	8.16	9.40	1.15	NA	NA	18.32	19.56	090
22855		A	Remove spine fixation device	15.13	NA	NA	11.23	9.67	2.47	NA	NA	28.83	27.27	090
22899		C	Spine surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
22900		A	Remove abdominal wall lesion	5.80	NA	NA	4.18	3.74	0.59	NA	NA	10.57	10.13	090
22999		C	Abdomen surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
23000		A	Removal of calcium deposits	4.36	6.73	5.13	5.99	4.76	0.43	11.52	9.92	10.78	9.55	090
23020		A	Release shoulder joint	8.93	NA	NA	9.20	8.55	0.99	NA	NA	19.12	18.47	090
23030		A	Drain shoulder lesion	3.43	4.69	3.52	3.70	3.02	0.36	8.48	7.31	7.49	6.81	010
23031		A	Drain shoulder bursa	2.74	4.76	2.65	3.46	1.87	0.27	7.77	5.66	6.47	4.88	010
23035		A	Drain shoulder bone lesion	8.61	NA	NA	14.03	10.39	0.94	NA	NA	23.58	19.94	090
23040		A	Exploratory shoulder surgery	9.20	NA	NA	10.19	10.13	1.01	NA	NA	20.40	20.34	090
23044		A	Exploratory shoulder surgery	7.12	NA	NA	9.08	8.29	0.78	NA	NA	16.98	16.19	090
23065		A	Biopsy shoulder tissues	2.27	2.23	1.48	1.31	1.02	0.12	4.62	3.87	3.70	3.41	010
23066		A	Biopsy shoulder tissues	4.16	6.42	3.85	5.27	3.28	0.44	11.02	8.45	9.87	7.88	090
23075		A	Removal of shoulder lesion	2.39	4.31	3.07	2.73	2.28	0.25	6.95	5.71	5.37	4.92	010
23076		A	Removal of shoulder lesion	7.63	NA	NA	7.17	5.51	0.82	NA	NA	15.62	13.96	090
23077		A	Remove tumor of shoulder	16.09	NA	NA	15.11	11.56	1.66	NA	NA	32.86	29.31	090
23100		A	Biopsy of shoulder joint	6.03	NA	NA	7.97	7.59	0.65	NA	NA	14.65	14.27	090
23101		A	Shoulder joint surgery	5.58	NA	NA	7.28	6.97	0.62	NA	NA	13.48	13.17	090
23105		A	Remove shoulder joint lining	8.23	NA	NA	9.01	9.42	0.90	NA	NA	18.14	18.55	090
23106		A	Incision of collarbone joint	5.96	NA	NA	7.67	6.41	0.69	NA	NA	14.32	13.06	090
23107		A	Explore,treat shoulder joint	8.62	NA	NA	9.50	9.90	0.94	NA	NA	19.06	19.46	090
23120		A	Partial removal, collar bone	7.11	NA	NA	8.83	6.92	0.78	NA	NA	16.72	14.81	090
23125		A	Removal of collarbone	9.39	NA	NA	9.44	9.33	1.04	NA	NA	19.87	19.76	090
23130		A	Partial removal,shoulderbone	7.55	NA	NA	9.13	8.39	0.82	NA	NA	17.50	16.76	090
23140		A	Removal of bone lesion	6.89	NA	NA	7.32	5.92	0.72	NA	NA	14.93	13.53	090
23145		A	Removal of bone lesion	9.09	NA	NA	9.60	9.21	0.87	NA	NA	19.56	19.17	090
23146		A	Removal of bone lesion	7.83	NA	NA	8.99	7.34	0.82	NA	NA	17.64	15.99	090
23150		A	Removal of humerus lesion	8.48	NA	NA	8.73	7.97	0.89	NA	NA	18.10	17.34	090
23155		A	Removal of humerus lesion	10.35	NA	NA	10.29	9.92	1.16	NA	NA	21.80	21.43	090
23156		A	Removal of humerus lesion	8.68	NA	NA	8.72	8.51	0.96	NA	NA	18.36	18.15	090
23170		A	Remove collarbone lesion	6.86	NA	NA	8.94	7.08	0.77	NA	NA	16.57	14.71	090
23172		A	Remove shoulder blade lesion	6.90	NA	NA	8.53	7.07	0.78	NA	NA	16.21	14.75	090
23174		A	Remove humerus lesion	9.51	NA	NA	12.18	10.73	1.01	NA	NA	22.70	21.25	090
23180		A	Remove collar bone lesion	8.53	NA	NA	13.60	9.14	0.94	NA	NA	23.07	18.61	090
23182		A	Remove shoulder blade lesion	8.15	NA	NA	13.94	10.54	0.88	NA	NA	22.97	19.57	090
23184		A	Remove humerus lesion	9.38	NA	NA	14.49	12.04	1.02	NA	NA	24.89	22.44	090
23190		A	Partial removal of scapula	7.24	NA	NA	7.70	7.15	0.79	NA	NA	15.73	15.18	090
23195		A	Removal of head of humerus	9.81	NA	NA	9.35	9.51	1.06	NA	NA	20.22	20.38	090
23200		A	Removal of collar bone	12.08	NA	NA	13.26	11.61	1.28	NA	NA	26.62	24.97	090
23210		A	Removal of shoulderblade	12.49	NA	NA	12.65	11.22	1.31	NA	NA	26.45	25.02	090
23220		A	Partial removal of humerus	14.56	NA	NA	13.20	13.14	1.56	NA	NA	29.32	29.26	090
23221		A	Partial removal of humerus	17.74	NA	NA	13.63	16.66	1.35	NA	NA	32.72	35.75	090
23222		A	Partial removal of humerus	23.92	NA	NA	19.62	17.96	2.57	NA	NA	46.11	44.45	090
23330		A	Remove shoulder foreign body	1.85	4.48	2.54	3.27	1.79	0.19	6.52	4.58	5.31	3.83	010
23331		A	Remove shoulder foreign body	7.38	NA	NA	8.32	5.39	0.81	NA	NA	16.51	13.58	090
23332		A	Remove shoulder foreign body	11.62	NA	NA	10.99	10.77	1.28	NA	NA	23.89	23.67	090
23350		A	Injection for shoulder x-ray	1.00	10.12	5.34	0.27	0.42	0.04	11.16	6.38	1.31	1.46	000
23395		A	Muscle transfer,shoulder/arm	16.85	NA	NA	12.64	12.36	1.85	NA	NA	31.34	31.06	090
23397		A	Muscle transfers	16.13	NA	NA	12.88	14.02	1.81	NA	NA	30.82	31.96	090
23400		A	Fixation of shoulder blade	13.54	NA	NA	12.70	11.69	1.52	NA	NA	27.76	26.75	090
23405		A	Incision of tendon & muscle	8.37	NA	NA	8.24	8.19	0.92	NA	NA	17.53	17.48	090
23406		A	Incise tendon(s) & muscle(s)	10.79	NA	NA	10.05	10.13	1.21	NA	NA	22.05	22.13	090
23410		A	Repair of tendon(s)	12.45	NA	NA	11.66	11.77	1.36	NA	NA	25.47	25.58	090
23412		A	Repair of tendon(s)	13.31	NA	NA	12.21	13.36	1.45	NA	NA	26.97	28.12	090
23415		A	Release of shoulder ligament	9.97	NA	NA	9.24	7.43	1.09	NA	NA	20.30	18.49	090
23420		A	Repair of shoulder	13.30	NA	NA	12.98	14.43	1.45	NA	NA	27.73	29.18	090
23430		A	Repair biceps tendon	9.98	NA	NA	10.36	9.17	1.09	NA	NA	21.43	20.24	090
23440		A	Removal/transplant tendon	10.48	NA	NA	10.71	9.25	1.15	NA	NA	22.34	20.88	090
23450		A	Repair shoulder capsule	13.40	NA	NA	11.76	12.80	1.47	NA	NA	26.63	27.67	090
23455		A	Repair shoulder capsule	14.37	NA	NA	12.45	14.67	1.57	NA	NA	28.39	30.61	090
23460		A	Repair shoulder capsule	15.37	NA	NA	13.22	14.25	1.66	NA	NA	30.25	31.28	090
23462		A	Repair shoulder capsule	15.30	NA	NA	12.83	14.63	1.61	NA	NA	29.74	31.54	090
23465		A	Repair shoulder capsule	15.85	NA	NA	13.32	14.34	1.74	NA	NA	30.91	31.93	090
23466		A	Repair shoulder capsule	14.22	NA	NA	12.16	14.57	1.56	NA	NA	27.94	30.35	090
23470		A	Reconstruct shoulder joint	17.15	NA	NA	14.08	16.14	1.87	NA	NA	33.10	35.16	090
23472		A	Reconstruct shoulder joint	16.92	NA	NA	13.88	17.04	1.85	NA	NA	32.65	35.81	090
23480		A	Revision of collarbone	11.18	NA	NA	10.23	8.69	1.25	NA	NA	22.66	21.12	090
23485		A	Revision of collar bone	13.43	NA	NA	12.78	12.55	1.45	NA	NA	27.66	27.43	090
23490		A	Reinforce clavicle	11.86	NA	NA	10.69	10.76	1.33	NA	NA	23.88	23.95	090
23491		A	Reinforce shoulder bones	14.21	NA	NA	11.89	12.84	1.59	NA	NA	27.69	28.64	090
23500		A	Treat clavicle fracture	2.08	3.14	2.47	2.15	1.97	0.22	5.44	4.77	4.45	4.27	090
23505		A	Treat clavicle fracture	3.69	4.86	3.83	3.46	3.13	0.40	8.95	7.92	7.55	7.22	090
23515		A	Repair clavicle fracture	7.41	NA	NA	7.48	7.50	0.81	NA	NA	15.70	15.72	090
23520		A	Treat clavicle dislocation	2.16	3.24	2.37	2.20	1.85	0.22	5.62	4.75	4.58	4.23	090
23525		A	Treat clavicle dislocation	3.60	4.92	3.54	3.13	2.64	0.39	8.91	7.53	7.12	6.63	090
23530		A	Repair clavicle dislocation	7.31	NA	NA	6.94	7.04	0.80	NA	NA	15.05	15.15	090
23532		A	Repair clavicle dislocation	8.01	NA	NA	7.12	7.49	0.90	NA	NA	16.03	16.40	090

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT[1]/ HCPCS[2]	MOD	Status	Description	Physician work RVUs[3,5]	Fully implemented non-facility PE RVUs	Year 2000 transitional non-facility PE RVUs	Fully implemented facility PE RVUs	Year 2000 transitional facility PE RVUs	Malpractice RVUs	Fully implemented non-facility total	Year 2000 transitional non-facility total	Fully implemented facility total	Year 2000 transitional facility total	Global
23540	.....	A	Treat clavicle dislocation	2.23	3.59	2.64	2.13	1.91	0.22	6.04	5.09	4.58	4.36	090
23545	.....	A	Treat clavicle dislocation	3.25	4.12	3.14	3.04	2.60	0.33	7.70	6.72	6.62	6.18	090
23550	.....	A	Repair clavicle dislocation	7.24	NA	NA	7.37	8.01	0.77	NA	NA	15.38	16.02	090
23552	.....	A	Repair clavicle dislocation	8.45	NA	NA	7.97	7.94	0.91	NA	NA	17.33	17.30	090
23570	.....	A	Treat shoulderblade fracture	2.23	3.15	2.50	2.27	2.06	0.24	5.62	4.97	4.74	4.53	090
23575	.....	A	Treat shoulderblade fracture	4.06	5.07	4.03	3.69	3.34	0.44	9.57	8.53	8.19	7.84	090
23585	.....	A	Repair scapula fracture	8.96	NA	NA	8.27	8.32	0.98	NA	NA	18.21	18.26	090
23600	.....	A	Treat humerus fracture	2.93	4.93	4.04	3.30	3.23	0.32	8.18	7.29	6.55	6.48	090
23605	.....	A	Treat humerus fracture	4.87	7.31	6.24	5.82	5.50	0.54	12.72	11.65	11.23	10.91	090
23615	.....	A	Repair humerus fracture	9.35	NA	NA	9.15	10.16	1.03	NA	NA	19.53	20.54	090
23616	.....	A	Repair humerus fracture	21.27	NA	NA	14.99	19.61	2.33	NA	NA	38.59	43.21	090
23620	.....	A	Treat humerus fracture	2.40	4.64	3.89	3.03	2.24	0.26	7.30	6.55	5.69	4.90	090
23625	.....	A	Treat humerus fracture	3.93	6.45	5.30	4.94	4.55	0.44	10.82	9.67	9.31	8.92	090
23630	.....	A	Repair humerus fracture	7.35	NA	NA	7.29	8.04	0.80	NA	NA	15.44	16.19	090
23650	.....	A	Treat shoulder dislocation	3.39	4.63	3.46	3.04	2.66	0.34	8.36	7.19	6.77	6.39	090
23655	.....	A	Treat shoulder dislocation	4.57	NA	NA	3.85	3.52	0.48	NA	NA	8.90	8.57	090
23660	.....	A	Repair shoulder dislocation	7.49	NA	NA	8.16	8.55	0.73	NA	NA	16.38	16.77	090
23665	.....	A	Treat dislocation/fracture	4.47	6.64	5.14	5.18	4.41	0.49	11.60	10.10	10.14	9.37	090
23670	.....	A	Repair dislocation/fracture	7.90	NA	NA	7.64	8.54	0.85	NA	NA	16.39	17.29	090
23675	.....	A	Treat dislocation/fracture	6.05	7.35	5.81	6.01	5.14	0.67	14.07	12.53	12.73	11.86	090
23680	.....	A	Repair dislocation/fracture	10.06	NA	NA	8.73	10.37	1.10	NA	NA	19.89	21.53	090
23700	.....	A	Fixation of shoulder	2.52	NA	NA	3.00	2.64	0.28	NA	NA	5.80	5.44	010
23800	.....	A	Fusion of shoulder joint	14.16	NA	NA	13.02	14.97	1.52	NA	NA	28.70	30.65	090
23802	.....	A	Fusion of shoulder joint	16.60	NA	NA	13.77	14.52	1.80	NA	NA	32.17	32.92	090
23900	.....	A	Amputation of arm & girdle	19.72	NA	NA	14.42	14.03	1.97	NA	NA	36.11	35.72	090
23920	.....	A	Amputation at shoulder joint	14.61	NA	NA	12.40	13.72	1.56	NA	NA	28.57	29.89	090
23921	.....	A	Amputation follow-up surgery	5.49	6.69	5.66	5.97	5.30	0.53	12.71	11.68	11.99	11.32	090
23929	.....	C	Shoulder surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
23930	.....	A	Drainage of arm lesion	2.94	4.81	3.28	3.36	2.56	0.30	8.05	6.52	6.60	5.80	010
23931	.....	A	Drainage of arm bursa	1.79	4.59	2.70	3.00	1.71	0.18	6.56	4.67	4.97	3.68	010
23935	.....	A	Drain arm/elbow bone lesion	6.09	NA	NA	10.29	7.69	0.66	NA	NA	17.04	14.44	090
24000	.....	A	Exploratory elbow surgery	5.82	NA	NA	6.49	6.72	0.62	NA	NA	12.93	13.16	090
24006	.....	A	Release elbow joint	9.31	NA	NA	7.51	7.63	1.02	NA	NA	17.84	17.96	090
24065	.....	A	Biopsy arm/elbow soft tissue	2.08	3.98	2.42	2.77	1.60	0.12	6.18	4.62	4.97	3.80	010
24066	.....	A	Biopsy arm/elbow soft tissue	5.21	6.64	4.79	5.87	4.41	0.58	12.43	10.58	11.66	10.20	090
24075	.....	A	Remove arm/elbow lesion	3.92	6.24	4.20	5.08	3.62	0.40	10.56	8.52	9.40	7.94	090
24076	.....	A	Remove arm/elbow lesion	6.30	NA	NA	6.14	5.07	0.67	NA	NA	13.11	12.04	090
24077	.....	A	Remove tumor of arm/elbow	11.76	NA	NA	11.31	10.97	1.23	NA	NA	24.30	23.96	090
24100	.....	A	Biopsy elbow joint lining	4.93	NA	NA	4.86	4.73	0.49	NA	NA	10.28	10.15	090
24101	.....	A	Explore/treat elbow joint	6.13	NA	NA	6.07	6.69	0.68	NA	NA	12.88	13.50	090
24102	.....	A	Remove elbow joint lining	8.03	NA	NA	6.78	8.18	0.88	NA	NA	15.69	17.09	090
24105	.....	A	Removal of elbow bursa	3.61	NA	NA	4.32	4.21	0.40	NA	NA	8.33	8.22	090
24110	.....	A	Remove humerus lesion	7.39	NA	NA	8.22	8.29	0.83	NA	NA	16.44	16.51	090
24115	.....	A	Remove/graft bone lesion	9.63	NA	NA	8.11	8.22	0.91	NA	NA	18.65	18.76	090
24116	.....	A	Remove/graft bone lesion	11.81	NA	NA	10.63	10.59	1.29	NA	NA	23.73	23.69	090
24120	.....	A	Remove elbow lesion	6.65	NA	NA	5.96	6.25	0.73	NA	NA	13.34	13.63	090
24125	.....	A	Remove/graft bone lesion	7.89	NA	NA	6.26	6.27	0.82	NA	NA	14.97	14.98	090
24126	.....	A	Remove/graft bone lesion	8.31	NA	NA	6.43	7.23	0.93	NA	NA	15.67	16.47	090
24130	.....	A	Removal of head of radius	6.25	NA	NA	6.19	6.74	0.69	NA	NA	13.13	13.68	090
24134	.....	A	Removal of arm bone lesion	9.73	NA	NA	13.25	11.34	1.00	NA	NA	23.98	22.07	090
24136	.....	A	Remove radius bone lesion	7.99	NA	NA	5.72	7.63	0.86	NA	NA	14.57	16.48	090
24138	.....	A	Remove elbow bone lesion	8.05	NA	NA	6.92	6.93	0.90	NA	NA	15.87	15.88	090
24140	.....	A	Partial removal of arm bone	9.18	NA	NA	14.21	11.87	1.01	NA	NA	24.40	22.06	090
24145	.....	A	Partial removal of radius	7.58	NA	NA	9.66	8.29	0.83	NA	NA	18.07	16.70	090
24147	.....	A	Partial removal of elbow	7.54	NA	NA	9.31	8.24	0.86	NA	NA	17.71	16.64	090
24149	.....	A	Radical resection of elbow	14.20	NA	NA	9.94	11.83	1.54	NA	NA	25.68	27.57	090
24150	.....	A	Extensive humerus surgery	13.27	NA	NA	13.24	14.26	1.41	NA	NA	27.92	28.94	090
24151	.....	A	Extensive humerus surgery	15.58	NA	NA	13.95	14.48	1.61	NA	NA	31.14	31.67	090
24152	.....	A	Extensive radius surgery	10.06	NA	NA	8.11	7.75	1.03	NA	NA	19.20	18.84	090
24153	.....	A	Extensive radius surgery	11.54	NA	NA	6.34	8.84	0.71	NA	NA	18.59	21.09	090
24155	.....	A	Removal of elbow joint	11.73	NA	NA	8.50	10.09	1.22	NA	NA	21.45	23.04	090
24160	.....	A	Remove elbow joint implant	7.83	NA	NA	6.83	6.04	0.84	NA	NA	15.50	14.71	090
24164	.....	A	Remove radius head implant	6.23	NA	NA	5.88	5.94	0.69	NA	NA	12.80	12.86	090
24200	.....	A	Removal of arm foreign body	1.76	4.24	2.43	2.79	1.55	0.15	6.15	4.34	4.70	3.46	010
24201	.....	A	Removal of arm foreign body	4.56	7.17	5.25	5.81	4.57	0.50	12.23	10.31	10.87	9.63	090
24220	.....	A	Injection for elbow x-ray	1.31	11.11	5.83	0.38	0.47	0.07	12.49	7.21	1.76	1.85	000
24301	.....	A	Muscle/tendon transfer	10.20	NA	NA	8.47	8.52	1.12	NA	NA	19.79	19.84	090
24305	.....	A	Arm tendon lengthening	7.45	NA	NA	6.88	5.11	0.79	NA	NA	15.12	13.35	090
24310	.....	A	Revision of arm tendon	5.98	NA	NA	6.85	5.03	0.67	NA	NA	13.50	11.68	090
24320	.....	A	Repair of arm tendon	10.56	NA	NA	9.83	9.91	1.06	NA	NA	21.45	21.53	090
24330	.....	A	Revision of arm muscles	9.60	NA	NA	7.68	8.59	1.09	NA	NA	18.37	19.28	090
24331	.....	A	Revision of arm muscles	10.65	NA	NA	8.18	9.31	1.20	NA	NA	20.03	21.16	090
24340	.....	A	Repair of biceps tendon	7.89	NA	NA	7.04	7.32	0.86	NA	NA	15.79	16.07	090
24341	.....	A	Repair tendon/muscle arm	7.90	NA	NA	6.82	7.21	0.87	NA	NA	15.59	15.98	090
24342	.....	A	Repair of ruptured tendon	10.62	NA	NA	8.46	9.86	1.17	NA	NA	20.25	21.65	090
24350	.....	A	Repair of tennis elbow	5.25	NA	NA	5.41	5.00	0.59	NA	NA	11.25	10.84	090
24351	.....	A	Repair of tennis elbow	5.91	NA	NA	5.81	5.39	0.66	NA	NA	12.38	11.96	090
24352	.....	A	Repair of tennis elbow	6.43	NA	NA	6.35	6.27	0.70	NA	NA	13.48	13.40	090
24354	.....	A	Repair of tennis elbow	6.48	NA	NA	6.03	6.06	0.72	NA	NA	13.23	13.26	090
24356	.....	A	Revision of tennis elbow	6.68	NA	NA	6.21	7.06	0.74	NA	NA	13.63	14.48	090
24360	.....	A	Reconstruct elbow joint	12.34	NA	NA	8.94	11.84	1.34	NA	NA	22.62	25.52	090
24361	.....	A	Reconstruct elbow joint	14.08	NA	NA	10.46	12.36	1.54	NA	NA	26.08	27.98	090
24362	.....	A	Reconstruct elbow joint	14.99	NA	NA	8.92	8.03	1.42	NA	NA	25.33	24.44	090
24363	.....	A	Replace elbow joint	18.49	NA	NA	12.77	17.42	2.04	NA	NA	33.30	37.95	090

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[3] + Indicates RVUs are not used for Medicare payment.

[4] PE RVUs = Practice Expense Relative Value Units.

[5] # Indicates new CPT/HCPCS codes which were not factored into budget neutrality adjustments.

ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT[1]/ HCPCS[2]	MOD	Status	Description	Physician work RVUs[3,5]	Fully implemented non-facility PE RVUs	Year 2000 transitional non-facility PE RVUs	Fully implemented facility PE RVUs	Year 2000 transitional facility PE RVUs	Malpractice RVUs	Fully implemented non-facility total	Year 2000 transitional non-facility total	Fully implemented facility total	Year 2000 transitional facility total	Global
24365		A	Reconstruct head of radius	8.39	NA	NA	7.01	7.59	0.93	NA	NA	16.33	16.91	090
24366		A	Reconstruct head of radius	9.13	NA	NA	7.39	9.15	0.99	NA	NA	17.51	19.27	090
24400		A	Revision of humerus	11.06	NA	NA	11.43	10.29	1.20	NA	NA	23.69	22.55	090
24410		A	Revision of humerus	14.82	NA	NA	11.58	13.41	1.45	NA	NA	27.85	29.68	090
24420		A	Revision of humerus	13.44	NA	NA	14.05	13.70	1.46	NA	NA	28.95	28.60	090
24430		A	Repair of humerus	12.81	NA	NA	11.70	13.50	1.40	NA	NA	25.91	27.71	090
24435		A	Repair humerus with graft	13.17	NA	NA	12.61	14.17	1.44	NA	NA	27.22	28.78	090
24470		A	Revision of elbow joint	8.74	NA	NA	5.81	7.21	0.98	NA	NA	15.53	16.93	090
24495		A	Decompression of forearm	8.12	NA	NA	9.99	8.12	0.95	NA	NA	19.06	17.19	090
24498		A	Reinforce humerus	11.92	NA	NA	11.19	11.22	1.31	NA	NA	24.42	24.45	090
24500		A	Treat humerus fracture	3.21	6.65	4.71	3.01	2.89	0.34	10.20	8.26	6.56	6.44	090
24505		A	Treat humerus fracture	5.17	9.89	7.39	6.05	5.47	0.57	15.63	13.13	11.79	11.21	090
24515		A	Repair humerus fracture	11.65	NA	NA	11.21	10.84	1.24	NA	NA	24.10	23.73	090
24516		A	Repair humerus fracture	11.65	NA	NA	10.58	10.53	1.28	NA	NA	23.51	23.46	090
24530		A	Treat humerus fracture	3.50	7.59	5.28	4.24	3.60	0.38	11.47	9.16	8.12	7.48	090
24535		A	Treat humerus fracture	6.87	9.99	7.63	6.06	5.66	0.76	17.62	15.26	13.69	13.29	090
24538		A	Treat humerus fracture	9.43	NA	NA	9.36	9.01	1.03	NA	NA	19.82	19.47	090
24545		A	Repair humerus fracture	10.46	NA	NA	9.16	9.99	1.14	NA	NA	20.76	21.59	090
24546		A	Repair humerus fracture	15.69	NA	NA	12.40	11.61	1.72	NA	NA	29.81	29.02	090
24560		A	Treat humerus fracture	2.80	6.34	4.34	2.76	2.55	0.29	9.43	7.43	5.85	5.64	090
24565		A	Treat humerus fracture	5.56	9.17	6.46	5.30	4.52	0.61	15.34	12.63	11.47	10.69	090
24566		A	Treat humerus fracture	7.79	NA	NA	8.28	7.43	0.84	NA	NA	16.91	16.06	090
24575		A	Repair humerus fracture	10.66	NA	NA	7.87	8.16	1.17	NA	NA	19.70	19.99	090
24576		A	Treat humerus fracture	2.86	6.24	4.29	2.87	2.61	0.31	9.41	7.46	6.04	5.78	090
24577		A	Treat humerus fracture	5.79	9.37	6.86	5.56	4.95	0.63	15.79	13.28	11.98	11.37	090
24579		A	Repair humerus fracture	11.60	NA	NA	10.22	9.65	1.28	NA	NA	23.10	22.53	090
24582		A	Treat humerus fracture	8.55	NA	NA	9.58	8.38	0.94	NA	NA	19.07	17.87	090
24586		A	Repair elbow fracture	15.21	NA	NA	10.16	13.07	1.66	NA	NA	27.03	29.94	090
24587		A	Repair elbow fracture	15.16	NA	NA	10.10	12.50	1.55	NA	NA	26.81	29.21	090
24600		A	Treat elbow dislocation	4.23	8.90	5.51	4.51	3.32	0.44	13.57	10.18	9.18	7.99	090
24605		A	Treat elbow dislocation	5.42	NA	NA	4.37	3.43	0.59	NA	NA	10.38	9.44	090
24615		A	Repair elbow dislocation	9.42	NA	NA	7.12	8.60	1.04	NA	NA	17.58	19.06	090
24620		A	Treat elbow fracture	6.98	NA	NA	5.98	5.04	0.74	NA	NA	13.70	12.76	090
24635		A	Repair elbow fracture	13.19	NA	NA	19.64	15.82	1.45	NA	NA	34.28	30.46	090
24640		A	Treat elbow dislocation	1.20	4.97	3.04	1.64	1.37	0.12	6.29	4.36	2.96	2.69	010
24650		A	Treat radius fracture	2.16	6.15	4.30	2.53	1.88	0.23	8.54	6.69	4.92	4.27	090
24655		A	Treat radius fracture	4.40	8.58	5.93	4.78	4.03	0.48	13.46	10.81	9.66	8.91	090
24665		A	Repair radius fracture	8.14	NA	NA	8.49	8.12	0.89	NA	NA	17.52	17.15	090
24666		A	Repair radius fracture	9.49	NA	NA	9.41	10.28	1.05	NA	NA	19.95	20.82	090
24670		A	Treatment of ulna fracture	2.54	6.08	4.10	2.69	2.41	0.27	8.89	6.91	5.50	5.22	090
24675		A	Treatment of ulna fracture	4.72	8.73	6.27	4.90	4.36	0.52	13.97	11.51	10.14	9.60	090
24685		A	Repair ulna fracture	8.80	NA	NA	8.76	8.94	0.96	NA	NA	18.52	18.70	090
24800		A	Fusion of elbow joint	11.20	NA	NA	8.48	9.99	1.21	NA	NA	20.89	22.40	090
24802		A	Fusion/graft of elbow joint	13.69	NA	NA	9.60	11.41	1.42	NA	NA	24.71	26.52	090
24900		A	Amputation of upper arm	9.60	NA	NA	9.39	8.86	1.05	NA	NA	20.04	19.51	090
24920		A	Amputation of upper arm	9.54	NA	NA	10.07	8.72	1.02	NA	NA	20.63	19.28	090
24925		A	Amputation follow-up surgery	7.07	NA	NA	7.59	7.20	0.76	NA	NA	15.42	15.03	090
24930		A	Amputation follow-up surgery	10.25	NA	NA	12.19	10.53	1.03	NA	NA	23.47	21.81	090
24931		A	Amputate upper arm & implant	12.72	NA	NA	10.00	11.06	1.36	NA	NA	24.08	25.14	090
24935		A	Revision of amputation	15.56	NA	NA	12.35	13.61	1.67	NA	NA	29.58	30.84	090
24940		C	Revision of upper arm	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	090
24999		C	Upper arm/elbow surgery	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
25000		A	Incision of tendon sheath	3.38	NA	NA	6.14	5.09	0.37	NA	NA	9.89	8.84	090
25020		A	Decompression of forearm	5.92	NA	NA	9.54	7.13	0.70	NA	NA	16.16	13.75	090
25023		A	Decompression of forearm	12.96	NA	NA	15.25	10.58	1.42	NA	NA	29.63	24.96	090
25028		A	Drainage of forearm lesion	5.25	NA	NA	8.72	5.48	0.56	NA	NA	14.53	11.29	090
25031		A	Drainage of forearm bursa	4.14	NA	NA	8.04	4.38	0.39	NA	NA	12.57	8.91	090
25035		A	Treat forearm bone lesion	7.36	NA	NA	13.96	10.40	0.79	NA	NA	22.11	18.55	090
25040		A	Explore/treat wrist joint	7.18	NA	NA	8.11	7.15	0.79	NA	NA	16.08	15.12	090
25065		A	Biopsy forearm soft tissues	1.99	2.08	1.45	2.08	1.25	0.10	4.17	3.54	4.17	3.34	010
25066		A	Biopsy forearm soft tissues	4.13	NA	NA	7.11	4.39	0.44	NA	NA	11.68	8.96	090
25075		A	Removal of forearm lesion	3.74	NA	NA	6.34	4.36	0.38	NA	NA	10.46	8.48	090
25076		A	Removal of forearm lesion	4.92	NA	NA	10.19	7.14	0.53	NA	NA	15.64	12.59	090
25077		A	Remove tumor, forearm/wrist	9.76	NA	NA	13.15	11.18	1.02	NA	NA	23.93	21.96	090
25085		A	Incision of wrist capsule	5.50	NA	NA	9.83	7.42	0.61	NA	NA	15.94	13.53	090
25100		A	Biopsy of wrist joint	3.90	NA	NA	6.18	5.42	0.44	NA	NA	10.52	9.76	090
25101		A	Explore/treat wrist joint	4.69	NA	NA	6.64	6.12	0.52	NA	NA	11.85	11.33	090
25105		A	Remove wrist joint lining	5.85	NA	NA	10.90	8.95	0.63	NA	NA	17.38	15.43	090
25107		A	Remove wrist joint cartilage	6.43	NA	NA	9.37	7.55	0.72	NA	NA	16.52	14.70	090
25110		A	Remove wrist tendon lesion	3.92	NA	NA	6.94	4.99	0.42	NA	NA	11.28	9.33	090
25111		A	Remove wrist tendon lesion	3.39	NA	NA	5.58	4.54	0.37	NA	NA	9.34	8.30	090
25112		A	Reremove wrist tendon lesion	4.53	NA	NA	6.24	5.14	0.49	NA	NA	11.26	10.16	090
25115		A	Remove wrist/forearm lesion	8.82	NA	NA	13.93	10.84	0.98	NA	NA	23.73	20.64	090
25116		A	Remove wrist/forearm lesion	7.11	NA	NA	12.77	10.63	0.79	NA	NA	20.67	18.53	090
25118		A	Excise wrist tendon sheath	4.37	NA	NA	6.66	5.94	0.49	NA	NA	11.52	10.80	090
25119		A	Partial removal of ulna	6.04	NA	NA	10.00	8.61	0.67	NA	NA	16.71	15.32	090
25120		A	Removal of forearm lesion	6.10	NA	NA	11.94	9.52	0.66	NA	NA	18.70	16.28	090
25125		A	Remove/graft forearm lesion	7.48	NA	NA	14.16	10.79	0.83	NA	NA	22.47	19.10	090
25126		A	Remove/graft forearm lesion	7.55	NA	NA	16.49	11.94	0.83	NA	NA	24.87	20.32	090
25130		A	Removal of wrist lesion	5.26	NA	NA	7.05	5.81	0.58	NA	NA	12.89	11.65	090
25135		A	Remove & graft wrist lesion	6.89	NA	NA	7.92	6.93	0.78	NA	NA	15.59	14.60	090
25136		A	Remove & graft wrist lesion	5.97	NA	NA	6.72	5.93	0.67	NA	NA	13.36	12.57	090
25145		A	Remove forearm bone lesion	6.37	NA	NA	14.43	10.45	0.69	NA	NA	21.49	17.51	090
25150		A	Partial removal of ulna	7.09	NA	NA	10.08	8.66	0.76	NA	NA	17.93	16.51	090

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[4] PE RVUs = Practice Expense Relative Value Units.
[5] # Indicates new CPT/HCPCS codes which were not factored into budget neutrality adjustments.

ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT[1]/ HCPCS[2]	MOD	Status	Description	Physician work RVUs[3,5]	Fully implemented non-facility PE RVUs	Year 2000 transitional non-facility PE RVUs	Fully implemented facility PE RVUs	Year 2000 transitional facility PE RVUs	Malpractice RVUs	Fully implemented non-facility total	Year 2000 transitional non-facility total	Fully implemented facility total	Year 2000 transitional facility total	Global
25151	.....	A	Partial removal of radius	7.39	NA	NA	13.30	9.77	0.82	NA	NA	21.51	17.98	090
25170	.....	A	Extensive forearm surgery	11.09	NA	NA	14.56	12.59	1.24	NA	NA	26.89	24.92	090
25210	.....	A	Removal of wrist bone	5.95	NA	NA	7.40	6.35	0.66	NA	NA	14.01	12.96	090
25215	.....	A	Removal of wrist bones	7.89	NA	NA	10.90	10.16	0.87	NA	NA	19.66	18.92	090
25230	.....	A	Partial removal of radius	5.23	NA	NA	7.02	6.53	0.57	NA	NA	12.82	12.33	090
25240	.....	A	Partial removal of ulna	5.17	NA	NA	9.17	7.46	0.57	NA	NA	14.91	13.20	090
25246	.....	A	Injection for wrist x-ray	1.45	10.17	5.36	0.40	0.47	0.06	11.68	6.87	1.91	1.98	000
25248	.....	A	Remove forearm foreign body	5.14	NA	NA	8.78	5.58	0.54	NA	NA	14.46	11.26	090
25250	.....	A	Removal of wrist prosthesis	6.60	NA	NA	8.58	7.35	0.73	NA	NA	15.91	14.68	090
25251	.....	A	Removal of wrist prosthesis	9.57	NA	NA	12.84	10.90	1.06	NA	NA	23.47	21.53	090
25260	.....	A	Repair forearm tendon/muscle	7.80	NA	NA	13.56	9.28	0.86	NA	NA	22.22	17.94	090
25263	.....	A	Repair forearm tendon/muscle	7.82	NA	NA	13.65	9.96	0.87	NA	NA	22.34	18.65	090
25265	.....	A	Repair forearm tendon/muscle	9.88	NA	NA	17.41	13.01	1.07	NA	NA	28.36	23.96	090
25270	.....	A	Repair forearm tendon/muscle	6.00	NA	NA	13.37	8.51	0.66	NA	NA	20.03	15.17	090
25272	.....	A	Repair forearm tendon/muscle	7.04	NA	NA	12.93	8.33	0.79	NA	NA	20.76	16.16	090
25274	.....	A	Repair forearm tendon/muscle	8.75	NA	NA	13.71	10.45	0.98	NA	NA	23.44	20.18	090
25280	.....	A	Revise wrist/forearm tendon	7.22	NA	NA	12.85	8.72	0.79	NA	NA	20.86	16.73	090
25290	.....	A	Incise wrist/forearm tendon	5.29	NA	NA	14.41	8.55	0.59	NA	NA	20.29	14.43	090
25295	.....	A	Release wrist/forearm tendon	6.55	NA	NA	12.29	7.80	0.72	NA	NA	19.56	15.07	090
25300	.....	A	Fusion of tendons at wrist	8.80	NA	NA	10.93	9.46	0.92	NA	NA	20.65	19.18	090
25301	.....	A	Fusion of tendons at wrist	8.40	NA	NA	8.70	8.03	0.89	NA	NA	17.99	17.32	090
25310	.....	A	Transplant forearm tendon	8.14	NA	NA	14.25	11.00	0.90	NA	NA	23.29	20.04	090
25312	.....	A	Transplant forearm tendon	9.57	NA	NA	15.49	11.89	1.05	NA	NA	26.11	22.51	090
25315	.....	A	Revise palsy hand tendon(s)	10.20	NA	NA	15.06	11.91	1.18	NA	NA	26.44	23.29	090
25316	.....	A	Revise palsy hand tendon(s)	12.33	NA	NA	21.69	16.59	1.33	NA	NA	35.35	30.25	090
25320	.....	A	Repair/revise wrist joint	10.77	NA	NA	10.70	10.02	1.19	NA	NA	22.66	21.98	090
25332	.....	A	Revise wrist joint	11.41	NA	NA	10.89	10.86	1.25	NA	NA	23.55	23.52	090
25335	.....	A	Realignment of hand	12.88	NA	NA	13.00	12.69	1.45	NA	NA	27.33	27.02	090
25337	.....	A	Reconstruct ulna/radioulnar	10.17	NA	NA	11.94	10.64	1.13	NA	NA	23.24	21.94	090
25350	.....	A	Revision of radius	8.78	NA	NA	14.20	11.23	0.97	NA	NA	23.95	20.98	090
25355	.....	A	Revision of radius	10.17	NA	NA	12.46	11.18	1.12	NA	NA	23.75	22.47	090
25360	.....	A	Revision of ulna	8.43	NA	NA	13.82	10.39	0.96	NA	NA	23.21	19.78	090
25365	.....	A	Revise radius & ulna	12.40	NA	NA	14.84	13.02	1.21	NA	NA	28.45	26.63	090
25370	.....	A	Revise radius or ulna	13.36	NA	NA	11.53	12.15	1.30	NA	NA	26.19	26.81	090
25375	.....	A	Revise radius & ulna	13.04	NA	NA	11.41	12.97	1.27	NA	NA	25.72	27.28	090
25390	.....	A	Shorten radius/ulna	10.40	NA	NA	14.29	11.93	1.13	NA	NA	25.82	23.46	090
25391	.....	A	Lengthen radius/ulna	13.65	NA	NA	15.28	13.75	1.48	NA	NA	30.41	28.88	090
25392	.....	A	Shorten radius & ulna	13.95	NA	NA	14.46	13.98	1.57	NA	NA	29.98	29.50	090
25393	.....	A	Lengthen radius & ulna	15.87	NA	NA	13.84	14.63	1.72	NA	NA	31.43	32.22	090
25400	.....	A	Repair radius or ulna	10.92	NA	NA	15.77	13.74	1.20	NA	NA	27.89	25.86	090
25405	.....	A	Repair/graft radius or ulna	14.38	NA	NA	17.59	15.54	1.57	NA	NA	33.54	31.49	090
25415	.....	A	Repair radius & ulna	13.35	NA	NA	15.62	14.01	1.47	NA	NA	30.44	28.83	090
25420	.....	A	Repair/graft radius & ulna	16.33	NA	NA	18.57	17.26	1.81	NA	NA	36.71	35.40	090
25425	.....	A	Repair/graft radius or ulna	13.21	NA	NA	30.34	21.69	1.38	NA	NA	44.93	36.28	090
25426	.....	A	Repair/graft radius & ulna	15.82	NA	NA	19.05	15.89	1.42	NA	NA	36.29	33.13	090
25440	.....	A	Repair/graft wrist bone	10.44	NA	NA	10.19	10.01	1.16	NA	NA	21.79	21.61	090
25441	.....	A	Reconstruct wrist joint	12.90	NA	NA	11.09	11.71	1.45	NA	NA	25.44	26.06	090
25442	.....	A	Reconstruct wrist joint	10.85	NA	NA	9.90	8.78	1.20	NA	NA	21.95	20.83	090
25443	.....	A	Reconstruct wrist joint	10.39	NA	NA	11.59	10.89	1.17	NA	NA	23.15	22.45	090
25444	.....	A	Reconstruct wrist joint	11.15	NA	NA	12.03	11.52	1.25	NA	NA	24.43	23.92	090
25445	.....	A	Reconstruct wrist joint	9.69	NA	NA	11.61	11.43	1.07	NA	NA	22.37	22.19	090
25446	.....	A	Wrist replacement	16.55	NA	NA	13.89	16.83	1.80	NA	NA	32.24	35.18	090
25447	.....	A	Repair wrist joint(s)	10.37	NA	NA	10.47	10.47	1.14	NA	NA	21.98	21.98	090
25449	.....	A	Remove wrist joint implant	14.49	NA	NA	14.69	11.60	1.60	NA	NA	30.78	27.69	090
25450	.....	A	Revision of wrist joint	7.87	NA	NA	6.79	7.36	0.70	NA	NA	15.36	15.93	090
25455	.....	A	Revision of wrist joint	9.49	NA	NA	10.27	9.86	0.77	NA	NA	20.53	20.12	090
25490	.....	A	Reinforce radius	9.54	NA	NA	13.90	11.67	1.05	NA	NA	24.49	22.26	090
25491	.....	A	Reinforce ulna	9.96	NA	NA	13.68	11.78	1.12	NA	NA	24.76	22.86	090
25492	.....	A	Reinforce radius and ulna	12.33	NA	NA	15.67	13.91	1.39	NA	NA	29.39	27.63	090
25500	.....	A	Treat fracture of radius	2.45	5.77	4.15	2.58	1.93	0.24	8.46	6.84	5.27	4.62	090
25505	.....	A	Treat fracture of radius	5.21	8.94	6.41	5.10	4.49	0.56	14.71	12.18	10.87	10.26	090
25515	.....	A	Repair fracture of radius	9.18	NA	NA	12.22	10.25	0.91	NA	NA	22.31	20.34	090
25520	.....	A	Repair fracture of radius	6.26	9.10	7.67	5.58	5.91	0.68	16.04	14.61	12.52	12.85	090
25525	.....	A	Repair fracture of radius	12.24	NA	NA	10.54	11.32	1.37	NA	NA	24.15	24.93	090
25526	.....	A	Repair fracture of radius	12.98	NA	NA	15.77	14.32	1.44	NA	NA	30.19	28.74	090
25530	.....	A	Treat fracture of ulna	2.09	5.79	4.22	2.51	1.88	0.22	8.10	6.53	4.82	4.19	090
25535	.....	A	Treat fracture of ulna	5.14	8.48	6.18	5.09	4.48	0.55	14.17	11.87	10.78	10.17	090
25545	.....	A	Repair fracture of ulna	8.90	NA	NA	8.77	8.50	0.98	NA	NA	18.65	18.38	090
25560	.....	A	Treat fracture radius & ulna	2.44	5.79	4.13	2.59	2.53	0.25	8.48	6.82	5.28	5.22	090
25565	.....	A	Treat fracture radius & ulna	5.63	9.12	7.09	5.29	5.18	0.61	15.36	13.33	11.53	11.42	090
25574	.....	A	Treat fracture radius & ulna	7.01	NA	NA	7.61	7.99	0.77	NA	NA	15.39	15.77	090
25575	.....	A	Repair fracture radius/ulna	10.45	NA	NA	9.50	10.56	1.15	NA	NA	21.10	22.16	090
25600	.....	A	Treat fracture radius/ulna	2.63	6.13	4.61	2.73	2.14	0.28	9.04	7.52	5.64	5.05	090
25605	.....	A	Treat fracture radius/ulna	5.81	9.42	6.86	5.50	4.90	0.64	15.87	13.31	11.95	11.35	090
25611	.....	A	Repair fracture radius/ulna	7.77	NA	NA	8.52	7.52	0.86	NA	NA	17.15	16.15	090
25620	.....	A	Repair fracture radius/ulna	8.55	NA	NA	8.60	8.17	0.94	NA	NA	18.09	17.66	090
25622	.....	A	Treat wrist bone fracture	2.61	6.12	4.30	2.73	1.99	0.28	9.01	7.19	5.62	4.88	090
25624	.....	A	Treat wrist bone fracture	4.53	8.56	6.27	4.76	3.38	0.50	13.59	11.30	9.79	8.41	090
25628	.....	A	Repair wrist bone fracture	8.43	NA	NA	8.60	8.17	0.93	NA	NA	17.96	17.53	090
25630	.....	A	Treat wrist bone fracture	2.88	6.22	4.30	2.83	2.01	0.31	9.41	7.49	6.02	5.20	090
25635	.....	A	Treat wrist bone fracture	4.39	8.53	6.09	5.01	3.42	0.47	13.39	10.95	9.87	8.28	090
25645	.....	A	Repair wrist bone fracture	7.25	NA	NA	8.04	7.65	0.81	NA	NA	16.10	15.71	090
25650	.....	A	Repair wrist bone fracture	3.05	6.20	4.55	2.88	2.17	0.32	9.57	7.92	6.25	5.54	090
25660	.....	A	Treat wrist dislocation	4.76	NA	NA	4.74	3.36	0.50	NA	NA	10.00	8.62	090

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT[1]/ HCPCS[2]	MOD	Status	Description	Physician work RVUs[3,5]	Fully implemented non-facility PE RVUs	Year 2000 transitional non-facility PE RVUs	Fully implemented facility PE RVUs	Year 2000 transitional facility PE RVUs	Malpractice RVUs	Fully implemented non-facility total	Year 2000 transitional non-facility total	Fully implemented facility total	Year 2000 transitional facility total	Global
25670		A	Repair wrist dislocation	7.92	NA	NA	8.09	7.89	0.88	NA	NA	16.89	16.69	090
25675		A	Treat wrist dislocation	4.67	8.30	5.39	4.75	3.61	0.50	13.47	10.56	9.92	8.78	090
25676		A	Repair wrist dislocation	8.04	NA	NA	8.46	8.20	0.88	NA	NA	17.38	17.12	090
25680		A	Treat wrist fracture	5.99	NA	NA	9.75	6.20	0.56	NA	NA	16.30	12.75	090
25685		A	Repair wrist fracture	9.78	NA	NA	8.75	9.15	1.06	NA	NA	19.59	19.99	090
25690		A	Treat wrist dislocation	5.50	NA	NA	6.17	5.74	0.59	NA	NA	12.26	11.83	090
25695		A	Repair wrist dislocation	8.34	NA	NA	8.14	7.89	0.91	NA	NA	17.39	17.14	090
25800		A	Fusion of wrist joint	9.76	NA	NA	10.01	10.84	1.08	NA	NA	20.85	21.68	090
25805		A	Fusion/graft of wrist joint	11.28	NA	NA	10.89	12.18	1.25	NA	NA	23.42	24.71	090
25810		A	Fusion/graft of wrist joint	10.57	NA	NA	10.46	11.54	1.15	NA	NA	22.18	23.26	090
25820		A	Fusion of hand bones	7.45	NA	NA	9.09	9.00	0.80	NA	NA	17.34	17.25	090
25825		A	Fusion hand bones with graft	9.27	NA	NA	10.31	10.69	1.01	NA	NA	20.59	20.97	090
25830		A	Fusion radioulnar jnt/ulna	10.06	NA	NA	14.92	12.13	1.09	NA	NA	26.07	23.28	090
25900		A	Amputation of forearm	9.01	NA	NA	12.21	9.95	1.00	NA	NA	22.22	19.96	090
25905		A	Amputation of forearm	9.12	NA	NA	13.49	10.61	1.02	NA	NA	23.63	20.75	090
25907		A	Amputation follow-up surgery	7.80	NA	NA	11.98	9.11	0.87	NA	NA	20.65	17.78	090
25909		A	Amputation follow-up surgery	8.96	NA	NA	12.68	9.35	1.03	NA	NA	22.67	19.34	090
25915		A	Amputation of forearm	17.08	NA	NA	16.76	16.97	1.95	NA	NA	35.79	36.00	090
25920		A	Amputate hand at wrist	8.68	NA	NA	8.59	8.10	0.98	NA	NA	18.25	17.76	090
25922		A	Amputate hand at wrist	7.42	NA	NA	7.71	6.87	0.83	NA	NA	15.96	15.12	090
25924		A	Amputation follow-up surgery	8.46	NA	NA	7.52	7.83	0.65	NA	NA	16.63	16.94	090
25927		A	Amputation of hand	8.80	NA	NA	11.66	9.25	0.98	NA	NA	21.44	19.03	090
25929		A	Amputation follow-up surgery	7.59	NA	NA	6.28	5.71	0.81	NA	NA	14.68	14.11	090
25931		A	Amputation follow-up surgery	7.81	NA	NA	16.31	10.62	0.84	NA	NA	24.96	19.27	090
25999		C	Forearm or wrist surgery	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
26010		A	Drainage of finger abscess	1.54	4.31	2.42	3.36	1.81	0.14	5.99	4.10	5.04	3.49	010
26011		A	Drainage of finger abscess	2.19	5.96	3.82	5.21	3.44	0.23	8.38	6.24	7.63	5.86	010
26020		A	Drain hand tendon sheath	4.67	NA	NA	10.65	7.35	0.51	NA	NA	15.83	12.53	090
26025		A	Drainage of palm bursa	4.82	NA	NA	10.46	7.68	0.53	NA	NA	15.81	13.03	090
26030		A	Drainage of palm bursa(s)	5.93	NA	NA	11.20	8.71	0.66	NA	NA	17.79	15.30	090
26034		A	Treat hand bone lesion	6.23	NA	NA	12.41	8.50	0.69	NA	NA	19.33	15.42	090
26035		A	Decompress fingers/hand	9.51	NA	NA	14.48	10.05	1.03	NA	NA	25.02	20.59	090
26037		A	Decompress fingers/hand	7.25	NA	NA	13.55	10.23	0.80	NA	NA	21.60	18.28	090
26040		A	Release palm contracture	3.33	NA	NA	9.62	6.36	0.36	NA	NA	13.31	10.05	090
26045		A	Release palm contracture	5.56	NA	NA	10.80	8.02	0.61	NA	NA	16.97	14.19	090
26055		A	Incise finger tendon sheath	2.69	6.29	4.93	6.11	4.84	0.30	9.28	7.92	9.10	7.83	090
26060		A	Incision of finger tendon	2.81	NA	NA	6.66	3.95	0.31	NA	NA	9.78	7.07	090
26070		A	Explore/treat hand joint	3.69	NA	NA	9.25	5.38	0.33	NA	NA	13.27	9.40	090
26075		A	Explore/treat finger joint	3.79	NA	NA	9.96	7.03	0.37	NA	NA	14.12	11.19	090
26080		A	Explore/treat finger joint	4.24	NA	NA	10.45	6.93	0.45	NA	NA	15.14	11.62	090
26100		A	Biopsy hand joint lining	3.67	NA	NA	6.53	4.89	0.39	NA	NA	10.59	8.95	090
26105		A	Biopsy finger joint lining	3.71	NA	NA	10.25	7.39	0.40	NA	NA	14.36	11.50	090
26110		A	Biopsy finger joint lining	3.53	NA	NA	9.23	6.21	0.39	NA	NA	13.15	10.13	090
26115		A	Removal of hand lesion	3.86	6.20	4.19	6.20	4.19	0.42	10.48	8.47	10.48	8.47	090
26116		A	Removal of hand lesion	5.53	NA	NA	11.07	7.55	0.61	NA	NA	17.21	13.69	090
26117		A	Remove tumor, hand/finger	8.55	NA	NA	12.22	8.86	0.94	NA	NA	21.71	18.35	090
26121		A	Release palm contracture	7.54	NA	NA	12.43	10.72	0.84	NA	NA	20.81	19.10	090
26123		A	Release palm contracture	9.29	NA	NA	13.52	11.70	1.03	NA	NA	23.84	22.02	090
26125		A	Release palm contracture	4.61	NA	NA	2.50	2.67	0.51	NA	NA	7.62	7.79	ZZZ
26130		A	Remove wrist joint lining	5.42	NA	NA	12.29	8.87	0.60	NA	NA	18.31	14.89	090
26135		A	Revise finger joint, each	6.96	NA	NA	13.42	9.35	0.77	NA	NA	21.15	17.08	090
26140		A	Revise finger joint, each	6.17	NA	NA	12.71	8.75	0.69	NA	NA	19.57	15.61	090
26145		A	Tendon excision, palm/finger	6.32	NA	NA	12.79	8.95	0.71	NA	NA	19.82	15.98	090
26160		A	Remove tendon sheath lesion	3.15	6.09	4.31	6.09	4.31	0.34	9.58	7.80	9.58	7.80	090
26170		A	Removal of palm tendon, each	4.77	NA	NA	7.22	5.15	0.57	NA	NA	12.56	10.49	090
26180		A	Removal of finger tendon	5.18	NA	NA	7.34	5.85	0.59	NA	NA	13.11	11.62	090
26185		A	Remove finger bone	5.25	NA	NA	7.12	5.86	0.58	NA	NA	12.95	11.69	090
26200		A	Remove hand bone lesion	5.51	NA	NA	10.98	7.92	0.59	NA	NA	17.08	14.02	090
26205		A	Remove/graft bone lesion	7.70	NA	NA	12.44	9.70	0.87	NA	NA	21.01	18.27	090
26210		A	Removal of finger lesion	5.15	NA	NA	10.99	7.61	0.57	NA	NA	16.71	13.33	090
26215		A	Remove/graft finger lesion	7.10	NA	NA	11.77	8.90	0.70	NA	NA	19.57	16.70	090
26230		A	Partial removal of hand bone	6.33	NA	NA	10.51	7.57	0.70	NA	NA	17.54	14.60	090
26235		A	Partial removal, finger bone	6.19	NA	NA	10.33	7.43	0.69	NA	NA	17.21	14.31	090
26236		A	Partial removal, finger bone	5.32	NA	NA	10.30	7.25	0.59	NA	NA	16.21	13.16	090
26250		A	Extensive hand surgery	7.55	NA	NA	14.25	10.38	0.78	NA	NA	22.58	18.71	090
26255		A	Extensive hand surgery	12.43	NA	NA	15.02	12.36	1.28	NA	NA	28.73	26.07	090
26260		A	Extensive finger surgery	7.03	NA	NA	13.39	9.81	0.77	NA	NA	21.19	17.61	090
26261		A	Extensive finger surgery	9.09	NA	NA	7.90	8.13	0.71	NA	NA	17.70	17.93	090
26262		A	Partial removal of finger	5.67	NA	NA	11.27	8.21	0.63	NA	NA	17.57	14.51	090
26320		A	Removal of implant from hand	3.98	NA	NA	10.32	7.08	0.44	NA	NA	14.74	11.50	090
26350		A	Repair finger/hand tendon	5.99	NA	NA	15.00	10.62	0.66	NA	NA	21.65	17.27	090
26352		A	Repair/graft hand tendon	7.68	NA	NA	15.21	11.19	0.85	NA	NA	23.74	19.72	090
26356		A	Repair finger/hand tendon	8.07	NA	NA	16.42	12.12	0.90	NA	NA	25.39	21.09	090
26357		A	Repair finger/hand tendon	8.58	NA	NA	17.03	12.09	0.94	NA	NA	26.55	21.61	090
26358		A	Repair/graft hand tendon	9.14	NA	NA	16.55	12.29	1.03	NA	NA	26.72	22.46	090
26370		A	Repair finger/hand tendon	7.11	NA	NA	16.19	11.74	0.78	NA	NA	24.08	19.63	090
26372		A	Repair/graft hand tendon	8.76	NA	NA	17.37	12.15	0.96	NA	NA	27.09	21.87	090
26373		A	Repair finger/hand tendon	8.16	NA	NA	19.05	13.24	0.90	NA	NA	28.11	22.30	090
26390		A	Revise hand/finger tendon	9.19	NA	NA	13.63	11.13	1.01	NA	NA	23.83	21.33	090
26392		A	Repair/graft hand tendon	10.26	NA	NA	17.46	13.40	1.14	NA	NA	28.86	24.80	090
26410		A	Repair hand tendon	4.63	NA	NA	12.37	7.97	0.51	NA	NA	17.51	13.11	090
26412		A	Repair/graft hand tendon	6.31	NA	NA	13.46	9.99	0.70	NA	NA	20.47	17.00	090
26415		A	Excision, hand/finger tendon	8.34	NA	NA	12.09	9.71	0.79	NA	NA	21.22	18.84	090
26416		A	Graft hand or finger tendon	9.37	NA	NA	14.38	11.88	1.03	NA	NA	24.78	22.28	090

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT[1]/ HCPCS[2]	MOD	Status	Description	Physician work RVUs[3,5]	Fully implemented non-facility PE RVUs	Year 2000 transitional non-facility PE RVUs	Fully implemented facility PE RVUs	Year 2000 transitional facility PE RVUs	Malpractice RVUs	Fully implemented non-facility total	Year 2000 transitional non-facility total	Fully implemented facility total	Year 2000 transitional facility total	Global
26418	.....	A	Repair finger tendon	4.25	NA	NA	12.14	8.02	0.47	NA	NA	16.86	12.74	090
26420	.....	A	Repair/graft finger tendon	6.77	NA	NA	13.48	9.82	0.73	NA	NA	20.98	17.32	090
26426	.....	A	Repair finger/hand tendon	6.15	NA	NA	12.98	9.92	0.69	NA	NA	19.82	16.76	090
26428	.....	A	Repair/graft finger tendon	7.21	NA	NA	13.93	9.95	0.80	NA	NA	21.94	17.96	090
26432	.....	A	Repair finger tendon	4.02	NA	NA	10.17	5.94	0.44	NA	NA	14.63	10.40	090
26433	.....	A	Repair finger tendon	4.56	NA	NA	10.71	7.50	0.51	NA	NA	15.78	12.57	090
26434	.....	A	Repair/graft finger tendon	6.09	NA	NA	15.07	10.22	0.63	NA	NA	21.79	16.94	090
26437	.....	A	Realignment of tendons	5.82	NA	NA	11.05	7.73	0.65	NA	NA	17.52	14.20	090
26440	.....	A	Release palm/finger tendon	5.02	NA	NA	13.94	8.91	0.56	NA	NA	19.52	14.49	090
26442	.....	A	Release palm & finger tendon	8.16	NA	NA	15.49	9.58	0.91	NA	NA	24.56	18.65	090
26445	.....	A	Release hand/finger tendon	4.31	NA	NA	13.78	8.66	0.48	NA	NA	18.57	13.45	090
26449	.....	A	Release forearm/hand tendon	7.00	NA	NA	15.86	10.95	0.78	NA	NA	23.64	18.73	090
26450	.....	A	Incision of palm tendon	3.67	NA	NA	6.89	4.68	0.41	NA	NA	10.97	8.76	090
26455	.....	A	Incision of finger tendon	3.64	NA	NA	6.66	4.36	0.41	NA	NA	10.71	8.41	090
26460	.....	A	Incise hand/finger tendon	3.46	NA	NA	6.49	4.18	0.38	NA	NA	10.33	8.02	090
26471	.....	A	Fusion of finger tendons	5.73	NA	NA	10.80	7.65	0.64	NA	NA	17.17	14.02	090
26474	.....	A	Fusion of finger tendons	5.32	NA	NA	11.17	8.09	0.59	NA	NA	17.08	14.00	090
26476	.....	A	Tendon lengthening	5.18	NA	NA	12.23	7.69	0.54	NA	NA	17.95	13.41	090
26477	.....	A	Tendon shortening	5.15	NA	NA	10.43	7.38	0.58	NA	NA	16.16	13.11	090
26478	.....	A	Lengthening of hand tendon	5.80	NA	NA	11.35	8.01	0.65	NA	NA	17.80	14.46	090
26479	.....	A	Shortening of hand tendon	5.74	NA	NA	11.29	8.52	0.65	NA	NA	17.68	14.91	090
26480	.....	A	Transplant hand tendon	6.69	NA	NA	15.24	11.17	0.74	NA	NA	22.67	18.60	090
26483	.....	A	Transplant/graft hand tendon	8.29	NA	NA	16.17	12.70	0.88	NA	NA	25.34	21.87	090
26485	.....	A	Transplant palm tendon	7.70	NA	NA	17.09	12.07	0.85	NA	NA	25.64	20.62	090
26489	.....	A	Transplant/graft palm tendon	9.55	NA	NA	18.07	10.88	0.90	NA	NA	28.52	21.33	090
26490	.....	A	Revise thumb tendon	8.41	NA	NA	12.54	10.51	0.94	NA	NA	21.89	19.86	090
26492	.....	A	Tendon transfer with graft	9.62	NA	NA	14.75	12.13	0.96	NA	NA	25.33	22.71	090
26494	.....	A	Hand tendon/muscle transfer	8.47	NA	NA	12.92	10.41	0.96	NA	NA	22.35	19.84	090
26496	.....	A	Revise thumb tendon	9.59	NA	NA	12.62	11.05	1.07	NA	NA	23.28	21.71	090
26497	.....	A	Finger tendon transfer	9.57	NA	NA	15.76	12.23	1.02	NA	NA	26.35	22.82	090
26498	.....	A	Finger tendon transfer	14.00	NA	NA	18.12	15.45	1.55	NA	NA	33.67	31.00	090
26499	.....	A	Revision of finger	8.98	NA	NA	13.62	11.02	0.86	NA	NA	23.46	20.86	090
26500	.....	A	Hand tendon reconstruction	5.96	NA	NA	11.71	7.75	0.66	NA	NA	18.33	14.37	090
26502	.....	A	Hand tendon reconstruction	7.14	NA	NA	12.83	9.28	0.75	NA	NA	20.72	17.17	090
26504	.....	A	Hand tendon reconstruction	7.47	NA	NA	16.06	11.68	0.79	NA	NA	24.32	19.94	090
26508	.....	A	Release thumb contracture	6.01	NA	NA	11.17	7.84	0.67	NA	NA	17.85	14.52	090
26510	.....	A	Thumb tendon transfer	5.43	NA	NA	11.64	8.07	0.59	NA	NA	17.66	14.09	090
26516	.....	A	Fusion of knuckle joint	7.15	NA	NA	11.78	8.15	0.80	NA	NA	19.73	16.10	090
26517	.....	A	Fusion of knuckle joints	8.83	NA	NA	16.06	11.87	0.97	NA	NA	25.86	21.67	090
26518	.....	A	Fusion of knuckle joints	9.02	NA	NA	12.72	9.90	0.99	NA	NA	22.73	19.91	090
26520	.....	A	Release knuckle contracture	5.30	NA	NA	13.90	9.38	0.59	NA	NA	19.79	15.27	090
26525	.....	A	Release finger contracture	5.33	NA	NA	14.05	9.00	0.59	NA	NA	19.97	14.92	090
26530	.....	A	Revise knuckle joint	6.69	NA	NA	15.62	10.61	0.72	NA	NA	23.03	18.02	090
26531	.....	A	Revise knuckle with implant	7.91	NA	NA	16.76	11.99	0.87	NA	NA	25.54	20.77	090
26535	.....	A	Revise finger joint	5.24	NA	NA	8.25	6.75	0.42	NA	NA	13.91	12.41	090
26536	.....	A	Revise/implant finger joint	6.37	NA	NA	14.14	10.88	0.69	NA	NA	21.20	17.94	090
26540	.....	A	Repair hand joint	6.43	NA	NA	11.60	9.41	0.71	NA	NA	18.74	16.55	090
26541	.....	A	Repair hand joint with graft	8.62	NA	NA	13.63	11.67	0.95	NA	NA	23.20	21.24	090
26542	.....	A	Repair hand joint with graft	6.78	NA	NA	11.64	8.90	0.73	NA	NA	19.15	16.41	090
26545	.....	A	Reconstruct finger joint	6.92	NA	NA	11.96	8.84	0.78	NA	NA	19.66	16.54	090
26546	.....	A	Repair non-union hand	8.92	NA	NA	13.68	11.24	0.99	NA	NA	23.59	21.15	090
26548	.....	A	Reconstruct finger joint	8.03	NA	NA	12.76	9.52	0.89	NA	NA	21.68	18.44	090
26550	.....	A	Construct thumb replacement	21.24	NA	NA	24.47	22.99	2.40	NA	NA	48.11	46.63	090
26551	.....	A	Great toe-hand transfer	46.58	NA	NA	34.77	40.31	5.32	NA	NA	86.67	92.21	090
26553	.....	A	Single toe-hand transfer	46.27	NA	NA	26.26	35.90	5.28	NA	NA	77.81	87.45	090
26554	.....	A	Double toe-hand transfer	54.95	NA	NA	35.67	45.00	6.17	NA	NA	96.79	106.12	090
26555	.....	A	Positional change of finger	16.63	NA	NA	17.80	17.26	1.84	NA	NA	36.27	35.73	090
26556	.....	A	Toe joint transfer	47.26	NA	NA	26.64	36.48	5.40	NA	NA	79.30	89.14	090
26560	.....	A	Repair of web finger	5.38	NA	NA	11.78	8.42	0.56	NA	NA	17.72	14.36	090
26561	.....	A	Repair of web finger	10.92	NA	NA	16.08	12.87	1.20	NA	NA	28.20	24.99	090
26562	.....	A	Repair of web finger	9.68	NA	NA	13.40	12.48	1.10	NA	NA	24.18	23.26	090
26565	.....	A	Correct metacarpal flaw	6.74	NA	NA	12.55	9.44	0.74	NA	NA	20.03	16.92	090
26567	.....	A	Correct finger deformity	6.82	NA	NA	11.75	8.20	0.75	NA	NA	19.32	15.77	090
26568	.....	A	Lengthen metacarpal/finger	9.08	NA	NA	13.89	11.53	0.97	NA	NA	23.94	21.58	090
26580	.....	A	Repair hand deformity	18.18	NA	NA	14.27	16.30	1.51	NA	NA	33.96	35.99	090
26585	.....	A	Repair finger deformity	14.05	NA	NA	12.41	13.23	0.89	NA	NA	27.35	28.17	090
26587	.....	C	Reconstruct extra finger	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	090
26590	.....	A	Repair finger deformity	17.96	NA	NA	12.01	15.03	1.88	NA	NA	31.85	34.87	090
26591	.....	A	Repair muscles of hand	3.25	NA	NA	10.58	6.54	0.36	NA	NA	14.19	10.15	090
26593	.....	A	Release muscles of hand	5.31	NA	NA	10.55	7.51	0.59	NA	NA	16.45	13.41	090
26596	.....	A	Excision constricting tissue	8.95	NA	NA	8.76	8.85	0.93	NA	NA	18.64	18.73	090
26597	.....	A	Release of scar contracture	9.82	NA	NA	13.65	11.18	1.10	NA	NA	24.57	22.10	090
26600	.....	A	Treat metacarpal fracture	1.96	5.75	3.71	2.45	1.65	0.21	7.92	5.88	4.62	3.82	090
26605	.....	A	Treat metacarpal fracture	2.85	7.31	4.90	3.75	2.50	0.31	10.47	8.06	6.91	5.66	090
26607	.....	A	Treat metacarpal fracture	5.36	NA	NA	7.46	5.66	0.59	NA	NA	13.41	11.61	090
26608	.....	A	Treat metacarpal fracture	5.36	NA	NA	7.17	5.51	0.59	NA	NA	13.12	11.46	090
26615	.....	A	Repair metacarpal fracture	5.33	NA	NA	6.56	5.93	0.59	NA	NA	12.48	11.85	090
26641	.....	A	Treat thumb dislocation	3.94	7.62	4.41	4.37	2.79	0.39	11.95	8.74	8.70	7.12	090
26645	.....	A	Treat thumb fracture	4.41	8.34	5.37	4.64	3.52	0.44	13.19	10.22	9.49	8.37	090
26650	.....	A	Repair thumb fracture	5.72	NA	NA	7.23	5.79	0.62	NA	NA	13.57	12.13	090
26665	.....	A	Repair thumb fracture	7.60	NA	NA	8.03	7.48	0.83	NA	NA	16.46	15.91	090
26670	.....	A	Treat hand dislocation	3.69	7.67	4.36	4.61	2.83	0.37	11.73	8.42	8.67	6.89	090
26675	.....	A	Treat hand dislocation	4.64	7.17	5.94	3.73	4.22	0.49	12.30	11.07	8.86	9.35	090
26676	.....	A	Pin hand dislocation	5.52	NA	NA	7.30	6.29	0.61	NA	NA	13.43	12.42	090

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT[1]/ HCPCS[2]	MOD	Status	Description	Physician work RVUs[3,5]	Fully implemented non-facility PE RVUs	Year 2000 transitional non-facility PE RVUs	Fully implemented facility PE RVUs	Year 2000 transitional facility PE RVUs	Malpractice RVUs	Fully implemented non-facility total	Year 2000 transitional non-facility total	Fully implemented facility total	Year 2000 transitional facility total	Global
26685	.....	A	Repair hand dislocation	6.98	NA	NA	8.74	7.50	0.77	NA	NA	16.49	15.25	090
26686	.....	A	Repair hand dislocation	7.94	NA	NA	8.23	7.54	0.85	NA	NA	17.02	16.33	090
26700	.....	A	Treat knuckle dislocation	3.69	4.13	2.55	2.55	1.76	0.36	8.18	6.60	6.60	5.81	090
26705	.....	A	Treat knuckle dislocation	4.19	7.32	4.63	3.61	2.77	0.44	11.95	9.26	8.24	7.40	090
26706	.....	A	Pin knuckle dislocation	5.12	NA	NA	5.06	5.07	0.56	NA	NA	10.74	10.75	090
26715	.....	A	Repair knuckle dislocation	5.74	NA	NA	6.81	5.65	0.64	NA	NA	13.19	12.03	090
26720	.....	A	Treat finger fracture, each	1.66	2.49	1.84	1.45	1.03	0.17	4.32	3.67	3.28	2.86	090
26725	.....	A	Treat finger fracture, each	3.33	4.30	2.99	2.80	1.82	0.36	7.99	6.68	6.49	5.51	090
26727	.....	A	Treat finger fracture, each	5.23	NA	NA	7.09	4.88	0.58	NA	NA	12.90	10.69	090
26735	.....	A	Repair finger fracture, each	5.98	NA	NA	7.82	5.94	0.65	NA	NA	14.45	12.57	090
26740	.....	A	Treat finger fracture, each	1.94	3.06	2.16	2.14	1.39	0.21	5.21	4.31	4.29	3.54	090
26742	.....	A	Treat finger fracture, each	3.85	8.20	5.18	4.49	3.32	0.41	12.46	9.44	8.75	7.58	090
26746	.....	A	Repair finger fracture, each	5.81	NA	NA	6.93	6.04	0.65	NA	NA	13.39	12.50	090
26750	.....	A	Treat finger fracture, each	1.70	2.94	1.92	1.99	1.45	0.17	4.81	3.79	3.86	3.32	090
26755	.....	A	Treat finger fracture, each	3.10	4.13	2.65	2.57	1.87	0.32	7.55	6.07	5.99	5.29	090
26756	.....	A	Pin finger fracture, each	4.39	NA	NA	6.69	4.38	0.49	NA	NA	11.57	9.26	090
26765	.....	A	Repair finger fracture, each	4.17	NA	NA	5.99	4.44	0.46	NA	NA	10.62	9.07	090
26770	.....	A	Treat finger dislocation	3.02	3.93	2.38	2.34	1.58	0.30	7.25	5.70	5.66	4.90	090
26775	.....	A	Treat finger dislocation	3.71	6.83	4.03	3.40	2.32	0.39	10.93	8.13	7.50	6.42	090
26776	.....	A	Pin finger dislocation	4.80	NA	NA	6.86	4.56	0.54	NA	NA	12.20	9.90	090
26785	.....	A	Repair finger dislocation	4.21	NA	NA	6.02	4.62	0.47	NA	NA	10.70	9.30	090
26820	.....	A	Thumb fusion with graft	8.26	NA	NA	13.25	10.24	0.92	NA	NA	22.43	19.42	090
26841	.....	A	Fusion of thumb	7.13	NA	NA	12.15	9.43	0.79	NA	NA	20.07	17.35	090
26842	.....	A	Thumb fusion with graft	8.24	NA	NA	13.57	11.44	0.91	NA	NA	22.72	20.59	090
26843	.....	A	Fusion of hand joint	7.61	NA	NA	13.81	10.36	0.82	NA	NA	22.24	18.79	090
26844	.....	A	Fusion/graft of hand joint	8.73	NA	NA	14.45	11.22	0.95	NA	NA	24.13	20.90	090
26850	.....	A	Fusion of knuckle	6.97	NA	NA	11.76	8.39	0.77	NA	NA	19.50	16.13	090
26852	.....	A	Fusion of knuckle with graft	8.46	NA	NA	13.02	9.62	0.93	NA	NA	22.41	19.01	090
26860	.....	A	Fusion of finger joint	4.69	NA	NA	10.46	7.57	0.52	NA	NA	15.67	12.78	090
26861	.....	A	Fusion of finger joint,added	1.74	NA	NA	0.94	1.51	0.19	NA	NA	2.87	3.44	ZZZ
26862	.....	A	Fusion/graft of finger joint	7.37	NA	NA	12.26	8.93	0.81	NA	NA	20.44	17.11	090
26863	.....	A	Fuse/graft added joint	3.90	NA	NA	2.13	2.90	0.43	NA	NA	6.46	7.23	ZZZ
26910	.....	A	Amputate metacarpal bone	7.60	NA	NA	11.19	8.40	0.84	NA	NA	19.63	16.84	090
26951	.....	A	Amputation of finger/thumb	4.59	NA	NA	10.09	6.60	0.51	NA	NA	15.19	11.70	090
26952	.....	A	Amputation of finger/thumb	6.31	NA	NA	11.46	7.90	0.70	NA	NA	18.47	14.91	090
26989	.....	C	Hand/finger surgery	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
26990	.....	A	Drainage of pelvis lesion	7.48	NA	NA	13.13	8.25	0.77	NA	NA	21.38	16.50	090
26991	.....	A	Drainage of pelvis bursa	6.68	8.98	5.47	7.84	4.90	0.69	16.35	12.84	15.21	12.27	090
26992	.....	A	Drainage of bone lesion	13.02	NA	NA	17.06	11.99	1.43	NA	NA	31.51	26.44	090
27000	.....	A	Incision of hip tendon	5.62	NA	NA	6.65	4.33	0.62	NA	NA	12.89	10.57	090
27001	.....	A	Incision of hip tendon	6.94	NA	NA	7.25	4.90	0.76	NA	NA	14.95	12.60	090
27003	.....	A	Incision of hip tendon	7.34	NA	NA	8.36	7.86	0.82	NA	NA	16.52	16.02	090
27005	.....	A	Incision of hip tendon	9.66	NA	NA	9.54	6.60	1.05	NA	NA	20.25	17.31	090
27006	.....	A	Incision of hip tendons	9.68	NA	NA	9.24	7.14	1.08	NA	NA	20.00	17.90	090
27025	.....	A	Incision of hip/thigh fascia	11.16	NA	NA	9.39	8.02	1.24	NA	NA	21.79	20.42	090
27030	.....	A	Drainage of hip joint	13.01	NA	NA	11.40	11.90	1.42	NA	NA	25.83	26.33	090
27033	.....	A	Exploration of hip joint	13.39	NA	NA	11.38	11.94	1.46	NA	NA	26.23	26.79	090
27035	.....	A	Denervation of hip joint	16.69	NA	NA	13.89	13.38	1.77	NA	NA	32.35	31.84	090
27036	.....	A	Excision of hip joint/muscle	12.88	NA	NA	11.96	12.19	1.40	NA	NA	26.24	26.47	090
27040	.....	A	Biopsy of soft tissues	2.87	4.62	2.70	3.32	2.05	0.18	7.67	5.75	6.37	5.10	010
27041	.....	A	Biopsy of soft tissues	9.89	NA	NA	7.39	5.15	0.89	NA	NA	18.17	15.93	090
27047	.....	A	Remove hip/pelvis lesion	7.45	7.81	4.93	6.38	4.22	0.77	16.03	13.15	14.60	12.44	090
27048	.....	A	Remove hip/pelvis lesion	6.25	NA	NA	6.77	5.74	0.67	NA	NA	13.69	12.66	090
27049	.....	A	Remove tumor, hip/pelvis	13.66	NA	NA	11.69	11.35	1.39	NA	NA	26.74	26.40	090
27050	.....	A	Biopsy of sacroiliac joint	4.36	NA	NA	7.20	6.20	0.47	NA	NA	12.03	11.03	090
27052	.....	A	Biopsy of hip joint	6.23	NA	NA	8.04	7.74	0.68	NA	NA	14.95	14.65	090
27054	.....	A	Removal of hip joint lining	8.54	NA	NA	9.44	9.82	0.93	NA	NA	18.91	19.29	090
27060	.....	A	Removal of ischial bursa	5.43	NA	NA	6.24	5.26	0.57	NA	NA	12.24	11.26	090
27062	.....	A	Remove femur lesion/bursa	5.37	NA	NA	6.38	5.49	0.59	NA	NA	12.34	11.45	090
27065	.....	A	Removal of hip bone lesion	5.90	NA	NA	8.00	7.04	0.63	NA	NA	14.53	13.57	090
27066	.....	A	Removal of hip bone lesion	10.33	NA	NA	11.38	9.98	1.10	NA	NA	22.81	21.41	090
27067	.....	A	Remove/graft hip bone lesion	13.83	NA	NA	13.63	13.13	1.53	NA	NA	28.99	28.49	090
27070	.....	A	Partial removal of hip bone	10.72	NA	NA	15.84	11.94	1.16	NA	NA	27.72	23.82	090
27071	.....	A	Partial removal of hip bone	11.46	NA	NA	16.45	12.84	1.25	NA	NA	29.16	25.55	090
27075	.....	A	Extensive hip surgery	17.23	NA	NA	14.44	14.57	1.87	NA	NA	33.54	33.67	090
27076	.....	A	Extensive hip surgery	22.12	NA	NA	18.92	18.35	2.36	NA	NA	43.40	42.83	090
27077	.....	A	Extensive hip surgery	23.13	NA	NA	17.40	19.00	2.50	NA	NA	43.03	44.63	090
27078	.....	A	Extensive hip surgery	13.44	NA	NA	13.13	11.56	1.50	NA	NA	28.07	26.50	090
27079	.....	A	Extensive hip surgery	13.75	NA	NA	12.03	10.71	1.49	NA	NA	27.27	25.95	090
27080	.....	A	Removal of tail bone	6.39	NA	NA	6.47	5.83	0.70	NA	NA	13.56	12.92	090
27086	.....	A	Remove hip foreign body	1.87	4.60	2.62	3.29	1.81	0.16	6.63	4.65	5.32	3.84	010
27087	.....	A	Remove hip foreign body	8.54	NA	NA	8.01	5.97	0.91	NA	NA	17.46	15.42	090
27090	.....	A	Removal of hip prosthesis	11.15	NA	NA	10.17	10.02	1.22	NA	NA	22.54	22.39	090
27091	.....	A	Removal of hip prosthesis	22.14	NA	NA	17.64	19.57	2.31	NA	NA	42.09	44.02	090
27093	.....	A	Injection for hip x-ray	1.30	11.02	5.96	0.42	0.66	0.08	12.40	7.34	1.80	2.04	000
27095	.....	A	Injection for hip x-ray	1.50	11.23	6.12	0.47	0.74	0.09	12.82	7.71	2.06	2.33	000
27097	.....	A	Revision of hip tendon	8.80	NA	NA	8.35	8.36	0.95	NA	NA	18.10	18.11	090
27098	.....	A	Transfer tendon to pelvis	8.83	NA	NA	8.40	8.39	0.99	NA	NA	18.22	18.21	090
27100	.....	A	Transfer of abdominal muscle	11.08	NA	NA	11.33	9.83	1.18	NA	NA	23.59	22.09	090
27105	.....	A	Transfer of spinal muscle	11.77	NA	NA	10.53	8.46	1.32	NA	NA	23.62	21.55	090
27110	.....	A	Transfer of iliopsoas muscle	13.26	NA	NA	12.79	12.15	1.23	NA	NA	27.28	26.64	090
27111	.....	A	Transfer of iliopsoas muscle	12.15	NA	NA	10.84	11.73	1.36	NA	NA	24.35	25.24	090
27120	.....	A	Reconstruction of hip socket	18.01	NA	NA	13.29	16.47	1.96	NA	NA	33.26	36.44	090
27122	.....	A	Reconstruction of hip socket	14.98	NA	NA	12.99	15.44	1.63	NA	NA	29.60	32.05	090

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT[1]/ HCPCS[2]	MOD	Status	Description	Physician work RVUs[3,5]	Fully implemented non-facility PE RVUs	Year 2000 transitional non-facility PE RVUs	Fully implemented facility PE RVUs	Year 2000 transitional facility PE RVUs	Malpractice RVUs	Fully implemented non-facility total	Year 2000 transitional non-facility total	Fully implemented facility total	Year 2000 transitional facility total	Global
27125	.....	A	Partial hip replacement	14.69	NA	NA	12.48	15.01	1.59	NA	NA	28.76	31.29	090
27130	.....	A	Total hip replacement	20.12	NA	NA	16.13	20.08	2.19	NA	NA	38.44	42.39	090
27132	.....	A	Total hip replacement	23.30	NA	NA	17.69	22.76	2.53	NA	NA	43.52	48.59	090
27134	.....	A	Revise hip joint replacement	28.52	NA	NA	20.72	27.38	3.11	NA	NA	52.35	59.01	090
27137	.....	A	Revise hip joint replacement	21.17	NA	NA	16.64	20.96	2.31	NA	NA	40.12	44.44	090
27138	.....	A	Revise hip joint replacement	22.17	NA	NA	17.02	21.66	2.43	NA	NA	41.62	46.26	090
27140	.....	A	Transplant of femur ridge	12.24	NA	NA	10.73	11.36	1.34	NA	NA	24.31	24.94	090
27146	.....	A	Incision of hip bone	17.43	NA	NA	15.75	13.78	1.93	NA	NA	35.11	33.14	090
27147	.....	A	Revision of hip bone	20.58	NA	NA	15.19	16.81	2.24	NA	NA	38.01	39.63	090
27151	.....	A	Incision of hip bones	22.51	NA	NA	17.26	18.24	2.53	NA	NA	42.30	43.28	090
27156	.....	A	Revision of hip bones	24.63	NA	NA	18.06	18.97	2.68	NA	NA	45.37	46.28	090
27158	.....	A	Revision of pelvis	19.74	NA	NA	16.04	15.85	2.22	NA	NA	38.00	37.81	090
27161	.....	A	Incision of neck of femur	16.71	NA	NA	14.12	14.83	1.82	NA	NA	32.65	33.36	090
27165	.....	A	Incision/fixation of femur	17.91	NA	NA	13.57	15.88	1.95	NA	NA	33.43	35.74	090
27170	.....	A	Repair/graft femur head/neck	16.07	NA	NA	12.87	15.34	1.77	NA	NA	30.71	33.18	090
27175	.....	A	Treat slipped epiphysis	8.46	NA	NA	6.47	3.88	0.95	NA	NA	15.88	13.29	090
27176	.....	A	Treat slipped epiphysis	12.05	NA	NA	8.70	9.99	1.22	NA	NA	21.97	23.26	090
27177	.....	A	Repair slipped epiphysis	15.08	NA	NA	10.58	12.02	1.64	NA	NA	27.30	28.74	090
27178	.....	A	Repair slipped epiphysis	11.99	NA	NA	12.91	12.13	1.08	NA	NA	25.98	25.20	090
27179	.....	A	Revise head/neck of femur	12.98	NA	NA	9.36	10.73	1.44	NA	NA	23.78	25.15	090
27181	.....	A	Repair slipped epiphysis	14.68	NA	NA	9.92	12.09	1.48	NA	NA	26.08	28.25	090
27185	.....	A	Revision of femur epiphysis	9.18	NA	NA	8.60	5.81	0.86	NA	NA	18.64	15.85	090
27187	.....	A	Reinforce hip bones	13.54	NA	NA	12.11	14.14	1.47	NA	NA	27.12	29.15	090
27193	.....	A	Treat pelvic ring fracture	5.56	6.31	4.47	4.85	3.74	0.61	12.48	10.64	11.02	9.91	090
27194	.....	A	Treat pelvic ring fracture	9.65	8.47	6.35	7.10	5.67	1.08	19.20	17.08	17.83	16.40	090
27200	.....	A	Treat tail bone fracture	1.84	2.56	2.09	1.54	1.58	0.19	4.59	4.12	3.57	3.61	090
27202	.....	A	Repair tail bone fracture	7.04	NA	NA	21.84	14.26	0.95	NA	NA	29.83	22.25	090
27215	.....	A	Pelvic fracture(s) treatment	10.05	NA	NA	8.99	10.50	1.06	NA	NA	20.10	21.61	090
27216	.....	A	Treat pelvic ring fracture	15.19	NA	NA	13.81	9.24	1.62	NA	NA	30.62	26.05	090
27217	.....	A	Treat pelvic ring fracture	14.11	NA	NA	11.65	13.72	1.51	NA	NA	27.27	29.34	090
27218	.....	A	Treat pelvic ring fracture	20.15	NA	NA	16.71	16.25	2.06	NA	NA	38.92	38.46	090
27220	.....	A	Treat hip socket fracture	6.18	6.65	5.64	5.17	4.90	0.68	13.51	12.50	12.03	11.76	090
27222	.....	A	Treat hip socket fracture	12.70	NA	NA	9.27	8.09	1.40	NA	NA	23.37	22.19	090
27226	.....	A	Treat hip wall fracture	14.91	NA	NA	22.82	19.98	1.12	NA	NA	38.85	36.01	090
27227	.....	A	Treat hip fracture(s)	23.45	NA	NA	15.86	18.62	2.67	NA	NA	41.98	44.74	090
27228	.....	A	Treat hip fracture(s)	27.16	NA	NA	18.48	20.07	2.97	NA	NA	48.61	50.20	090
27230	.....	A	Treat fracture of thigh	5.50	6.53	5.06	5.31	4.45	0.58	12.61	11.14	11.39	10.53	090
27232	.....	A	Treat fracture of thigh	10.68	NA	NA	8.30	9.03	1.16	NA	NA	20.14	20.87	090
27235	.....	A	Repair of thigh fracture	12.16	NA	NA	10.09	12.31	1.33	NA	NA	23.58	25.80	090
27236	.....	A	Repair of thigh fracture	15.60	NA	NA	12.84	15.60	1.70	NA	NA	30.14	32.90	090
27238	.....	A	Treatment of thigh fracture	5.52	NA	NA	5.38	5.36	0.59	NA	NA	11.49	11.47	090
27240	.....	A	Treatment of thigh fracture	12.50	NA	NA	9.36	9.95	1.39	NA	NA	23.25	23.84	090
27244	.....	A	Repair of thigh fracture	15.94	NA	NA	12.11	14.90	1.74	NA	NA	29.79	32.58	090
27245	.....	A	Repair of thigh fracture	20.31	NA	NA	14.49	16.09	2.23	NA	NA	37.03	38.63	090
27246	.....	A	Treatment of thigh fracture	4.71	6.25	5.23	5.05	4.63	0.52	11.48	10.46	10.28	9.86	090
27248	.....	A	Repair of thigh fracture	10.45	NA	NA	9.03	10.76	1.12	NA	NA	20.60	22.33	090
27250	.....	A	Treat hip dislocation	6.95	NA	NA	5.99	4.73	0.71	NA	NA	13.65	12.39	090
27252	.....	A	Treat hip dislocation	10.39	NA	NA	7.53	6.12	1.14	NA	NA	19.06	17.65	090
27253	.....	A	Repair of hip dislocation	12.92	NA	NA	10.05	12.16	1.42	NA	NA	24.39	26.50	090
27254	.....	A	Repair of hip dislocation	18.26	NA	NA	12.64	13.63	1.96	NA	NA	32.86	33.85	090
27256	.....	A	Treatment of hip dislocation	4.12	NA	NA	3.70	2.87	0.41	NA	NA	8.23	7.40	010
27257	.....	A	Treatment of hip dislocation	5.22	NA	NA	4.12	4.57	0.55	NA	NA	9.89	10.34	010
27258	.....	A	Repair of hip dislocation	15.43	NA	NA	12.68	13.79	1.68	NA	NA	29.79	30.90	090
27259	.....	A	Repair of hip dislocation	21.55	NA	NA	14.51	16.59	2.18	NA	NA	38.24	40.32	090
27265	.....	A	Treatment of hip dislocation	5.05	NA	NA	5.18	4.47	0.56	NA	NA	10.79	10.08	090
27266	.....	A	Treatment of hip dislocation	7.49	NA	NA	6.53	5.68	0.83	NA	NA	14.85	14.00	090
27275	.....	A	Manipulation of hip joint	2.27	NA	NA	2.99	2.52	0.25	NA	NA	5.51	5.04	010
27280	.....	A	Fusion of sacroiliac joint	13.39	NA	NA	13.94	12.43	1.49	NA	NA	28.82	27.31	090
27282	.....	A	Fusion of pubic bones	11.34	NA	NA	11.09	10.44	0.90	NA	NA	23.33	22.68	090
27284	.....	A	Fusion of hip joint	16.76	NA	NA	15.78	15.76	1.74	NA	NA	34.28	34.26	090
27286	.....	A	Fusion of hip joint	16.79	NA	NA	13.53	15.02	1.89	NA	NA	32.21	33.70	090
27290	.....	A	Amputation of leg at hip	23.28	NA	NA	15.39	21.48	2.43	NA	NA	41.10	47.19	090
27295	.....	A	Amputation of leg at hip	18.65	NA	NA	13.12	15.54	2.06	NA	NA	33.83	36.25	090
27299	.....	C	Pelvis/hip joint surgery	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
27301	.....	A	Drain thigh/knee lesion	6.49	12.74	7.71	12.10	7.39	0.70	19.93	14.90	19.29	14.58	090
27303	.....	A	Drainage of bone lesion	8.28	NA	NA	12.74	9.55	0.90	NA	NA	21.92	18.73	090
27305	.....	A	Incise thigh tendon & fascia	5.92	NA	NA	8.35	6.24	0.67	NA	NA	14.94	12.83	090
27306	.....	A	Incision of thigh tendon	4.62	NA	NA	6.17	4.17	0.51	NA	NA	11.30	9.30	090
27307	.....	A	Incision of thigh tendons	5.80	NA	NA	6.77	5.02	0.64	NA	NA	13.21	11.46	090
27310	.....	A	Exploration of knee joint	9.27	NA	NA	9.06	9.74	1.01	NA	NA	19.34	20.02	090
27315	.....	A	Partial removal, thigh nerve	6.97	NA	NA	4.46	5.15	0.77	NA	NA	12.20	12.89	090
27320	.....	A	Partial removal, thigh nerve	6.30	NA	NA	4.08	4.85	0.64	NA	NA	11.02	11.79	090
27323	.....	A	Biopsy thigh soft tissues	2.28	4.17	2.58	2.94	1.72	0.15	6.60	5.01	5.37	4.15	010
27324	.....	A	Biopsy thigh soft tissues	4.90	NA	NA	5.85	4.35	0.56	NA	NA	11.31	9.81	090
27327	.....	A	Removal of thigh lesion	4.47	6.62	4.56	5.51	4.00	0.47	11.56	9.50	10.45	8.94	090
27328	.....	A	Removal of thigh lesion	5.57	NA	NA	6.12	5.27	0.60	NA	NA	12.29	11.44	090
27329	.....	A	Remove tumor, thigh/knee	14.14	NA	NA	12.85	12.77	1.47	NA	NA	28.46	28.38	090
27330	.....	A	Biopsy knee joint lining	4.97	NA	NA	5.43	5.69	0.54	NA	NA	10.94	11.20	090
27331	.....	A	Explore/treat knee joint	5.88	NA	NA	6.75	6.89	0.65	NA	NA	13.28	13.42	090
27332	.....	A	Removal of knee cartilage	8.27	NA	NA	8.50	9.19	0.89	NA	NA	17.66	18.35	090
27333	.....	A	Removal of knee cartilage	7.30	NA	NA	7.77	8.24	0.79	NA	NA	15.86	16.33	090
27334	.....	A	Remove knee joint lining	8.70	NA	NA	8.70	9.55	0.95	NA	NA	18.35	19.20	090
27335	.....	A	Remove knee joint lining	10.00	NA	NA	9.81	10.88	1.09	NA	NA	20.90	21.97	090
27340	.....	A	Removal of kneecap bursa	4.18	NA	NA	4.98	4.58	0.46	NA	NA	9.62	9.22	090

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT[1]/ HCPCS[2]	MOD	Status	Description	Physician work RVUs[3,5]	Fully implemented non-facility PE RVUs	Year 2000 transitional non-facility PE RVUs	Fully implemented facility PE RVUs	Year 2000 transitional facility PE RVUs	Malpractice RVUs	Fully implemented non-facility total	Year 2000 transitional non-facility total	Fully implemented facility total	Year 2000 transitional facility total	Global
27345		A	Removal of knee cyst	5.92	NA	NA	7.11	6.61	0.65	NA	NA	13.68	13.18	090
27347		A	Remove knee cyst	5.78	2.46	2.46	2.46	2.46	0.63	8.87	8.87	8.87	8.87	090
27350		A	Removal of kneecap	8.17	NA	NA	8.26	9.01	0.90	NA	NA	17.33	18.08	090
27355		A	Remove femur lesion	7.65	NA	NA	9.10	8.67	0.84	NA	NA	17.59	17.16	090
27356		A	Remove femur lesion/graft	9.48	NA	NA	10.52	9.71	1.04	NA	NA	21.04	20.23	090
27357		A	Remove femur lesion/graft	10.53	NA	NA	10.41	9.98	1.16	NA	NA	22.10	21.67	090
27358		A	Remove femur lesion/fixation	4.74	NA	NA	2.53	3.74	0.52	NA	NA	7.79	9.00	ZZZ
27360		A	Partial removal leg bone(s)	10.50	NA	NA	16.27	12.78	1.15	NA	NA	27.92	24.43	090
27365		A	Extensive leg surgery	16.27	NA	NA	13.15	14.14	1.73	NA	NA	31.15	32.14	090
27370		A	Injection for knee x-ray	0.96	10.59	5.62	0.26	0.46	0.05	11.60	6.63	1.27	1.47	000
27372		A	Removal of foreign body	5.07	6.82	5.27	5.69	4.70	0.54	12.43	10.88	11.30	10.31	090
27380		A	Repair of kneecap tendon	7.16	NA	NA	7.72	8.14	0.79	NA	NA	15.67	16.09	090
27381		A	Repair/graft kneecap tendon	10.34	NA	NA	9.26	10.75	1.15	NA	NA	20.75	22.24	090
27385		A	Repair of thigh muscle	7.76	NA	NA	8.12	8.70	0.85	NA	NA	16.73	17.31	090
27386		A	Repair/graft of thigh muscle	10.56	NA	NA	10.10	11.36	1.15	NA	NA	21.81	23.07	090
27390		A	Incision of thigh tendon	5.33	NA	NA	6.93	5.83	0.59	NA	NA	12.85	11.75	090
27391		A	Incision of thigh tendons	7.20	NA	NA	7.77	6.83	0.80	NA	NA	15.77	14.83	090
27392		A	Incision of thigh tendons	9.20	NA	NA	9.69	9.01	1.00	NA	NA	19.89	19.21	090
27393		A	Lengthening of thigh tendon	6.39	NA	NA	8.42	7.29	0.68	NA	NA	15.49	14.36	090
27394		A	Lengthening of thigh tendons	8.50	NA	NA	9.35	7.79	0.93	NA	NA	18.78	17.22	090
27395		A	Lengthening of thigh tendons	11.73	NA	NA	12.38	11.88	1.28	NA	NA	25.39	24.89	090
27396		A	Transplant of thigh tendon	7.86	NA	NA	9.02	8.34	0.87	NA	NA	17.75	17.07	090
27397		A	Transplants of thigh tendons	11.28	NA	NA	10.43	10.04	1.27	NA	NA	22.98	22.59	090
27400		A	Revise thigh muscles/tendons	9.02	NA	NA	9.46	9.01	0.97	NA	NA	19.45	19.00	090
27403		A	Repair of knee cartilage	8.33	NA	NA	8.02	8.78	0.91	NA	NA	17.26	18.02	090
27405		A	Repair of knee ligament	8.65	NA	NA	8.76	9.55	0.95	NA	NA	18.36	19.15	090
27407		A	Repair of knee ligament	10.28	NA	NA	10.18	9.91	1.08	NA	NA	21.54	21.27	090
27409		A	Repair of knee ligaments	12.90	NA	NA	11.93	13.67	1.44	NA	NA	26.27	28.01	090
27418		A	Repair degenerated kneecap	10.85	NA	NA	10.35	11.66	1.19	NA	NA	22.39	23.70	090
27420		A	Revision of unstable kneecap	9.83	NA	NA	9.23	10.48	1.06	NA	NA	20.12	21.37	090
27422		A	Revision of unstable kneecap	9.78	NA	NA	9.02	10.35	1.07	NA	NA	19.87	21.20	090
27424		A	Revision/removal of kneecap	9.81	NA	NA	8.69	10.20	1.09	NA	NA	19.59	21.10	090
27425		A	Lateral retinacular release	5.22	NA	NA	6.52	6.38	0.57	NA	NA	12.31	12.17	090
27427		A	Reconstruction, knee	9.36	NA	NA	8.62	9.90	1.01	NA	NA	18.99	20.27	090
27428		A	Reconstruction, knee	14.00	NA	NA	12.52	13.68	1.51	NA	NA	28.03	29.19	090
27429		A	Reconstruction, knee	15.52	NA	NA	12.52	12.38	1.67	NA	NA	29.71	29.57	090
27430		A	Revision of thigh muscles	9.67	NA	NA	8.80	9.48	1.03	NA	NA	19.50	20.18	090
27435		A	Incision of knee joint	9.49	NA	NA	8.48	8.06	1.05	NA	NA	19.02	18.60	090
27437		A	Revise kneecap	8.46	NA	NA	9.95	10.03	0.90	NA	NA	19.31	19.39	090
27438		A	Revise kneecap with implant	11.23	NA	NA	10.21	11.81	1.22	NA	NA	22.66	24.26	090
27440		A	Revision of knee joint	10.43	NA	NA	23.64	18.05	0.72	NA	NA	34.79	29.20	090
27441		A	Revision of knee joint	10.82	NA	NA	22.27	16.10	0.80	NA	NA	33.89	27.72	090
27442		A	Revision of knee joint	11.89	NA	NA	10.73	12.47	1.31	NA	NA	23.93	25.67	090
27443		A	Revision of knee joint	10.93	NA	NA	10.43	11.74	1.20	NA	NA	22.56	23.87	090
27445		A	Revision of knee joint	17.68	NA	NA	13.64	17.38	1.96	NA	NA	33.28	37.02	090
27446		A	Revision of knee joint	15.84	NA	NA	13.82	16.37	1.70	NA	NA	31.36	33.91	090
27447		A	Total knee replacement	21.48	NA	NA	16.21	20.93	2.33	NA	NA	40.02	44.74	090
27448		A	Incision of thigh	11.06	NA	NA	10.74	11.98	1.20	NA	NA	23.00	24.24	090
27450		A	Incision of thigh	13.98	NA	NA	12.53	14.32	1.52	NA	NA	28.03	29.82	090
27454		A	Realignment of thigh bone	17.56	NA	NA	14.78	15.91	1.89	NA	NA	34.23	35.36	090
27455		A	Realignment of knee	12.82	NA	NA	12.13	12.58	1.34	NA	NA	26.29	26.74	090
27457		A	Realignment of knee	13.45	NA	NA	10.79	12.61	1.47	NA	NA	25.71	27.53	090
27465		A	Shortening of thigh bone	13.87	NA	NA	12.36	12.82	1.54	NA	NA	27.77	28.23	090
27466		A	Lengthening of thigh bone	16.33	NA	NA	14.59	14.59	1.80	NA	NA	32.72	32.72	090
27468		A	Shorten/lengthen thighs	18.97	NA	NA	13.16	15.72	2.06	NA	NA	34.19	36.75	090
27470		A	Repair of thigh	16.07	NA	NA	14.54	16.32	1.75	NA	NA	32.36	34.14	090
27472		A	Repair/graft of thigh	17.72	NA	NA	15.31	18.23	1.94	NA	NA	34.97	37.89	090
27475		A	Surgery to stop leg growth	8.64	NA	NA	8.85	8.63	0.92	NA	NA	18.41	18.19	090
27477		A	Surgery to stop leg growth	9.85	NA	NA	9.34	10.55	1.03	NA	NA	20.22	21.43	090
27479		A	Surgery to stop leg growth	12.80	NA	NA	10.02	11.32	1.44	NA	NA	24.26	25.56	090
27485		A	Surgery to stop leg growth	8.84	NA	NA	9.21	8.90	0.95	NA	NA	19.00	18.69	090
27486		A	Revise knee joint replace	19.27	NA	NA	15.09	19.05	2.09	NA	NA	36.45	40.41	090
27487		A	Revise knee joint replace	25.27	NA	NA	18.50	24.32	2.73	NA	NA	46.50	52.32	090
27488		A	Removal of knee prosthesis	15.74	NA	NA	13.16	15.35	1.72	NA	NA	30.62	32.81	090
27495		A	Reinforce thigh	15.55	NA	NA	14.30	16.44	1.69	NA	NA	31.54	33.68	090
27496		A	Decompression of thigh/knee	6.11	NA	NA	7.55	6.24	0.70	NA	NA	14.36	13.05	090
27497		A	Decompression of thigh/knee	7.17	NA	NA	6.92	6.47	0.80	NA	NA	14.89	14.44	090
27498		A	Decompression of thigh/knee	7.99	NA	NA	7.97	7.42	0.91	NA	NA	16.87	16.32	090
27499		A	Decompression of thigh/knee	9.00	NA	NA	7.80	7.85	0.99	NA	NA	17.79	17.84	090
27500		A	Treatment of thigh fracture	5.92	13.17	9.52	6.38	6.13	0.64	19.73	16.08	12.94	12.69	090
27501		A	Treatment of thigh fracture	5.92	14.17	10.02	7.26	6.57	0.66	20.75	16.60	13.84	13.15	090
27502		A	Treatment of thigh fracture	10.58	NA	NA	9.72	9.02	1.17	NA	NA	21.47	20.77	090
27503		A	Treatment of thigh fracture	10.58	NA	NA	9.81	9.07	1.17	NA	NA	21.56	20.82	090
27506		A	Repair of thigh fracture	17.45	NA	NA	13.34	15.37	1.91	NA	NA	32.70	34.73	090
27507		A	Treatment of thigh fracture	13.99	NA	NA	11.52	14.11	1.53	NA	NA	27.04	29.63	090
27508		A	Treatment of thigh fracture	5.83	8.66	6.62	4.92	4.75	0.64	15.13	13.09	11.39	11.22	090
27509		A	Treatment of thigh fracture	7.71	NA	NA	8.16	6.37	0.86	NA	NA	16.73	14.94	090
27510		A	Treatment of thigh fracture	9.13	NA	NA	6.71	7.06	1.00	NA	NA	16.84	17.19	090
27511		A	Treatment of thigh fracture	13.64	NA	NA	12.24	14.26	1.49	NA	NA	27.37	29.39	090
27513		A	Treatment of thigh fracture	17.92	NA	NA	14.49	15.94	1.96	NA	NA	34.37	35.82	090
27514		A	Repair of thigh fracture	17.30	NA	NA	13.63	15.37	1.89	NA	NA	32.82	34.56	090
27516		A	Repair of thigh growth plate	5.37	9.25	7.24	5.17	5.20	0.59	15.21	13.20	11.13	11.16	090
27517		A	Repair of thigh growth plate	8.78	10.27	9.38	7.17	7.83	0.96	20.01	19.12	16.91	17.57	090
27519		A	Repair of thigh growth plate	15.02	NA	NA	12.51	13.14	1.62	NA	NA	29.15	29.78	090

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[3] + Indicates RVUs are not used for Medicare payment.

[4] PE RVUs = Practice Expense Relative Value Units.

[5] # Indicates new CPT/HCPCS codes which were not factored into budget neutrality adjustments.

ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT[1]/ HCPCS[2]	MOD	Status	Description	Physician work RVUs[3,5]	Fully implemented non-facility PE RVUs	Year 2000 transitional non-facility PE RVUs	Fully implemented facility PE RVUs	Year 2000 transitional facility PE RVUs	Malpractice RVUs	Fully implemented non-facility total	Year 2000 transitional non-facility total	Fully implemented facility total	Year 2000 transitional facility total	Global
27520		A	Treat kneecap fracture	2.86	7.01	5.16	3.38	2.52	0.31	10.18	8.33	6.55	5.69	090
27524		A	Repair of kneecap fracture	10.00	NA	NA	8.15	9.69	1.09	NA	NA	19.24	20.78	090
27530		A	Treatment of knee fracture	3.78	7.51	5.60	3.85	3.77	0.41	11.70	9.79	8.04	7.96	090
27532		A	Treatment of knee fracture	7.30	6.76	6.46	5.36	5.76	0.81	14.87	14.57	13.47	13.87	090
27535		A	Treatment of knee fracture	11.50	NA	NA	11.19	11.94	1.26	NA	NA	23.95	24.70	090
27536		A	Repair of knee fracture	15.65	NA	NA	11.06	11.88	1.72	NA	NA	28.43	29.25	090
27538		A	Treat knee fracture(s)	4.87	8.91	6.29	5.02	4.34	0.53	14.31	11.69	10.42	9.74	090
27540		A	Repair of knee fracture	13.10	NA	NA	9.81	10.85	1.42	NA	NA	24.33	25.37	090
27550		A	Treat knee dislocation	5.76	8.58	5.69	5.27	4.03	0.60	14.94	12.05	11.63	10.39	090
27552		A	Treat knee dislocation	7.90	NA	NA	6.98	5.35	0.87	NA	NA	15.75	14.12	090
27556		A	Repair of knee dislocation	14.41	NA	NA	12.74	13.14	1.62	NA	NA	28.77	29.17	090
27557		A	Repair of knee dislocation	16.77	NA	NA	14.64	15.24	1.84	NA	NA	33.25	33.85	090
27558		A	Repair of knee dislocation	17.72	NA	NA	14.07	14.96	1.87	NA	NA	33.66	34.55	090
27560		A	Treat kneecap dislocation	3.82	7.80	4.68	3.85	2.70	0.38	12.00	8.88	8.05	6.90	090
27562		A	Treat kneecap dislocation	5.79	NA	NA	4.98	5.30	0.62	NA	NA	11.39	11.71	090
27566		A	Repair kneecap dislocation	12.23	NA	NA	9.36	10.42	1.35	NA	NA	22.94	24.00	090
27570		A	Fixation of knee joint	1.74	NA	NA	2.80	2.34	0.19	NA	NA	4.73	4.27	010
27580		A	Fusion of knee	19.37	NA	NA	15.77	16.41	2.11	NA	NA	37.25	37.89	090
27590		A	Amputate leg at thigh	12.03	NA	NA	11.15	10.52	1.36	NA	NA	24.54	23.91	090
27591		A	Amputate leg at thigh	12.68	NA	NA	12.38	12.58	1.42	NA	NA	26.48	26.68	090
27592		A	Amputate leg at thigh	10.02	NA	NA	10.64	9.72	1.13	NA	NA	21.79	20.87	090
27594		A	Amputation follow-up surgery	6.92	NA	NA	7.57	5.77	0.78	NA	NA	15.27	13.47	090
27596		A	Amputation follow-up surgery	10.60	NA	NA	10.61	9.31	1.20	NA	NA	22.41	21.11	090
27598		A	Amputate lower leg at knee	10.53	NA	NA	9.92	10.41	1.15	NA	NA	21.60	22.09	090
27599		C	Leg surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
27600		A	Decompression of lower leg	5.65	NA	NA	6.91	5.30	0.68	NA	NA	13.24	11.63	090
27601		A	Decompression of lower leg	5.64	NA	NA	6.36	5.02	0.66	NA	NA	12.66	11.32	090
27602		A	Decompression of lower leg	7.35	NA	NA	7.19	5.80	0.89	NA	NA	15.43	14.04	090
27603		A	Drain lower leg lesion	4.94	12.62	7.60	8.39	5.49	0.52	18.08	13.06	13.85	10.95	090
27604		A	Drain lower leg bursa	4.47	9.36	5.24	7.17	3.87	0.40	14.23	10.11	12.04	8.74	090
27605		A	Incision of achilles tendon	2.87	9.90	5.59	3.53	2.41	0.30	13.07	8.76	6.70	5.58	010
27606		A	Incision of achilles tendon	4.14	9.12	5.71	4.45	3.38	0.45	13.71	10.30	9.04	7.97	010
27607		A	Treat lower leg bone lesion	7.97	NA	NA	12.35	9.44	0.85	NA	NA	21.17	18.26	090
27610		A	Explore/treat ankle joint	8.34	NA	NA	8.82	8.44	0.89	NA	NA	18.05	17.67	090
27612		A	Exploration of ankle joint	7.33	NA	NA	7.41	8.03	0.72	NA	NA	15.46	16.08	090
27613		A	Biopsy lower leg soft tissue	2.17	4.32	2.53	2.68	1.53	0.14	6.63	4.84	4.99	3.84	010
27614		A	Biopsy lower leg soft tissue	5.66	8.97	5.71	6.14	4.30	0.59	15.22	11.96	12.39	10.55	090
27615		A	Remove tumor, lower leg	12.56	NA	NA	13.45	11.19	1.32	NA	NA	27.33	25.07	090
27618		A	Remove lower leg lesion	5.09	9.18	5.73	5.73	4.01	0.50	14.77	11.32	11.32	9.60	090
27619		A	Remove lower leg lesion	8.40	10.65	7.57	7.86	6.17	0.85	19.90	16.82	17.11	15.42	090
27620		A	Explore, treat ankle joint	5.98	NA	NA	7.06	6.80	0.62	NA	NA	13.66	13.40	090
27625		A	Remove ankle joint lining	8.30	NA	NA	8.83	9.14	0.83	NA	NA	17.96	18.27	090
27626		A	Remove ankle joint lining	8.91	NA	NA	9.19	9.92	0.94	NA	NA	19.04	19.77	090
27630		A	Removal of tendon lesion	4.80	8.62	5.99	5.85	4.61	0.48	13.90	11.27	11.13	9.89	090
27635		A	Remove lower leg bone lesion	7.78	NA	NA	9.50	9.12	0.84	NA	NA	18.12	17.74	090
27637		A	Remove/graft leg bone lesion	9.85	NA	NA	11.54	10.37	1.08	NA	NA	22.47	21.30	090
27638		A	Remove/graft leg bone lesion	10.57	NA	NA	12.40	11.17	1.14	NA	NA	24.11	22.88	090
27640		A	Partial removal of tibia	11.37	NA	NA	15.26	12.96	1.21	NA	NA	27.84	25.54	090
27641		A	Partial removal of fibula	9.24	NA	NA	14.95	11.35	0.97	NA	NA	25.16	21.56	090
27645		A	Extensive lower leg surgery	14.17	NA	NA	15.21	13.92	1.56	NA	NA	30.94	29.65	090
27646		A	Extensive lower leg surgery	12.66	NA	NA	13.28	12.48	1.31	NA	NA	27.25	26.45	090
27647		A	Extensive ankle/heel surgery	12.24	NA	NA	9.98	10.39	1.10	NA	NA	23.32	23.73	090
27648		A	Injection for ankle x-ray	0.96	9.72	5.14	0.28	0.42	0.05	10.73	6.15	1.29	1.43	000
27650		A	Repair achilles tendon	9.69	NA	NA	8.64	9.20	1.01	NA	NA	19.34	19.90	090
27652		A	Repair/graft achilles tendon	10.33	NA	NA	8.41	9.86	1.05	NA	NA	19.79	21.24	090
27654		A	Repair of achilles tendon	10.02	NA	NA	9.01	10.44	0.96	NA	NA	19.99	21.42	090
27656		A	Repair leg fascia defect	4.57	10.38	6.92	5.44	4.45	0.46	15.41	11.95	10.47	9.48	090
27658		A	Repair of leg tendon, each	4.98	7.59	5.98	7.59	5.98	0.49	13.06	11.45	13.06	11.45	090
27659		A	Repair of leg tendon, each	6.81	6.93	6.65	6.93	6.65	0.66	14.40	14.12	14.40	14.12	090
27664		A	Repair of leg tendon, each	4.59	11.30	7.50	7.56	5.63	0.49	16.38	12.58	12.64	10.71	090
27665		A	Repair of leg tendon, each	5.40	10.27	7.82	7.91	6.64	0.56	16.23	13.78	13.87	12.60	090
27675		A	Repair lower leg tendons	7.18	NA	NA	8.00	7.48	0.74	NA	NA	15.92	15.40	090
27676		A	Repair lower leg tendons	8.42	NA	NA	7.47	7.84	0.78	NA	NA	16.67	17.04	090
27680		A	Release of lower leg tendon	5.74	NA	NA	7.39	5.93	0.58	NA	NA	13.71	12.25	090
27681		A	Release of lower leg tendons	6.82	NA	NA	7.95	7.22	0.72	NA	NA	15.49	14.76	090
27685		A	Revision of lower leg tendon	6.50	7.11	5.64	7.11	5.64	0.61	14.22	12.75	14.22	12.75	090
27686		A	Revise lower leg tendons	7.46	7.88	7.50	7.88	7.50	0.79	16.13	15.75	16.13	15.75	090
27687		A	Revision of calf tendon	6.24	NA	NA	6.95	6.43	0.61	NA	NA	13.80	13.28	090
27690		A	Revise lower leg tendon	8.71	NA	NA	8.26	7.79	0.82	NA	NA	17.79	17.32	090
27691		A	Revise lower leg tendon	9.96	NA	NA	9.95	9.26	1.01	NA	NA	20.92	20.23	090
27692		A	Revise additional leg tendon	1.87	NA	NA	0.98	1.59	0.20	NA	NA	3.05	3.66	ZZZ
27695		A	Repair of ankle ligament	6.51	NA	NA	8.06	7.92	0.67	NA	NA	15.24	15.10	090
27696		A	Repair of ankle ligaments	8.27	NA	NA	8.08	7.87	0.82	NA	NA	17.17	16.96	090
27698		A	Repair of ankle ligament	9.36	NA	NA	8.43	9.81	0.90	NA	NA	18.69	20.07	090
27700		A	Revision of ankle joint	9.29	NA	NA	6.60	8.85	0.72	NA	NA	16.61	18.86	090
27702		A	Reconstruct ankle joint	13.67	NA	NA	11.85	14.09	1.51	NA	NA	27.03	29.27	090
27703		A	Reconstruction, ankle joint	15.87	NA	NA	10.30	12.65	1.42	NA	NA	27.59	29.94	090
27704		A	Removal of ankle implant	7.62	NA	NA	14.72	10.53	0.70	NA	NA	23.04	18.85	090
27705		A	Incision of tibia	10.38	NA	NA	10.09	10.88	1.13	NA	NA	21.60	22.39	090
27707		A	Incision of fibula	4.37	NA	NA	7.10	6.13	0.48	NA	NA	11.95	10.98	090
27709		A	Incision of tibia & fibula	9.95	NA	NA	10.34	11.11	1.09	NA	NA	21.38	22.15	090
27712		A	Realignment of lower leg	14.25	NA	NA	11.91	11.92	1.57	NA	NA	27.73	27.74	090
27715		A	Revision of lower leg	14.39	NA	NA	14.11	13.90	1.56	NA	NA	30.06	29.85	090
27720		A	Repair of tibia	11.79	NA	NA	12.41	13.25	1.27	NA	NA	25.47	26.31	090

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT[1]/ HCPCS[2]	MOD	Status	Description	Physician work RVUs[3,5]	Fully implemented non-facility PE RVUs	Year 2000 transitional non-facility PE RVUs	Fully implemented facility PE RVUs	Year 2000 transitional facility PE RVUs	Malpractice RVUs	Fully implemented non-facility total	Year 2000 transitional non-facility total	Fully implemented facility total	Year 2000 transitional facility total	Global
27722		A	Repair/graft of tibia	11.82	NA	NA	12.60	12.00	1.24	NA	NA	25.66	25.06	090
27724		A	Repair/graft of tibia	14.99	NA	NA	13.92	15.37	1.64	NA	NA	30.55	32.00	090
27725		A	Repair of lower leg	15.59	NA	NA	13.27	12.30	1.69	NA	NA	30.55	29.58	090
27727		A	Repair of lower leg	14.01	NA	NA	10.88	10.53	1.52	NA	NA	26.41	26.06	090
27730		A	Repair of tibia epiphysis	7.41	15.79	9.85	8.24	6.07	0.80	24.00	18.06	16.45	14.28	090
27732		A	Repair of fibula epiphysis	5.32	11.67	8.46	6.74	6.00	0.57	17.56	14.35	12.63	11.89	090
27734		A	Repair lower leg epiphyses	8.48	NA	NA	7.91	8.05	0.82	NA	NA	17.21	17.35	090
27740		A	Repair of leg epiphyses	9.30	3.55	6.31	3.55	6.31	1.04	13.89	16.65	13.89	16.65	090
27742		A	Repair of leg epiphyses	10.30	13.57	11.83	8.91	9.50	1.00	24.87	23.13	20.21	20.80	090
27745		A	Reinforce tibia	10.07	NA	NA	10.50	10.12	1.08	NA	NA	21.65	21.27	090
27750		A	Treatment of tibia fracture	3.19	7.14	5.44	3.51	3.63	0.35	10.68	8.98	7.05	7.17	090
27752		A	Treatment of tibia fracture	5.84	9.43	7.48	5.53	5.53	0.65	15.92	13.97	12.02	12.02	090
27756		A	Repair of tibia fracture	6.78	NA	NA	9.44	8.77	0.74	NA	NA	16.96	16.29	090
27758		A	Repair of tibia fracture	11.67	NA	NA	11.13	12.53	1.27	NA	NA	24.07	25.47	090
27759		A	Repair of tibia fracture	13.76	NA	NA	12.21	13.56	1.50	NA	NA	27.47	28.82	090
27760		A	Treatment of ankle fracture	3.01	6.84	4.82	3.39	2.40	0.32	10.17	8.15	6.72	5.73	090
27762		A	Treatment of ankle fracture	5.25	8.79	6.22	5.11	4.38	0.57	14.61	12.04	10.93	10.20	090
27766		A	Repair of ankle fracture	8.36	NA	NA	7.74	8.14	0.92	NA	NA	17.02	17.42	090
27780		A	Treatment of fibula fracture	2.65	4.65	3.40	3.23	2.15	0.28	7.58	6.33	6.16	5.08	090
27781		A	Treatment of fibula fracture	4.40	7.95	5.76	4.01	3.79	0.47	12.82	10.63	8.88	8.66	090
27784		A	Repair of fibula fracture	7.11	NA	NA	7.71	6.89	0.77	NA	NA	15.59	14.77	090
27786		A	Treatment of ankle fracture	2.84	6.85	4.79	3.33	2.35	0.30	9.99	7.93	6.47	5.49	090
27788		A	Treatment of ankle fracture	4.45	7.91	5.73	4.16	2.97	0.48	12.84	10.66	9.09	7.90	090
27792		A	Repair of ankle fracture	7.66	NA	NA	7.40	7.71	0.83	NA	NA	15.89	16.20	090
27808		A	Treatment of ankle fracture	2.83	7.68	5.36	3.95	3.49	0.31	10.82	8.50	7.09	6.63	090
27810		A	Treatment of ankle fracture	5.13	8.96	7.22	5.13	5.31	0.56	14.65	12.91	10.82	11.00	090
27814		A	Repair of ankle fracture	10.68	NA	NA	9.82	10.34	1.17	NA	NA	21.67	22.19	090
27816		A	Treatment of ankle fracture	2.89	7.41	5.59	3.99	3.72	0.30	10.60	8.78	7.18	6.91	090
27818		A	Treatment of ankle fracture	5.50	9.14	7.86	5.26	5.92	0.60	15.24	13.96	11.36	12.02	090
27822		A	Repair of ankle fracture	9.20	NA	NA	33.97	22.48	1.01	NA	NA	44.18	32.69	090
27823		A	Repair of ankle fracture	11.80	NA	NA	34.72	24.30	1.29	NA	NA	47.81	37.39	090
27824		A	Treat lower leg fracture	2.89	7.52	5.65	4.00	3.73	0.31	10.72	8.85	7.20	6.93	090
27825		A	Treat lower leg fracture	6.19	9.67	8.37	5.84	6.46	0.69	16.55	15.25	12.72	13.34	090
27826		A	Treat lower leg fracture	8.54	NA	NA	32.89	21.54	0.93	NA	NA	42.36	31.01	090
27827		A	Treat lower leg fracture	14.06	NA	NA	37.65	25.18	1.54	NA	NA	53.25	40.78	090
27828		A	Treat lower leg fracture	16.23	NA	NA	37.29	25.59	1.78	NA	NA	55.30	43.60	090
27829		A	Treat lower leg joint	5.49	NA	NA	25.17	15.86	0.60	NA	NA	31.26	21.95	090
27830		A	Treat lower leg dislocation	3.79	6.75	5.14	3.89	3.71	0.41	10.95	9.34	8.09	7.91	090
27831		A	Treat lower leg dislocation	4.56	NA	NA	4.90	4.61	0.49	NA	NA	9.95	9.66	090
27832		A	Repair lower leg dislocation	6.49	NA	NA	6.96	6.58	0.73	NA	NA	14.18	13.80	090
27840		A	Treat ankle dislocation	4.58	NA	NA	5.07	3.55	0.47	NA	NA	10.12	8.60	090
27842		A	Treat ankle dislocation	6.21	NA	NA	4.59	3.50	0.67	NA	NA	11.47	10.38	090
27846		A	Repair ankle dislocation	9.79	NA	NA	10.32	9.82	1.02	NA	NA	21.13	20.63	090
27848		A	Repair ankle dislocation	11.20	NA	NA	27.84	18.46	1.23	NA	NA	40.27	30.89	090
27860		A	Fixation of ankle joint	2.34	NA	NA	3.20	2.36	0.24	NA	NA	5.78	4.94	010
27870		A	Fusion of ankle joint	13.91	NA	NA	12.74	13.61	1.50	NA	NA	28.15	29.02	090
27871		A	Fusion of tibiofibular joint	9.17	NA	NA	9.61	9.03	0.98	NA	NA	19.76	19.18	090
27880		A	Amputation of lower leg	11.85	NA	NA	10.86	9.97	1.33	NA	NA	24.04	23.15	090
27881		A	Amputation of lower leg	12.34	NA	NA	11.94	11.84	1.39	NA	NA	25.67	25.57	090
27882		A	Amputation of lower leg	8.94	NA	NA	10.49	9.24	1.02	NA	NA	20.45	19.20	090
27884		A	Amputation follow-up surgery	8.21	NA	NA	9.15	6.41	0.93	NA	NA	18.29	15.55	090
27886		A	Amputation follow-up surgery	9.32	NA	NA	9.46	8.62	1.06	NA	NA	19.84	19.00	090
27888		A	Amputation of foot at ankle	9.67	NA	NA	9.71	10.01	1.07	NA	NA	20.45	20.75	090
27889		A	Amputation of foot at ankle	9.98	NA	NA	9.35	9.25	1.13	NA	NA	20.46	20.36	090
27892		A	Decompression of leg	7.39	NA	NA	6.87	5.28	0.84	NA	NA	15.10	13.51	090
27893		A	Decompression of leg	7.35	NA	NA	9.82	6.75	0.70	NA	NA	17.87	14.80	090
27894		A	Decompression of leg	10.49	NA	NA	8.24	6.32	1.17	NA	NA	19.90	17.98	090
27899		C	Leg/ankle surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
28001		A	Drainage of bursa of foot	2.73	4.09	2.33	2.70	1.49	0.20	7.02	5.26	5.63	4.42	010
28002		A	Treatment of foot infection	4.62	5.09	3.77	3.72	3.08	0.40	10.11	8.79	8.74	8.10	010
28003		A	Treatment of foot infection	8.41	8.34	6.07	8.34	5.12	0.70	17.45	15.18	17.45	14.23	090
28005		A	Treat foot bone lesion	8.68	NA	NA	8.70	6.57	0.79	NA	NA	18.17	16.04	090
28008		A	Incision of foot fascia	4.45	5.97	4.44	4.71	3.81	0.33	10.75	9.22	9.49	8.59	090
28010		A	Incision of toe tendon	2.84	5.16	4.55	3.78	2.88	0.20	8.20	7.59	6.82	5.92	090
28011		A	Incision of toe tendons	4.14	6.64	4.28	5.41	3.19	0.36	11.14	8.78	9.91	7.69	090
28020		A	Exploration of a foot joint	5.01	7.65	6.22	5.55	5.17	0.43	13.09	11.66	10.99	10.61	090
28022		A	Exploration of a foot joint	4.67	5.62	4.30	4.98	3.24	0.38	10.67	9.35	10.03	8.29	090
28024		A	Exploration of a toe joint	4.38	5.98	4.29	5.18	3.24	0.34	10.70	9.01	9.90	7.96	090
28030		A	Removal of foot nerve	6.15	NA	NA	3.19	3.73	0.45	NA	NA	9.79	10.33	090
28035		A	Decompression of tibia nerve	5.09	7.53	7.12	4.80	5.44	0.45	13.07	12.66	10.34	10.98	090
28043		A	Excision of foot lesion	3.54	5.47	3.68	4.21	3.05	0.29	9.30	7.51	8.04	6.88	090
28045		A	Excision of foot lesion	4.72	5.96	5.15	4.74	4.54	0.39	11.07	10.26	9.85	9.65	090
28046		A	Resection of tumor, foot	10.18	9.21	7.51	8.58	7.20	0.88	20.27	18.57	19.64	18.26	090
28050		A	Biopsy of foot joint lining	4.25	6.57	5.37	4.61	4.39	0.36	11.18	9.98	9.22	9.00	090
28052		A	Biopsy of foot joint lining	3.94	5.56	4.86	4.99	3.54	0.35	9.85	9.15	9.28	7.83	090
28054		A	Biopsy of toe joint lining	3.45	5.86	4.15	4.86	3.65	0.30	9.61	7.90	8.61	7.40	090
28060		A	Partial removal foot fascia	5.23	6.31	5.45	5.28	4.93	0.41	11.95	11.09	10.92	10.57	090
28062		A	Removal of foot fascia	6.52	6.92	7.29	5.10	6.38	0.48	13.92	14.29	12.10	13.38	090
28070		A	Removal of foot joint lining	5.10	5.56	5.21	5.06	4.96	0.40	11.06	10.71	10.56	10.46	090
28072		A	Removal of foot joint lining	4.58	5.67	4.58	5.61	4.55	0.44	10.69	9.60	10.63	9.57	090
28080		A	Removal of foot lesion	3.58	5.55	4.99	4.35	4.39	0.28	9.41	8.85	8.21	8.25	090
28086		A	Excise foot tendon sheath	4.78	6.92	5.16	6.92	5.16	0.50	12.20	10.44	12.20	10.44	090
28088		A	Excise foot tendon sheath	3.86	7.32	5.63	5.42	4.68	0.37	11.55	9.86	9.65	8.91	090
28090		A	Removal of foot lesion	4.41	5.80	4.54	4.55	3.92	0.35	10.56	9.30	9.31	8.68	090

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[3] + Indicates RVUs are not used for Medicare payment.
[4] PE RVUs = Practice Expense Relative Value Units.
[5] # Indicates new CPT/HCPCS codes which were not factored into budget neutrality adjustments.

ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT[1]/ HCPCS[2]	MOD	Status	Description	Physician work RVUs[3,5]	Fully implemented non-facility PE RVUs	Year 2000 transitional non-facility PE RVUs	Fully implemented facility PE RVUs	Year 2000 transitional facility PE RVUs	Malpractice RVUs	Fully implemented non-facility total	Year 2000 transitional non-facility total	Fully implemented facility total	Year 2000 transitional facility total	Global
28092	.....	A	Removal of toe lesions	3.64	6.04	4.12	4.90	3.55	0.30	9.98	8.06	8.84	7.49	090
28100	.....	A	Removal of ankle/heel lesion	5.66	8.64	6.81	6.49	5.73	0.52	14.82	12.99	12.67	11.91	090
28102	.....	A	Remove/graft foot lesion	7.73	NA	NA	8.41	7.92	0.77	NA	NA	16.91	16.42	090
28103	.....	A	Remove/graft foot lesion	6.50	7.53	6.81	6.48	6.29	0.56	14.59	13.87	13.54	13.35	090
28104	.....	A	Removal of foot lesion	5.12	6.29	5.50	5.66	5.18	0.42	11.83	11.04	11.20	10.72	090
28106	.....	A	Remove/graft foot lesion	7.16	NA	NA	5.71	6.34	0.56	NA	NA	13.43	14.06	090
28107	.....	A	Remove/graft foot lesion	5.56	6.03	5.65	5.21	5.24	0.43	12.02	11.64	11.20	11.23	090
28108	.....	A	Removal of toe lesions	4.16	5.29	4.93	4.34	3.31	0.29	9.74	9.38	8.79	7.76	090
28110	.....	A	Part removal of metatarsal	4.08	6.17	4.98	5.59	4.69	0.32	10.57	9.38	9.99	9.09	090
28111	.....	A	Part removal of metatarsal	5.01	6.79	6.13	6.23	5.85	0.45	12.25	11.59	11.69	11.31	090
28112	.....	A	Part removal of metatarsal	4.49	6.61	5.46	6.14	5.22	0.38	11.48	10.33	11.01	10.09	090
28113	.....	A	Part removal of metatarsal	4.79	6.54	5.68	5.69	5.26	0.39	11.72	10.86	10.87	10.44	090
28114	.....	A	Removal of metatarsal heads	9.79	10.28	10.12	9.71	9.83	0.88	20.95	20.79	20.38	20.50	090
28116	.....	A	Revision of foot	7.75	6.60	6.28	6.11	6.03	0.60	14.95	14.63	14.46	14.38	090
28118	.....	A	Removal of heel bone	5.96	6.68	6.44	6.12	6.16	0.51	13.15	12.91	12.59	12.63	090
28119	.....	A	Removal of heel spur	5.39	6.22	6.06	5.00	5.45	0.40	12.01	11.85	10.79	11.24	090
28120	.....	A	Part removal of ankle/heel	5.40	8.88	7.18	7.75	6.61	0.50	14.78	13.08	13.65	12.51	090
28122	.....	A	Partial removal of foot bone	7.29	8.20	6.53	7.86	6.36	0.61	16.10	14.43	15.76	14.26	090
28124	.....	A	Partial removal of toe	4.81	6.76	5.61	6.01	4.12	0.34	11.91	10.76	11.16	9.27	090
28126	.....	A	Partial removal of toe	3.52	5.79	5.06	5.24	3.70	0.26	9.57	8.84	9.02	7.48	090
28130	.....	A	Removal of ankle bone	8.11	NA	NA	8.14	7.89	0.81	NA	NA	17.06	16.81	090
28140	.....	A	Removal of metatarsal	6.91	7.65	6.50	6.48	5.92	0.63	15.19	14.04	14.02	13.46	090
28150	.....	A	Removal of toe	4.09	6.31	4.94	5.71	4.64	0.34	10.74	9.37	10.14	9.07	090
28153	.....	A	Partial removal of toe	3.66	5.75	5.04	4.23	3.20	0.25	9.66	8.95	8.14	7.11	090
28160	.....	A	Partial removal of toe	3.74	5.95	5.21	5.69	3.97	0.29	9.98	9.24	9.72	8.00	090
28171	.....	A	Extensive foot surgery	9.60	NA	NA	6.75	7.71	0.67	NA	NA	17.02	17.98	090
28173	.....	A	Extensive foot surgery	8.80	7.71	6.97	7.52	6.88	0.76	17.27	16.53	17.08	16.44	090
28175	.....	A	Extensive foot surgery	6.05	7.41	6.63	5.31	5.58	0.44	13.90	13.12	11.80	12.07	090
28190	.....	A	Removal of foot foreign body	1.96	4.80	2.68	3.42	1.85	0.14	6.90	4.78	5.52	3.95	010
28192	.....	A	Removal of foot foreign body	4.64	6.30	4.21	4.73	3.43	0.39	11.33	9.24	9.76	8.46	090
28193	.....	A	Removal of foot foreign body	5.73	7.00	4.79	5.58	4.08	0.45	13.18	10.97	11.76	10.26	090
28200	.....	A	Repair of foot tendon	4.60	5.92	5.71	5.46	5.48	0.36	10.88	10.67	10.42	10.44	090
28202	.....	A	Repair/graft of foot tendon	6.84	6.54	6.43	6.54	6.43	0.56	13.94	13.83	13.94	13.83	090
28208	.....	A	Repair of foot tendon	4.37	5.66	4.36	4.77	3.91	0.33	10.36	9.06	9.47	8.61	090
28210	.....	A	Repair/graft of foot tendon	6.35	6.73	6.41	5.45	5.77	0.49	13.57	13.25	12.29	12.61	090
28220	.....	A	Release of foot tendon	4.53	5.74	4.97	4.55	3.33	0.31	10.58	9.81	9.39	8.17	090
28222	.....	A	Release of foot tendons	5.62	6.17	6.56	5.48	4.48	0.40	12.19	12.58	11.50	10.50	090
28225	.....	A	Release of foot tendon	3.66	5.52	4.05	4.36	3.47	0.27	9.45	7.98	8.29	7.40	090
28226	.....	A	Release of foot tendons	4.53	5.98	4.83	4.91	4.29	0.35	10.86	9.71	9.79	9.17	090
28230	.....	A	Incision of foot tendon(s)	4.24	5.70	4.17	5.36	3.34	0.33	10.27	8.74	9.93	7.91	090
28232	.....	A	Incision of toe tendon	3.39	5.61	3.68	5.01	2.94	0.27	9.27	7.34	8.67	6.60	090
28234	.....	A	Incision of foot tendon	3.37	5.84	3.75	4.78	2.81	0.25	9.46	7.37	8.40	6.43	090
28238	.....	A	Revision of foot tendon	7.73	7.47	7.66	6.36	7.11	0.61	15.81	16.00	14.70	15.45	090
28240	.....	A	Release of big toe	4.36	5.84	4.08	5.24	3.78	0.35	10.55	8.79	9.95	8.49	090
28250	.....	A	Revision of foot fascia	5.92	6.33	5.59	5.26	5.05	0.45	12.70	11.96	11.63	11.42	090
28260	.....	A	Release of midfoot joint	7.96	6.98	5.90	6.54	5.68	0.61	15.55	14.47	15.11	14.25	090
28261	.....	A	Revision of foot tendon	11.73	8.64	7.53	8.29	7.35	0.90	21.27	20.16	20.92	19.98	090
28262	.....	A	Revision of foot and ankle	15.83	10.48	11.71	10.48	11.71	1.59	27.90	29.13	27.90	29.13	090
28264	.....	A	Release of midfoot joint	10.35	8.32	9.35	8.32	9.35	0.93	19.60	20.63	19.60	20.63	090
28270	.....	A	Release of foot contracture	4.76	6.24	4.55	5.58	3.51	0.34	11.34	9.65	10.68	8.61	090
28272	.....	A	Release of toe joint, each	3.80	5.36	3.79	4.41	2.76	0.26	9.42	7.85	8.47	6.82	090
28280	.....	A	Fusion of toes	5.19	6.97	4.69	5.85	4.13	0.48	12.64	10.36	11.52	9.80	090
28285	.....	A	Repair of hammertoe	4.59	6.20	5.47	5.55	5.15	0.34	11.13	10.40	10.48	10.08	090
28286	.....	A	Repair of hammertoe	4.56	6.10	5.00	5.12	4.51	0.34	11.00	9.90	10.02	9.41	090
28288	.....	A	Partial removal of foot bone	4.74	6.39	5.23	6.39	5.23	0.41	11.54	10.38	11.54	10.38	090
28289	.....	A	Repair hallux rigidus	7.04	2.81	2.81	2.81	2.81	0.59	10.44	10.44	10.44	10.44	090
28290	.....	A	Correction of bunion	5.66	7.02	6.42	7.02	6.42	0.49	13.17	12.57	13.17	12.57	090
28292	.....	A	Correction of bunion	7.04	7.17	7.41	7.17	7.41	0.53	14.74	14.98	14.74	14.98	090
28293	.....	A	Correction of bunion	9.15	8.12	9.24	6.68	8.52	0.66	17.93	19.05	16.49	18.33	090
28294	.....	A	Correction of bunion	8.56	8.05	9.00	6.24	8.09	0.60	17.21	18.16	15.40	17.25	090
28296	.....	A	Correction of bunion	9.18	8.11	8.84	7.51	8.54	0.70	17.99	18.72	17.39	18.42	090
28297	.....	A	Correction of bunion	9.18	7.86	8.83	7.86	8.83	0.79	17.83	18.80	17.83	18.80	090
28298	.....	A	Correction of bunion	7.94	7.48	8.48	6.67	8.07	0.58	16.00	17.00	15.19	16.59	090
28299	.....	A	Correction of bunion	8.88	7.79	9.20	6.88	8.74	0.65	17.32	18.73	16.41	18.27	090
28300	.....	A	Incision of heel bone	9.54	13.87	10.48	8.59	7.84	0.93	24.34	20.95	19.06	18.31	090
28302	.....	A	Incision of ankle bone	9.55	7.31	8.48	7.31	8.48	0.83	17.69	18.86	17.69	18.86	090
28304	.....	A	Incision of midfoot bones	9.16	8.66	7.83	6.93	6.96	0.73	18.55	17.72	16.82	16.85	090
28305	.....	A	Incise/graft midfoot bones	10.50	17.21	13.95	10.33	10.51	0.66	28.37	25.11	21.49	21.67	090
28306	.....	A	Incision of metatarsal	5.86	6.26	5.61	5.34	5.15	0.48	12.60	11.95	11.68	11.49	090
28307	.....	A	Incision of metatarsal	6.33	5.89	6.13	5.89	6.13	0.55	12.77	13.01	12.77	13.01	090
28308	.....	A	Incision of metatarsal	5.29	5.70	5.95	4.32	5.26	0.38	11.37	11.62	9.99	10.93	090
28309	.....	A	Incision of metatarsals	12.78	NA	NA	8.64	8.05	1.07	NA	NA	22.49	21.90	090
28310	.....	A	Revision of big toe	5.43	6.44	5.49	5.57	5.05	0.40	12.27	11.32	11.40	10.88	090
28312	.....	A	Revision of toe	4.55	6.23	5.59	5.96	5.46	0.36	11.14	10.50	10.87	10.37	090
28313	.....	A	Repair deformity of toe	5.01	6.80	4.80	6.80	4.10	0.49	12.30	10.30	12.30	9.60	090
28315	.....	A	Removal of sesamoid bone	4.86	5.70	5.15	4.51	4.56	0.36	10.92	10.37	9.73	9.78	090
28320	.....	A	Repair of foot bones	9.18	NA	NA	8.02	8.73	0.88	NA	NA	18.08	18.79	090
28322	.....	A	Repair of metatarsals	8.34	9.02	7.05	7.37	6.22	0.79	18.15	16.18	16.50	15.35	090
28340	.....	A	Resect enlarged toe tissue	6.98	6.59	6.74	6.30	6.59	0.55	14.12	14.27	13.83	14.12	090
28341	.....	A	Resect enlarged toe	8.41	7.15	7.73	6.11	7.21	0.60	16.16	16.74	15.12	16.22	090
28344	.....	A	Repair extra toe(s)	4.26	10.56	7.29	5.11	4.57	0.41	15.23	11.96	9.78	9.24	090
28345	.....	A	Repair webbed toe(s)	5.92	6.59	6.20	6.02	5.91	0.51	13.02	12.63	12.45	12.34	090
28360	.....	A	Reconstruct cleft foot	13.34	NA	NA	12.16	12.55	1.50	NA	NA	27.00	27.39	090
28400	.....	A	Treatment of heel fracture	2.16	6.97	4.88	4.06	2.73	0.23	9.36	7.27	6.45	5.12	090

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[3] + Indicates RVUs are not used for Medicare payment.
[4] PE RVUs = Practice Expense Relative Value Units.
[5] # Indicates new CPT/HCPCS codes which were not factored into budget neutrality adjustments.

ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT[1]/ HCPCS[2]	MOD	Status	Description	Physician work RVUs[3,5]	Fully implemented non-facility PE RVUs	Year 2000 transitional non-facility PE RVUs	Fully implemented facility PE RVUs	Year 2000 transitional facility PE RVUs	Malpractice RVUs	Fully implemented non-facility total	Year 2000 transitional non-facility total	Fully implemented facility total	Year 2000 transitional facility total	Global
28405		A	Treatment of heel fracture	4.57	7.73	5.98	5.26	4.75	0.47	12.77	11.02	10.30	9.79	090
28406		A	Treatment of heel fracture	6.31	NA	NA	7.75	7.18	0.70	NA	NA	14.76	14.19	090
28415		A	Repair of heel fracture	15.97	NA	NA	35.45	22.62	1.69	NA	NA	53.11	40.28	090
28420		A	Repair/graft heel fracture	16.64	NA	NA	37.35	24.59	1.78	NA	NA	55.77	43.01	090
28430		A	Treatment of ankle fracture	2.09	6.37	4.52	3.66	2.50	0.21	8.67	6.82	5.96	4.80	090
28435		A	Treatment of ankle fracture	3.40	5.89	4.77	4.15	3.90	0.31	9.60	8.48	7.86	7.61	090
28436		A	Treatment of ankle fracture	4.71	NA	NA	6.72	5.64	0.53	NA	NA	11.96	10.88	090
28445		A	Repair of ankle fracture	9.33	NA	NA	9.28	9.42	0.96	NA	NA	19.57	19.71	090
28450		A	Treat midfoot fracture, each	1.90	6.15	4.09	3.61	2.32	0.19	8.24	6.18	5.70	4.41	090
28455		A	Treat midfoot fracture, each	3.09	5.36	4.06	4.18	2.78	0.27	8.72	7.42	7.54	6.14	090
28456		A	Repair midfoot fracture	2.68	NA	NA	5.17	3.82	0.28	NA	NA	8.13	6.78	090
28465		A	Repair midfoot fracture,each	7.01	NA	NA	19.98	13.00	0.69	NA	NA	27.68	20.70	090
28470		A	Treat metatarsal fracture	1.99	5.70	3.83	2.98	1.98	0.20	7.89	6.02	5.17	4.17	090
28475		A	Treat metatarsal fracture	2.97	5.66	4.10	3.83	2.55	0.28	8.91	7.35	7.08	5.80	090
28476		A	Repair metatarsal fracture	3.38	NA	NA	5.56	4.61	0.35	NA	NA	9.29	8.34	090
28485		A	Repair metatarsal fracture	5.71	NA	NA	19.96	12.52	0.51	NA	NA	26.18	18.74	090
28490		A	Treat big toe fracture	1.09	2.10	1.54	1.78	1.14	0.10	3.29	2.73	2.97	2.33	090
28495		A	Treat big toe fracture	1.58	2.29	1.76	1.88	1.25	0.13	4.00	3.47	3.59	2.96	090
28496		A	Repair big toe fracture	2.33	7.07	4.66	4.50	3.38	0.24	9.64	7.23	7.07	5.95	090
28505		A	Repair big toe fracture	3.81	16.71	9.98	16.71	9.98	0.36	20.88	14.15	20.88	14.15	090
28510		A	Treatment of toe fracture	1.09	1.84	1.41	1.80	1.15	0.09	3.02	2.59	2.98	2.33	090
28515		A	Treatment of toe fracture	1.46	2.05	1.64	1.90	1.26	0.12	3.63	3.22	3.48	2.84	090
28525		A	Repair of toe fracture	3.32	16.49	9.37	16.49	9.37	0.31	20.12	13.00	20.12	13.00	090
28530		A	Treat sesamoid bone fracture	1.06	3.31	2.20	3.31	1.93	0.09	4.46	3.35	4.46	3.08	090
28531		A	Treat sesamoid bone fracture	2.35	62.18	32.13	16.14	9.11	0.18	64.71	34.66	18.67	11.64	090
28540		A	Treat foot dislocation	2.04	3.97	2.31	3.38	1.86	0.17	6.18	4.52	5.59	4.07	090
28545		A	Treat foot dislocation	2.45	3.25	2.34	3.25	2.34	0.23	5.93	5.02	5.93	5.02	090
28546		A	Treat foot dislocation	3.20	8.55	5.76	4.76	3.87	0.32	12.07	9.28	8.28	7.39	090
28555		A	Repair foot dislocation	6.30	19.37	12.72	19.37	12.72	0.63	26.30	19.65	26.30	19.65	090
28570		A	Treat foot dislocation	1.66	5.26	3.50	3.06	1.97	0.16	7.08	5.32	4.88	3.79	090
28575		A	Treat foot dislocation	3.31	4.25	3.63	4.25	3.63	0.34	7.90	7.28	7.90	7.28	090
28576		A	Treat foot dislocation	4.17	33.20	18.11	5.52	4.27	0.44	37.81	22.72	10.13	8.88	090
28585		A	Repair foot dislocation	7.99	13.33	9.36	13.33	9.36	0.76	22.08	18.11	22.08	18.11	090
28600		A	Treat foot dislocation	1.89	5.05	2.90	3.36	1.87	0.17	7.11	4.96	5.42	3.93	090
28605		A	Treat foot dislocation	2.71	5.74	4.10	4.16	3.31	0.27	8.72	7.08	7.14	6.29	090
28606		A	Treat foot dislocation	4.90	11.41	7.60	6.27	5.03	0.53	16.84	13.03	11.70	10.46	090
28615		A	Repair foot dislocation	7.77	NA	NA	23.54	14.46	0.82	NA	NA	32.13	23.05	090
28630		A	Treat toe dislocation	1.70	2.06	1.59	2.00	1.28	0.15	3.91	3.44	3.85	3.13	010
28635		A	Treat toe dislocation	1.91	3.18	2.38	2.30	1.55	0.16	5.25	4.45	4.37	3.62	010
28636		A	Treat toe dislocation	2.77	3.48	3.13	2.76	2.77	0.27	6.52	6.17	5.80	5.81	010
28645		A	Repair toe dislocation	4.22	7.15	5.34	7.15	5.34	0.33	11.70	9.89	11.70	9.89	090
28660		A	Treat toe dislocation	1.23	3.25	1.97	1.99	1.34	0.11	4.59	3.31	3.33	2.68	010
28665		A	Treat toe dislocation	1.92	2.83	1.95	2.72	1.63	0.16	4.91	4.03	4.80	3.71	010
28666		A	Treat toe dislocation	2.66	3.43	3.04	3.04	2.85	0.28	6.37	5.98	5.98	5.79	010
28675		A	Repair of toe dislocation	2.92	11.35	7.31	11.35	7.31	0.29	14.56	10.52	14.56	10.52	090
28705		A	Fusion of foot bones	15.21	NA	NA	11.82	14.11	1.49	NA	NA	28.52	30.81	090
28715		A	Fusion of foot bones	13.10	NA	NA	11.57	12.48	1.37	NA	NA	26.04	26.95	090
28725		A	Fusion of foot bones	11.61	NA	NA	13.72	11.98	1.12	NA	NA	26.45	24.71	090
28730		A	Fusion of foot bones	10.76	NA	NA	10.04	9.91	1.07	NA	NA	21.87	21.74	090
28735		A	Fusion of foot bones	10.85	NA	NA	9.20	9.90	1.03	NA	NA	21.08	21.78	090
28737		A	Revision of foot bones	9.64	NA	NA	9.33	9.48	0.92	NA	NA	19.89	20.04	090
28740		A	Fusion of foot bones	8.02	9.03	7.31	7.96	6.77	0.74	17.79	16.07	16.72	15.53	090
28750		A	Fusion of big toe joint	7.30	9.47	7.62	7.91	6.84	0.75	17.52	15.67	15.96	14.89	090
28755		A	Fusion of big toe joint	4.74	6.14	5.07	5.56	4.78	0.41	11.29	10.22	10.71	9.93	090
28760		A	Fusion of big toe joint	7.75	7.40	6.63	6.52	6.19	0.63	15.78	15.01	14.90	14.57	090
28800		A	Amputation of midfoot	8.21	NA	NA	8.67	7.95	0.87	NA	NA	17.75	17.03	090
28805		A	Amputation thru metatarsal	8.39	NA	NA	7.63	7.25	0.93	NA	NA	16.95	16.57	090
28810		A	Amputation toe & metatarsal	6.21	NA	NA	6.54	5.39	0.68	NA	NA	13.43	12.28	090
28820		A	Amputation of toe	4.41	8.15	5.48	5.98	4.39	0.46	13.02	10.35	10.85	9.26	090
28825		A	Partial amputation of toe	3.59	7.59	5.10	5.49	4.05	0.38	11.56	9.07	9.46	8.02	090
28899		C	Foot/toes surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
29000		A	Application of body cast	2.25	9.22	5.62	1.16	1.59	0.35	11.82	8.22	3.76	4.19	000
29010		A	Application of body cast	2.06	10.98	6.76	1.11	1.79	0.27	13.31	9.09	3.44	4.12	000
29015		A	Application of body cast	2.41	5.62	4.08	0.77	1.02	0.15	8.18	6.64	3.33	3.58	000
29020		A	Application of body cast	2.11	8.84	5.41	0.78	0.89	0.13	11.08	7.65	3.02	3.13	000
29025		A	Application of body cast	2.40	11.02	5.92	1.31	0.86	0.29	13.71	8.61	4.00	3.55	000
29035		A	Application of body cast	1.77	12.26	7.19	0.93	1.00	0.20	14.23	9.16	2.90	2.97	000
29040		A	Application of body cast	2.22	6.83	4.51	0.90	1.55	0.20	9.25	6.93	3.32	3.97	000
29044		A	Application of body cast	2.12	15.98	9.13	1.12	1.70	0.24	18.34	11.49	3.48	4.06	000
29046		A	Application of body cast	2.41	9.93	6.18	1.28	1.85	0.26	12.60	8.85	3.95	4.52	000
29049		A	Application of figure eight	0.89	6.23	3.35	0.33	0.28	0.09	7.21	4.33	1.31	1.26	000
29055		A	Application of shoulder cast	1.78	10.19	5.75	0.92	1.11	0.19	12.16	7.72	2.89	3.08	000
29058		A	Application of shoulder cast	1.31	6.78	3.75	0.51	0.61	0.14	8.23	5.20	1.96	2.06	000
29065		A	Application of long arm cast	0.87	4.46	2.67	0.44	0.44	0.10	5.43	3.64	1.41	1.41	000
29075		A	Application of forearm cast	0.77	4.01	2.34	0.37	0.35	0.08	4.86	3.19	1.22	1.20	000
29085		A	Apply hand/wrist cast	0.87	3.91	2.23	0.37	0.32	0.09	4.87	3.19	1.33	1.28	000
29105		A	Apply long arm splint	0.87	3.07	1.81	0.28	0.28	0.09	4.03	2.77	1.24	1.24	000
29125		A	Apply forearm splint	0.59	2.54	1.47	0.17	0.19	0.06	3.19	2.12	0.82	0.84	000
29126		A	Apply forearm splint	0.77	3.33	1.88	0.28	0.25	0.07	4.17	2.72	1.12	1.09	000
29130		A	Application of finger splint	0.50	0.76	0.47	0.14	0.12	0.05	1.31	1.02	0.69	0.67	000
29131		A	Application of finger splint	0.55	1.18	0.80	0.17	0.19	0.05	1.78	1.40	0.77	0.79	000
29200		A	Strapping of chest	0.65	1.09	0.69	0.16	0.16	0.06	1.80	1.40	0.87	0.87	000
29220		A	Strapping of low back	0.64	1.01	0.71	0.25	0.23	0.05	1.70	1.40	0.94	0.92	000
29240		A	Strapping of shoulder	0.71	1.11	0.70	0.19	0.24	0.07	1.89	1.48	0.97	1.02	000

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[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.
[4] PE RVUs = Practice Expense Relative Value Units.
[5] # Indicates new CPT/HCPCS codes which were not factored into budget neutrality adjustments.

ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT[1]/ HCPCS[2]	MOD	Status	Description	Physician work RVUs[3,5]	Fully implemented non-facility PE RVUs	Year 2000 transitional non-facility PE RVUs	Fully implemented facility PE RVUs	Year 2000 transitional facility PE RVUs	Malpractice RVUs	Fully implemented non-facility total	Year 2000 transitional non-facility total	Fully implemented facility total	Year 2000 transitional facility total	Global
29260	.....	A	Strapping of elbow or wrist	0.55	0.94	0.60	0.14	0.14	0.05	1.54	1.20	0.74	0.74	000
29280	.....	A	Strapping of hand or finger	0.51	0.94	0.59	0.13	0.13	0.05	1.50	1.15	0.69	0.69	000
29305	.....	A	Application of hip cast	2.03	12.58	7.31	1.09	1.57	0.23	14.84	9.57	3.35	3.83	000
29325	.....	A	Application of hip casts	2.32	12.82	7.47	1.26	1.69	0.26	15.40	10.05	3.84	4.27	000
29345	.....	A	Application of long leg cast	1.40	5.52	3.32	0.72	0.64	0.15	7.07	4.87	2.27	2.19	000
29355	.....	A	Application of long leg cast	1.53	5.96	3.58	0.80	0.70	0.16	7.65	5.27	2.49	2.39	000
29358	.....	A	Apply long leg cast brace	1.43	6.64	4.17	0.73	0.79	0.15	8.22	5.75	2.31	2.37	000
29365	.....	A	Application of long leg cast	1.18	4.85	2.89	0.61	0.54	0.13	6.16	4.20	1.92	1.85	000
29405	.....	A	Apply short leg cast	0.86	4.12	2.49	0.42	0.43	0.09	5.07	3.44	1.37	1.38	000
29425	.....	A	Apply short leg cast	1.01	3.94	2.50	0.49	0.51	0.10	5.05	3.61	1.60	1.62	000
29435	.....	A	Apply short leg cast	1.18	6.68	3.98	0.62	0.63	0.13	7.99	5.29	1.93	1.94	000
29440	.....	A	Addition of walker to cast	0.57	2.16	1.21	0.24	0.19	0.06	2.79	1.84	0.87	0.82	000
29445	.....	A	Apply rigid leg cast	1.78	6.38	4.11	0.77	1.31	0.18	8.34	6.07	2.73	3.27	000
29450	.....	A	Application of leg cast	1.02	3.56	1.99	0.44	0.33	0.08	4.66	3.09	1.54	1.43	000
29505	.....	A	Application long leg splint	0.69	3.52	2.07	0.21	0.42	0.07	4.28	2.83	0.97	1.18	000
29515	.....	A	Application lower leg splint	0.73	2.59	1.55	0.21	0.24	0.07	3.39	2.35	1.01	1.04	000
29520	.....	A	Strapping of hip	0.54	0.96	0.68	0.26	0.23	0.03	1.53	1.25	0.83	0.80	000
29530	.....	A	Strapping of knee	0.57	0.94	0.66	0.15	0.27	0.05	1.56	1.28	0.77	0.89	000
29540	.....	A	Strapping of ankle	0.51	0.47	0.40	0.16	0.17	0.03	1.01	0.94	0.70	0.71	000
29550	.....	A	Strapping of toes	0.47	0.44	0.37	0.18	0.17	0.03	0.94	0.87	0.68	0.67	000
29580	.....	A	Application of paste boot	0.57	0.90	0.88	0.22	0.21	0.05	1.52	1.50	0.84	0.83	000
29590	.....	A	Application of foot splint	0.76	0.66	0.48	0.24	0.20	0.05	1.47	1.29	1.05	1.01	000
29700	.....	A	Removal/revision of cast	0.57	0.70	0.53	0.22	0.20	0.06	1.33	1.16	0.85	0.83	000
29705	.....	A	Removal/revision of cast	0.76	0.88	0.63	0.31	0.25	0.08	1.72	1.47	1.15	1.09	000
29710	.....	A	Removal/revision of cast	1.34	1.66	1.08	0.68	0.47	0.14	3.14	2.56	2.16	1.95	000
29715	.....	A	Removal/revision of cast	0.94	6.66	3.80	0.36	0.42	0.11	7.71	4.85	1.41	1.47	000
29720	.....	A	Repair of body cast	0.68	4.12	2.19	0.34	0.24	0.07	4.87	2.94	1.09	0.99	000
29730	.....	A	Windowing of cast	0.75	0.84	0.56	0.31	0.23	0.08	1.67	1.39	1.14	1.06	000
29740	.....	A	Wedging of cast	1.12	2.90	1.66	0.48	0.35	0.12	4.14	2.90	1.72	1.59	000
29750	.....	A	Wedging of clubfoot cast	1.26	2.97	1.76	0.54	0.41	0.11	4.34	3.13	1.91	1.78	000
29799	.....	C	Casting/strapping procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
29800	.....	A	Jaw arthroscopy/surgery	6.43	NA	NA	7.24	5.80	0.63	NA	NA	14.30	12.86	090
29804	.....	A	Jaw arthroscopy/surgery	8.14	NA	NA	7.59	8.65	0.67	NA	NA	16.40	17.46	090
29815	.....	A	Shoulder arthroscopy	5.89	NA	NA	8.48	6.87	0.62	NA	NA	14.99	13.38	090
29819	.....	A	Shoulder arthroscopy/surgery	7.62	NA	NA	8.99	9.04	0.83	NA	NA	17.44	17.49	090
29820	.....	A	Shoulder arthroscopy/surgery	7.07	NA	NA	10.99	9.72	0.78	NA	NA	18.84	17.57	090
29821	.....	A	Shoulder arthroscopy/surgery	7.72	NA	NA	9.14	9.18	0.85	NA	NA	17.71	17.75	090
29822	.....	A	Shoulder arthroscopy/surgery	7.43	NA	NA	8.99	8.93	0.81	NA	NA	17.23	17.17	090
29823	.....	A	Shoulder arthroscopy/surgery	8.17	NA	NA	9.42	9.59	0.89	NA	NA	18.48	18.65	090
29825	.....	A	Shoulder arthroscopy/surgery	7.62	NA	NA	8.74	8.92	0.84	NA	NA	17.20	17.38	090
29826	.....	A	Shoulder arthroscopy/surgery	8.99	NA	NA	9.77	10.25	0.99	NA	NA	19.75	20.23	090
29830	.....	A	Elbow arthroscopy	5.76	NA	NA	5.38	5.58	0.66	NA	NA	11.80	12.00	090
29834	.....	A	Elbow arthroscopy/surgery	6.28	NA	NA	6.29	6.32	0.68	NA	NA	13.25	13.28	090
29835	.....	A	Elbow arthroscopy/surgery	6.48	NA	NA	6.17	6.36	0.71	NA	NA	13.36	13.55	090
29836	.....	A	Elbow arthroscopy/surgery	7.55	NA	NA	7.24	7.44	0.84	NA	NA	15.63	15.83	090
29837	.....	A	Elbow arthroscopy/surgery	6.87	NA	NA	6.75	6.85	0.76	NA	NA	14.38	14.48	090
29838	.....	A	Elbow arthroscopy/surgery	7.71	NA	NA	6.78	7.22	0.85	NA	NA	15.34	15.78	090
29840	.....	A	Wrist arthroscopy	5.54	NA	NA	7.35	5.46	0.61	NA	NA	13.50	11.61	090
29843	.....	A	Wrist arthroscopy/surgery	6.01	NA	NA	7.51	6.80	0.68	NA	NA	14.20	13.49	090
29844	.....	A	Wrist arthroscopy/surgery	6.37	NA	NA	7.78	6.93	0.71	NA	NA	14.86	14.01	090
29845	.....	A	Wrist arthroscopy/surgery	7.52	NA	NA	9.73	8.67	0.83	NA	NA	18.08	17.02	090
29846	.....	A	Wrist arthroscopy/surgery	6.75	NA	NA	9.86	8.96	0.75	NA	NA	17.36	16.46	090
29847	.....	A	Wrist arthroscopy/surgery	7.08	NA	NA	10.13	8.75	0.80	NA	NA	18.01	16.63	090
29848	.....	A	Wrist endoscopy/surgery	5.44	NA	NA	7.18	5.68	0.62	NA	NA	13.24	11.74	090
29850	.....	A	Knee arthroscopy/surgery	8.19	NA	NA	6.68	5.79	0.75	NA	NA	15.62	14.73	090
29851	.....	A	Knee arthroscopy/surgery	13.10	NA	NA	10.44	11.16	1.40	NA	NA	24.94	25.66	090
29855	.....	A	Tibial arthroscopy/surgery	10.62	NA	NA	9.64	11.16	1.17	NA	NA	21.43	22.95	090
29856	.....	A	Tibial arthroscopy/surgery	14.14	NA	NA	11.11	11.90	1.58	NA	NA	26.83	27.62	090
29860	.....	A	Hip arthroscopy, dx	8.05	NA	NA	7.02	6.14	0.83	NA	NA	15.90	15.02	090
29861	.....	A	Hip arthroscopy/surgery	9.15	NA	NA	8.07	9.13	0.95	NA	NA	18.17	19.23	090
29862	.....	A	Hip arthroscopy/surgery	9.90	NA	NA	8.46	9.70	1.02	NA	NA	19.38	20.62	090
29863	.....	A	Hip arthroscopy/surgery	9.90	NA	NA	8.94	9.20	1.02	NA	NA	19.86	20.12	090
29870	.....	A	Knee arthroscopy, diagnostic	5.07	NA	NA	5.91	5.14	0.55	NA	NA	11.53	10.76	090
29871	.....	A	Knee arthroscopy/drainage	6.55	NA	NA	8.47	7.91	0.63	NA	NA	15.65	15.09	090
29874	.....	A	Knee arthroscopy/surgery	7.05	NA	NA	6.84	7.63	0.72	NA	NA	14.61	15.40	090
29875	.....	A	Knee arthroscopy/surgery	6.31	NA	NA	6.59	7.06	0.70	NA	NA	13.60	14.07	090
29876	.....	A	Knee arthroscopy/surgery	7.92	NA	NA	8.05	8.75	0.86	NA	NA	16.83	17.53	090
29877	.....	A	Knee arthroscopy/surgery	7.35	NA	NA	7.18	7.98	0.81	NA	NA	15.34	16.14	090
29879	.....	A	Knee arthroscopy/surgery	8.04	NA	NA	7.49	8.54	0.89	NA	NA	16.42	17.47	090
29880	.....	A	Knee arthroscopy/surgery	8.50	NA	NA	7.79	8.97	0.94	NA	NA	17.23	18.41	090
29881	.....	A	Knee arthroscopy/surgery	7.76	NA	NA	7.44	8.36	0.86	NA	NA	16.06	16.98	090
29882	.....	A	Knee arthroscopy/surgery	8.65	NA	NA	7.85	9.09	0.96	NA	NA	17.46	18.70	090
29883	.....	A	Knee arthroscopy/surgery	9.46	NA	NA	8.32	9.81	1.06	NA	NA	18.84	20.33	090
29884	.....	A	Knee arthroscopy/surgery	7.33	NA	NA	7.82	8.29	0.81	NA	NA	15.96	16.43	090
29885	.....	A	Knee arthroscopy/surgery	9.09	NA	NA	8.59	8.76	1.00	NA	NA	18.68	18.85	090
29886	.....	A	Knee arthroscopy/surgery	7.54	NA	NA	7.64	7.51	0.84	NA	NA	16.02	15.89	090
29887	.....	A	Knee arthroscopy/surgery	9.04	NA	NA	8.72	9.76	0.99	NA	NA	18.75	19.79	090
29888	.....	A	Knee arthroscopy/surgery	13.90	NA	NA	11.61	14.10	1.51	NA	NA	27.02	29.51	090
29889	.....	A	Knee arthroscopy/surgery	15.13	NA	NA	11.54	11.34	1.68	NA	NA	28.35	28.15	090
29891	.....	A	Ankle arthroscopy/surgery	8.40	NA	NA	8.16	8.89	0.87	NA	NA	17.43	18.16	090
29892	.....	A	Ankle arthroscopy/surgery	9.00	NA	NA	8.41	9.02	0.93	NA	NA	18.34	18.95	090
29893	.....	A	Scope, plantar fasciotomy	5.22	NA	NA	4.88	5.26	0.40	NA	NA	10.50	10.88	090
29894	.....	A	Ankle arthroscopy/surgery	7.21	NA	NA	7.61	8.11	0.69	NA	NA	15.51	16.01	090
29895	.....	A	Ankle arthroscopy/surgery	6.99	NA	NA	7.24	7.80	0.70	NA	NA	14.93	15.49	090

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT[1]/ HCPCS[2]	MOD	Status	Description	Physician work RVUs[3,5]	Fully implemented non-facility PE RVUs	Year 2000 transitional non-facility PE RVUs	Fully implemented facility PE RVUs	Year 2000 transitional facility PE RVUs	Malpractice RVUs	Fully implemented non-facility total	Year 2000 transitional non-facility total	Fully implemented facility total	Year 2000 transitional facility total	Global
29897		A	Ankle arthroscopy/surgery	7.18	NA	NA	8.60	8.59	0.73	NA	NA	16.51	16.50	090
29898		A	Ankle arthroscopy/surgery	8.32	NA	NA	7.64	8.79	0.79	NA	NA	16.75	17.90	090
29909		C	Arthroscopy of joint	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
30000		A	Drainage of nose lesion	1.43	2.21	1.42	1.34	0.83	0.11	3.75	2.96	2.88	2.37	010
30020		A	Drainage of nose lesion	1.43	2.34	1.50	1.43	0.88	0.07	3.84	3.00	2.93	2.38	010
30100		A	Intranasal biopsy	0.94	1.12	0.94	0.53	0.46	0.07	2.13	1.95	1.54	1.47	000
30110		A	Removal of nose polyp(s)	1.63	2.32	1.86	0.91	0.81	0.12	4.07	3.61	2.66	2.56	010
30115		A	Removal of nose polyp(s)	4.35	NA	NA	4.03	3.54	0.32	NA	NA	8.70	8.21	090
30117		A	Removal of intranasal lesion	3.16	3.85	3.47	2.91	3.00	0.23	7.24	6.86	6.30	6.39	090
30118		A	Removal of intranasal lesion	9.69	NA	NA	7.67	8.18	0.74	NA	NA	18.10	18.61	090
30120		A	Revision of nose	5.27	4.85	5.57	4.85	5.57	0.43	10.55	11.27	10.55	11.27	090
30124		A	Removal of nose lesion	3.10	NA	NA	3.00	1.87	0.22	NA	NA	6.32	5.19	090
30125		A	Removal of nose lesion	7.16	NA	NA	6.02	6.02	0.51	NA	NA	13.69	13.69	090
30130		A	Removal of turbinate bones	3.38	NA	NA	3.51	2.66	0.24	NA	NA	7.13	6.28	090
30140		A	Removal of turbinate bones	3.43	NA	NA	3.97	3.64	0.26	NA	NA	7.66	7.33	090
30150		A	Partial removal of nose	9.14	NA	NA	7.45	8.03	0.81	NA	NA	17.40	17.98	090
30160		A	Removal of nose	9.58	NA	NA	7.51	9.48	0.79	NA	NA	17.88	19.85	090
30200		A	Injection treatment of nose	0.78	1.17	0.79	0.45	0.33	0.06	2.01	1.63	1.29	1.17	000
30210		A	Nasal sinus therapy	1.08	1.80	1.04	0.60	0.37	0.08	2.96	2.20	1.76	1.53	010
30220		A	Insert nasal septal button	1.54	2.15	1.90	0.88	0.85	0.12	3.81	3.56	2.54	2.51	010
30300		A	Remove nasal foreign body	1.04	2.13	1.32	0.39	0.32	0.08	3.25	2.44	1.51	1.44	010
30310		A	Remove nasal foreign body	1.96	NA	NA	1.71	1.74	0.15	NA	NA	3.82	3.85	010
30320		A	Remove nasal foreign body	4.52	NA	NA	4.53	4.60	0.36	NA	NA	9.41	9.48	090
30400		R	Reconstruction of nose	9.83	NA	NA	7.93	9.38	0.89	NA	NA	18.65	20.10	090
30410		R	Reconstruction of nose	12.98	NA	NA	9.61	12.56	1.19	NA	NA	23.78	26.73	090
30420		R	Reconstruction of nose	15.88	NA	NA	11.37	15.17	1.32	NA	NA	28.57	32.37	090
30430		R	Revision of nose	7.21	NA	NA	6.38	6.50	0.66	NA	NA	14.25	14.37	090
30435		R	Revision of nose	11.71	NA	NA	9.01	10.03	1.09	NA	NA	21.81	22.83	090
30450		R	Revision of nose	18.65	NA	NA	12.78	12.49	1.73	NA	NA	33.16	32.87	090
30460		A	Revision of nose	9.96	NA	NA	8.00	8.66	0.91	NA	NA	18.87	19.53	090
30462		A	Revision of nose	19.57	NA	NA	12.98	15.80	2.01	NA	NA	34.56	37.38	090
30520		A	Repair of nasal septum	5.70	NA	NA	5.26	6.03	0.43	NA	NA	11.39	12.16	090
30540		A	Repair nasal defect	7.75	NA	NA	5.96	6.58	0.57	NA	NA	14.28	14.90	090
30545		A	Repair nasal defect	11.38	NA	NA	8.51	10.13	0.92	NA	NA	20.81	22.43	090
30560		A	Release of nasal adhesions	1.26	1.98	1.29	1.34	0.82	0.09	3.33	2.64	2.69	2.17	010
30580		A	Repair upper jaw fistula	6.69	4.40	5.59	4.40	3.90	0.52	11.61	12.80	11.61	11.11	090
30600		A	Repair mouth/nose fistula	6.02	4.24	4.17	4.24	4.17	0.49	10.75	10.68	10.75	10.68	090
30620		A	Intranasal reconstruction	5.97	NA	NA	5.62	6.38	0.47	NA	NA	12.06	12.82	090
30630		A	Repair nasal septum defect	7.12	NA	NA	6.26	6.52	0.55	NA	NA	13.93	14.19	090
30801		A	Cauterization inner nose	1.09	2.13	1.32	1.88	1.07	0.08	3.30	2.49	3.05	2.24	010
30802		A	Cauterization inner nose	2.03	2.66	1.84	2.40	1.71	0.15	4.84	4.02	4.58	3.89	010
30901		A	Control of nosebleed	1.21	1.88	1.25	0.33	0.32	0.10	3.19	2.56	1.64	1.63	000
30903		A	Control of nosebleed	1.54	2.22	1.57	0.52	0.72	0.13	3.89	3.24	2.19	2.39	000
30905		A	Control of nosebleed	1.97	3.86	2.90	0.81	1.38	0.16	5.99	5.03	2.94	3.51	000
30906		A	Repeat control of nosebleed	2.45	4.11	2.64	1.29	1.23	0.19	6.75	5.28	3.93	3.87	000
30915		A	Ligation nasal sinus artery	7.20	NA	NA	6.33	5.85	0.53	NA	NA	14.06	13.58	090
30920		A	Ligation upper jaw artery	9.83	NA	NA	7.84	9.10	0.73	NA	NA	18.40	19.66	090
30930		A	Therapy fracture of nose	1.26	NA	NA	1.78	1.28	0.09	NA	NA	3.13	2.63	010
30999		C	Nasal surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
31000		A	Irrigation maxillary sinus	1.15	2.02	1.25	0.67	0.46	0.08	3.25	2.48	1.90	1.69	010
31002		A	Irrigation sphenoid sinus	1.91	NA	NA	1.95	1.10	0.14	NA	NA	4.00	3.15	010
31020		A	Exploration maxillary sinus	2.94	3.70	3.30	3.26	3.08	0.22	6.86	6.46	6.42	6.24	090
31030		A	Exploration maxillary sinus	5.92	4.05	5.56	4.05	5.56	0.45	10.42	11.93	10.42	11.93	090
31032		A	Explore sinus,remove polyps	6.57	NA	NA	5.57	6.71	0.50	NA	NA	12.64	13.78	090
31040		A	Exploration behind upper jaw	9.42	NA	NA	6.53	7.60	0.73	NA	NA	16.68	17.75	090
31050		A	Exploration sphenoid sinus	5.28	NA	NA	4.52	5.42	0.41	NA	NA	10.21	11.11	090
31051		A	Sphenoid sinus surgery	7.11	NA	NA	5.89	7.19	0.58	NA	NA	13.58	14.88	090
31070		A	Exploration of frontal sinus	4.28	NA	NA	4.33	4.71	0.32	NA	NA	8.93	9.31	090
31075		A	Exploration of frontal sinus	9.16	NA	NA	7.52	9.23	0.66	NA	NA	17.34	19.05	090
31080		A	Removal of frontal sinus	11.42	NA	NA	8.20	9.10	0.85	NA	NA	20.47	21.37	090
31081		A	Removal of frontal sinus	12.75	NA	NA	9.67	10.44	1.95	NA	NA	24.37	25.14	090
31084		A	Removal of frontal sinus	13.51	NA	NA	9.99	13.02	1.07	NA	NA	24.57	27.60	090
31085		A	Removal of frontal sinus	14.20	NA	NA	10.04	13.50	1.41	NA	NA	25.65	29.11	090
31086		A	Removal of frontal sinus	12.86	NA	NA	9.77	10.79	1.02	NA	NA	23.65	24.67	090
31087		A	Removal of frontal sinus	13.10	NA	NA	9.77	10.53	0.97	NA	NA	23.84	24.60	090
31090		A	Exploration of sinuses	9.53	NA	NA	8.03	9.70	0.71	NA	NA	18.27	19.94	090
31200		A	Removal of ethmoid sinus	4.97	NA	NA	5.30	5.16	0.29	NA	NA	10.56	10.42	090
31201		A	Removal of ethmoid sinus	8.37	NA	NA	7.00	7.31	0.62	NA	NA	15.99	16.30	090
31205		A	Removal of ethmoid sinus	10.24	NA	NA	8.08	8.40	0.65	NA	NA	18.97	19.29	090
31225		A	Removal of upper jaw	19.23	NA	NA	14.01	17.56	1.48	NA	NA	34.72	38.27	090
31230		A	Removal of upper jaw	21.94	NA	NA	16.13	19.86	1.75	NA	NA	39.82	43.55	090
31231		A	Nasal endoscopy, dx	1.10	1.68	1.59	0.61	1.05	0.08	2.86	2.77	1.79	2.23	000
31233		A	Nasal/sinus endoscopy, dx	2.18	2.32	2.68	1.24	1.38	0.16	4.66	5.02	3.58	3.72	000
31235		A	Nasal/sinus endoscopy, dx	2.64	2.60	2.60	1.47	1.39	0.19	5.43	5.43	4.30	4.22	000
31237		A	Nasal/sinus endoscopy, surg	2.98	2.85	3.21	1.69	1.74	0.22	6.05	6.41	4.89	4.94	000
31238		A	Nasal/sinus endoscopy, surg	3.26	3.23	3.57	1.91	1.93	0.24	6.73	7.07	5.41	5.43	000
31239		A	Nasal/sinus endoscopy, surg	8.70	NA	NA	6.31	8.35	0.45	NA	NA	15.46	17.50	010
31240		A	Nasal/sinus endoscopy, surg	2.61	NA	NA	1.53	2.32	0.19	NA	NA	4.33	5.12	000
31254		A	Revision of ethmoid sinus	4.65	NA	NA	2.74	4.15	0.34	NA	NA	7.73	9.14	000
31255		A	Removal of ethmoid sinus	6.96	NA	NA	4.09	6.20	0.52	NA	NA	11.57	13.68	000
31256		A	Exploration maxillary sinus	3.29	NA	NA	1.93	2.93	0.24	NA	NA	5.46	6.46	000
31267		A	Endoscopy, maxillary sinus	5.46	NA	NA	3.21	4.45	0.41	NA	NA	9.08	10.32	000
31276		A	Sinus surgical endoscopy	8.85	NA	NA	5.19	6.24	0.66	NA	NA	14.70	15.75	000
31287		A	Nasal/sinus endoscopy, surg	3.92	NA	NA	2.30	3.49	0.29	NA	NA	6.51	7.70	000

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT[1]/ HCPCS[2]	MOD	Status	Description	Physician work RVUs[3,5]	Fully implemented non-facility PE RVUs	Year 2000 transitional non-facility PE RVUs	Fully implemented facility PE RVUs	Year 2000 transitional facility PE RVUs	Malpractice RVUs	Fully implemented non-facility total	Year 2000 transitional non-facility total	Fully implemented facility total	Year 2000 transitional facility total	Global
31288	.....	A	Nasal/sinus endoscopy, surg	4.58	NA	NA	2.69	4.08	0.34	NA	NA	7.61	9.00	000
31290	.....	A	Nasal/sinus endoscopy, surg	17.24	NA	NA	11.49	14.68	1.33	NA	NA	30.06	33.25	010
31291	.....	A	Nasal/sinus endoscopy, surg	18.19	NA	NA	11.83	15.31	1.80	NA	NA	31.82	35.30	010
31292	.....	A	Nasal/sinus endoscopy, surg	14.76	NA	NA	9.77	12.15	1.08	NA	NA	25.61	27.99	010
31293	.....	A	Nasal/sinus endoscopy, surg	16.21	NA	NA	10.66	13.28	1.13	NA	NA	28.00	30.62	010
31294	.....	A	Nasal/sinus endoscopy, surg	19.06	NA	NA	11.79	14.97	1.73	NA	NA	32.58	35.76	010
31299	.....	C	Sinus surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
31300	.....	A	Removal of larynx lesion	14.29	NA	NA	15.63	14.10	1.07	NA	NA	30.99	29.46	090
31320	.....	A	Diagnostic incision larynx	5.26	NA	NA	10.31	7.26	0.41	NA	NA	15.98	12.93	090
31360	.....	A	Removal of larynx	17.08	NA	NA	17.37	18.88	1.29	NA	NA	35.74	37.25	090
31365	.....	A	Removal of larynx	24.16	NA	NA	21.27	25.06	1.85	NA	NA	47.28	51.07	090
31367	.....	A	Partial removal of larynx	21.86	NA	NA	21.54	20.12	1.67	NA	NA	45.07	43.65	090
31368	.....	A	Partial removal of larynx	27.09	NA	NA	27.02	28.03	2.06	NA	NA	56.17	57.18	090
31370	.....	A	Partial removal of larynx	21.38	NA	NA	21.15	19.90	1.67	NA	NA	44.20	42.95	090
31375	.....	A	Partial removal of larynx	20.21	NA	NA	20.99	18.55	1.49	NA	NA	42.69	40.25	090
31380	.....	A	Partial removal of larynx	20.21	NA	NA	20.36	19.55	1.51	NA	NA	42.08	41.27	090
31382	.....	A	Partial removal of larynx	20.52	NA	NA	20.43	18.93	1.58	NA	NA	42.53	41.03	090
31390	.....	A	Removal of larynx & pharynx	27.53	NA	NA	26.34	27.87	2.07	NA	NA	55.94	57.47	090
31395	.....	A	Reconstruct larynx & pharynx	31.09	NA	NA	31.19	33.79	2.34	NA	NA	64.62	67.22	090
31400	.....	A	Revision of larynx	10.31	NA	NA	14.11	11.30	0.77	NA	NA	25.19	22.38	090
31420	.....	A	Removal of epiglottis	10.22	NA	NA	13.06	10.92	0.77	NA	NA	24.05	21.91	090
31500	.....	A	Insert emergency airway	2.33	NA	NA	0.53	0.89	0.17	NA	NA	3.03	3.39	000
31502	.....	A	Change of windpipe airway	0.65	1.53	1.08	0.27	0.45	0.04	2.22	1.77	0.96	1.14	000
31505	.....	A	Diagnostic laryngoscopy	0.61	1.50	0.99	0.23	0.24	0.05	2.16	1.65	0.89	0.90	000
31510	.....	A	Laryngoscopy with biopsy	1.92	2.33	1.47	0.99	0.80	0.15	4.40	3.54	3.06	2.87	000
31511	.....	A	Remove foreign body, larynx	2.16	2.56	1.80	0.74	0.89	0.19	4.91	4.15	3.09	3.24	000
31512	.....	A	Removal of larynx lesion	2.07	2.57	2.26	1.11	1.53	0.20	4.84	4.53	3.38	3.80	000
31513	.....	A	Injection into vocal cord	2.10	NA	NA	1.22	1.87	0.16	NA	NA	3.48	4.13	000
31515	.....	A	Laryngoscopy for aspiration	1.80	2.99	2.11	0.75	0.99	0.13	4.92	4.04	2.68	2.92	000
31520	.....	A	Diagnostic laryngoscopy	2.56	NA	NA	1.36	1.57	0.19	NA	NA	4.11	4.32	000
31525	.....	A	Diagnostic laryngoscopy	2.63	2.57	2.48	1.43	1.32	0.19	5.39	5.30	4.25	4.14	000
31526	.....	A	Diagnostic laryngoscopy	2.57	NA	NA	1.50	2.29	0.19	NA	NA	4.26	5.05	000
31527	.....	A	Laryngoscopy for treatment	3.27	NA	NA	1.70	2.47	0.24	NA	NA	5.21	5.98	000
31528	.....	A	Laryngoscopy and dilatation	2.37	NA	NA	1.26	2.05	0.18	NA	NA	3.81	4.60	000
31529	.....	A	Laryngoscopy and dilatation	2.68	NA	NA	1.52	2.10	0.20	NA	NA	4.40	4.98	000
31530	.....	A	Operative laryngoscopy	3.39	NA	NA	1.59	2.77	0.24	NA	NA	5.22	6.40	000
31531	.....	A	Operative laryngoscopy	3.59	NA	NA	2.12	3.21	0.27	NA	NA	5.98	7.07	000
31535	.....	A	Operative laryngoscopy	3.16	NA	NA	1.77	2.78	0.24	NA	NA	5.17	6.18	000
31536	.....	A	Operative laryngoscopy	3.56	NA	NA	2.09	3.17	0.27	NA	NA	5.92	7.00	000
31540	.....	A	Operative laryngoscopy	4.13	NA	NA	2.41	3.67	0.31	NA	NA	6.85	8.11	000
31541	.....	A	Operative laryngoscopy	4.53	NA	NA	2.66	3.81	0.34	NA	NA	7.53	8.68	000
31560	.....	A	Operative laryngoscopy	5.46	NA	NA	3.11	4.27	0.41	NA	NA	8.98	10.14	000
31561	.....	A	Operative laryngoscopy	6.00	NA	NA	3.53	5.17	0.45	NA	NA	9.98	11.62	000
31570	.....	A	Laryngoscopy with injection	3.87	3.63	4.13	2.19	2.25	0.30	7.80	8.30	6.36	6.42	000
31571	.....	A	Laryngoscopy with injection	4.27	NA	NA	2.48	3.69	0.32	NA	NA	7.07	8.28	000
31575	.....	A	Diagnostic laryngoscopy	1.10	1.85	1.77	0.58	0.72	0.08	3.03	2.95	1.76	1.90	000
31576	.....	A	Laryngoscopy with biopsy	1.97	1.89	2.13	1.04	1.70	0.14	4.00	4.24	3.15	3.81	000
31577	.....	A	Remove foreign body, larynx	2.47	2.26	2.61	1.22	2.09	0.19	4.92	5.27	3.88	4.75	000
31578	.....	A	Removal of larynx lesion	2.84	2.50	2.95	1.63	2.51	0.21	5.55	6.00	4.68	5.56	000
31579	.....	A	Diagnostic laryngoscopy	2.26	2.54	2.54	1.21	1.24	0.17	4.97	4.97	3.64	3.67	000
31580	.....	A	Revision of larynx	12.38	NA	NA	15.62	15.20	0.92	NA	NA	28.92	28.50	090
31582	.....	A	Revision of larynx	21.62	NA	NA	19.80	19.60	1.60	NA	NA	43.02	42.82	090
31584	.....	A	Repair of larynx fracture	19.64	NA	NA	17.22	15.51	1.61	NA	NA	38.47	36.76	090
31585	.....	A	Repair of larynx fracture	4.64	NA	NA	7.51	5.80	0.34	NA	NA	12.49	10.78	090
31586	.....	A	Repair of larynx fracture	8.03	NA	NA	10.57	8.84	0.60	NA	NA	19.20	17.47	090
31587	.....	A	Revision of larynx	11.99	NA	NA	12.58	10.20	0.92	NA	NA	25.49	23.11	090
31588	.....	A	Revision of larynx	13.11	NA	NA	15.70	13.66	0.97	NA	NA	29.78	27.74	090
31590	.....	A	Reinnervate larynx	6.97	NA	NA	10.70	8.48	0.49	NA	NA	18.16	15.94	090
31595	.....	A	Larynx nerve surgery	8.34	NA	NA	12.67	10.05	0.63	NA	NA	21.64	19.02	090
31599	.....	C	Larynx surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
31600	.....	A	Incision of windpipe	3.62	NA	NA	1.66	2.99	0.36	NA	NA	5.64	6.97	000
31601	.....	A	Incision of windpipe	4.45	NA	NA	2.43	3.88	0.38	NA	NA	7.26	8.71	000
31603	.....	A	Incision of windpipe	4.15	NA	NA	1.92	3.26	0.39	NA	NA	6.46	7.80	000
31605	.....	A	Incision of windpipe	3.58	NA	NA	1.30	2.79	0.37	NA	NA	5.25	6.74	000
31610	.....	A	Incision of windpipe	8.76	NA	NA	9.88	8.56	0.72	NA	NA	19.36	18.04	090
31611	.....	A	Surgery/speech prosthesis	5.64	NA	NA	8.96	7.98	0.42	NA	NA	15.02	14.04	090
31612	.....	A	Puncture/clear windpipe	0.91	1.51	1.39	0.34	0.72	0.06	2.48	2.36	1.31	1.69	000
31613	.....	A	Repair windpipe opening	4.59	NA	NA	7.97	5.19	0.39	NA	NA	12.95	10.17	090
31614	.....	A	Repair windpipe opening	7.12	NA	NA	10.94	9.13	0.56	NA	NA	18.62	16.81	090
31615	.....	A	Visualization of windpipe	2.09	3.46	2.79	0.95	1.54	0.15	5.70	5.03	3.19	3.78	000
31622	.....	A	Dx bronchoscope/wash	2.78	3.18	3.30	1.12	2.79	0.14	6.10	6.22	4.04	5.71	000
31623	.....	A	Dx bronchoscope/brush	2.88	3.62	3.48	1.00	2.17	0.17	6.67	6.53	4.05	5.22	000
31624	.....	A	Dx bronchoscope/lavage	2.88	3.63	3.49	1.02	2.18	0.17	6.68	6.54	4.07	5.23	000
31625	.....	A	Bronchoscopy with biopsy	3.37	3.71	3.87	1.06	2.55	0.17	7.25	7.41	4.60	6.09	000
31628	.....	A	Bronchoscopy with biopsy	3.81	3.56	4.06	1.12	2.84	0.14	7.51	8.01	5.07	6.79	000
31629	.....	A	Bronchoscopy with biopsy	3.37	NA	NA	1.01	2.52	0.13	NA	NA	4.51	6.02	000
31630	.....	A	Bronchoscopy with repair	3.82	NA	NA	1.59	2.82	0.35	NA	NA	5.76	6.99	000
31631	.....	A	Bronchoscopy with dilation	4.37	NA	NA	1.62	2.95	0.32	NA	NA	6.31	7.64	000
31635	.....	A	Remove foreign body, airway	3.68	NA	NA	1.34	2.87	0.24	NA	NA	5.26	6.79	000
31640	.....	A	Bronchoscopy & remove lesion	4.94	NA	NA	2.04	3.75	0.39	NA	NA	7.37	9.08	000
31641	.....	A	Bronchoscopy, treat blockage	5.03	NA	NA	1.76	3.88	0.29	NA	NA	7.08	9.20	000
31643	.....	A	Dx bronchoscope/catheter	3.50	1.74	2.54	1.24	2.29	0.21	5.45	6.25	4.95	6.00	000
31645	.....	A	Bronchoscopy, clear airways	3.16	NA	NA	0.95	2.37	0.14	NA	NA	4.25	5.67	000
31646	.....	A	Bronchoscopy,reclear airways	2.72	NA	NA	0.84	2.04	0.13	NA	NA	3.69	4.89	000

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT[1]/ HCPCS[2]	MOD	Status	Description	Physician work RVUs[3,5]	Fully implemented non-facility PE RVUs	Year 2000 transitional non-facility PE RVUs	Fully implemented facility PE RVUs	Year 2000 transitional facility PE RVUs	Malpractice RVUs	Fully implemented non-facility total	Year 2000 transitional non-facility total	Fully implemented facility total	Year 2000 transitional facility total	Global
31656	.....	A	Bronchoscopy,inject for xray	2.17	NA	NA	0.60	1.60	0.10	NA	NA	2.87	3.87	000
31700	.....	A	Insertion of airway catheter	1.34	2.71	2.11	0.43	0.97	0.08	4.13	3.53	1.85	2.39	000
31708	.....	A	Instill airway contrast dye	1.41	NA	NA	0.38	0.61	0.06	NA	NA	1.85	2.08	000
31710	.....	A	Insertion of airway catheter	1.30	NA	NA	0.37	0.68	0.06	NA	NA	1.73	2.04	000
31715	.....	A	Injection for bronchus x-ray	1.11	NA	NA	0.32	0.42	0.04	NA	NA	1.47	1.57	000
31717	.....	A	Bronchial brush biopsy	2.12	4.87	2.83	0.62	0.71	0.09	7.08	5.04	2.83	2.92	000
31720	.....	A	Clearance of airways	1.06	2.10	1.45	0.33	0.57	0.06	3.22	2.57	1.45	1.69	000
31725	.....	A	Clearance of airways	1.96	NA	NA	0.58	1.06	0.09	NA	NA	2.63	3.11	000
31730	.....	A	Intro windpipe wire/tube	2.85	2.26	2.47	0.99	1.84	0.16	5.27	5.48	4.00	4.85	000
31750	.....	A	Repair of windpipe	13.02	NA	NA	14.45	12.05	1.05	NA	NA	28.52	26.12	090
31755	.....	A	Repair of windpipe	15.93	NA	NA	17.82	16.13	1.26	NA	NA	35.01	33.32	090
31760	.....	A	Repair of windpipe	22.35	NA	NA	13.36	12.61	2.19	NA	NA	37.90	37.15	090
31766	.....	A	Reconstruction of windpipe	30.43	NA	NA	17.90	18.94	3.70	NA	NA	52.03	53.07	090
31770	.....	A	Repair/graft of bronchus	22.51	NA	NA	16.56	16.46	2.20	NA	NA	41.27	41.17	090
31775	.....	A	Reconstruct bronchus	23.54	NA	NA	17.72	17.75	2.97	NA	NA	44.23	44.26	090
31780	.....	A	Reconstruct windpipe	17.72	NA	NA	13.32	16.07	1.80	NA	NA	32.84	35.59	090
31781	.....	A	Reconstruct windpipe	23.53	NA	NA	16.16	17.23	3.00	NA	NA	42.69	43.76	090
31785	.....	A	Remove windpipe lesion	17.23	NA	NA	12.63	11.16	1.41	NA	NA	31.27	29.80	090
31786	.....	A	Remove windpipe lesion	23.98	NA	NA	16.90	15.67	2.08	NA	NA	42.96	41.73	090
31800	.....	A	Repair of windpipe injury	7.43	NA	NA	6.76	6.04	0.76	NA	NA	14.95	14.23	090
31805	.....	A	Repair of windpipe injury	13.13	NA	NA	12.93	11.80	1.82	NA	NA	27.88	26.75	090
31820	.....	A	Closure of windpipe lesion	4.49	7.30	5.60	7.22	5.56	0.36	12.15	10.45	12.07	10.41	090
31825	.....	A	Repair of windpipe defect	6.81	10.18	7.81	10.18	7.81	0.55	17.54	15.17	17.54	15.17	090
31830	.....	A	Revise windpipe scar	4.50	7.21	5.59	7.21	5.59	0.38	12.09	10.47	12.09	10.47	090
31899	.....	C	Airways surgical procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
32000	.....	A	Drainage of chest	1.54	3.79	2.39	0.46	0.72	0.08	5.41	4.01	2.08	2.34	000
32001	.....	A	Total lung lavage	6.00	2.13	2.13	2.13	2.13	0.61	8.74	8.74	8.74	8.74	000
32002	.....	A	Treatment of collapsed lung	2.19	NA	NA	0.66	1.06	0.12	NA	NA	2.97	3.37	000
32005	.....	A	Treat lung lining chemically	2.19	NA	NA	0.77	0.98	0.19	NA	NA	3.15	3.36	000
32020	.....	A	Insertion of chest tube	3.98	NA	NA	1.42	2.14	0.39	NA	NA	5.79	6.51	000
32035	.....	A	Exploration of chest	8.67	NA	NA	8.79	8.07	1.08	NA	NA	18.54	17.82	090
32036	.....	A	Exploration of chest	9.68	NA	NA	9.96	8.85	1.24	NA	NA	20.88	19.77	090
32095	.....	A	Biopsy through chest wall	8.36	NA	NA	10.42	9.69	1.02	NA	NA	19.80	19.07	090
32100	.....	A	Exploration/biopsy of chest	11.84	NA	NA	10.82	11.51	1.52	NA	NA	24.18	24.87	090
32110	.....	A	Explore/repair chest	13.62	NA	NA	11.44	11.97	1.74	NA	NA	26.80	27.33	090
32120	.....	A	Re-exploration of chest	11.54	NA	NA	10.76	10.51	1.50	NA	NA	23.80	23.55	090
32124	.....	A	Explore chest,free adhesions	12.72	NA	NA	10.48	11.18	1.62	NA	NA	24.82	25.52	090
32140	.....	A	Removal of lung lesion(s)	13.93	NA	NA	11.22	12.32	1.78	NA	NA	26.93	28.03	090
32141	.....	A	Remove/treat lung lesions	14.00	NA	NA	11.91	13.24	1.81	NA	NA	27.72	29.05	090
32150	.....	A	Removal of lung lesion(s)	14.15	NA	NA	11.04	11.13	1.75	NA	NA	26.94	27.03	090
32151	.....	A	Remove lung foreign body	14.21	NA	NA	11.62	10.78	1.87	NA	NA	27.70	26.86	090
32160	.....	A	Open chest heart massage	9.30	NA	NA	6.84	8.38	1.10	NA	NA	17.24	18.78	090
32200	.....	A	Open drainage, lung lesion	15.29	NA	NA	10.22	8.85	1.31	NA	NA	26.82	25.45	090
32201	.....	A	Percut drainage, lung lesion	4.00	NA	NA	6.44	4.87	0.34	NA	NA	10.78	9.21	000
32215	.....	A	Treat chest lining	11.33	NA	NA	11.09	9.68	1.44	NA	NA	23.86	22.45	090
32220	.....	A	Release of lung	19.27	NA	NA	15.46	16.31	2.39	NA	NA	37.12	37.97	090
32225	.....	A	Partial release of lung	13.96	NA	NA	12.04	12.45	1.81	NA	NA	27.81	28.22	090
32310	.....	A	Removal of chest lining	13.44	NA	NA	10.86	11.75	1.74	NA	NA	26.04	26.93	090
32320	.....	A	Free/remove chest lining	20.54	NA	NA	13.76	16.70	2.60	NA	NA	36.90	39.84	090
32400	.....	A	Needle biopsy chest lining	1.76	1.65	1.63	0.51	1.06	0.07	3.48	3.46	2.34	2.89	000
32402	.....	A	Open biopsy chest lining	7.56	NA	NA	8.99	8.61	0.97	NA	NA	17.52	17.14	090
32405	.....	A	Biopsy, lung or mediastinum	1.93	2.04	2.17	0.52	1.41	0.08	4.05	4.18	2.53	3.42	000
32420	.....	A	Puncture/clear lung	2.18	NA	NA	0.64	1.14	0.11	NA	NA	2.93	3.43	000
32440	.....	A	Removal of lung	21.02	NA	NA	14.58	17.36	2.70	NA	NA	38.30	41.08	090
32442	.....	A	Sleeve pneumonectomy	26.24	NA	NA	17.63	18.55	3.49	NA	NA	47.36	48.28	090
32445	.....	A	Removal of lung	25.09	NA	NA	16.07	19.14	3.13	NA	NA	44.29	47.36	090
32480	.....	A	Partial removal of lung	18.32	NA	NA	12.70	15.66	2.35	NA	NA	33.37	36.33	090
32482	.....	A	Bilobectomy	19.71	NA	NA	13.40	16.01	2.47	NA	NA	35.58	38.19	090
32484	.....	A	Segmentectomy	20.69	NA	NA	13.97	16.29	2.62	NA	NA	37.28	39.60	090
32486	.....	A	Sleeve lobectomy	23.92	NA	NA	15.94	16.95	3.12	NA	NA	42.98	43.99	090
32488	.....	A	Completion pneumonectomy	25.71	NA	NA	16.81	18.03	3.31	NA	NA	45.83	47.05	090
32491	.....	R	Lung volume reduction	21.25	NA	NA	14.83	15.80	3.00	NA	NA	39.08	40.05	090
32500	.....	A	Partial removal of lung	14.30	NA	NA	12.09	13.36	1.86	NA	NA	28.25	29.52	090
32501	.....	A	Repair bronchus (add-on)	4.69	NA	NA	1.76	3.22	0.55	NA	NA	7.00	8.46	ZZZ
32520	.....	A	Remove lung & revise chest	21.68	NA	NA	15.02	18.73	2.86	NA	NA	39.56	43.27	090
32522	.....	A	Remove lung & revise chest	24.20	NA	NA	15.76	19.77	3.11	NA	NA	43.07	47.08	090
32525	.....	A	Remove lung & revise chest	26.50	NA	NA	16.30	20.90	3.39	NA	NA	46.19	50.79	090
32540	.....	A	Removal of lung lesion	14.64	NA	NA	11.77	12.22	1.87	NA	NA	28.28	28.73	090
32601	.....	A	Thoracoscopy, diagnostic	5.46	NA	NA	4.13	3.95	0.70	NA	NA	10.29	10.11	000
32602	.....	A	Thoracoscopy, diagnostic	5.96	NA	NA	4.27	4.24	0.76	NA	NA	10.99	10.96	000
32603	.....	A	Thoracoscopy, diagnostic	7.81	NA	NA	3.73	3.75	0.82	NA	NA	12.36	12.38	000
32604	.....	A	Thoracoscopy, diagnostic	8.78	NA	NA	5.39	4.80	1.12	NA	NA	15.29	14.70	000
32605	.....	A	Thoracoscopy, diagnostic	6.93	NA	NA	4.69	4.23	0.90	NA	NA	12.52	12.06	000
32606	.....	A	Thoracoscopy, diagnostic	8.40	NA	NA	5.25	4.73	1.07	NA	NA	14.72	14.20	000
32650	.....	A	Thoracoscopy, surgical	10.75	NA	NA	9.61	8.94	1.31	NA	NA	21.67	21.00	090
32651	.....	A	Thoracoscopy, surgical	12.91	NA	NA	10.10	11.48	1.60	NA	NA	24.61	25.99	090
32652	.....	A	Thoracoscopy, surgical	18.66	NA	NA	13.02	15.09	2.37	NA	NA	34.05	36.12	090
32653	.....	A	Thoracoscopy, surgical	12.87	NA	NA	10.03	10.63	1.59	NA	NA	24.49	25.09	090
32654	.....	A	Thoracoscopy, surgical	12.44	NA	NA	8.36	10.43	1.51	NA	NA	22.31	24.38	090
32655	.....	A	Thoracoscopy, surgical	13.10	NA	NA	10.06	12.31	1.59	NA	NA	24.75	27.00	090
32656	.....	A	Thoracoscopy, surgical	12.91	NA	NA	10.79	12.65	1.70	NA	NA	25.40	27.26	090
32657	.....	A	Thoracoscopy, surgical	13.65	NA	NA	10.87	12.75	1.71	NA	NA	26.23	28.11	090
32658	.....	A	Thoracoscopy, surgical	11.63	NA	NA	9.68	11.78	1.43	NA	NA	22.74	24.84	090
32659	.....	A	Thoracoscopy, surgical	11.59	NA	NA	10.52	12.18	1.53	NA	NA	23.64	25.30	090

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT[1]/ HCPCS[2]	MOD	Status	Description	Physician work RVUs[3,5]	Fully implemented non-facility PE RVUs	Year 2000 transitional non-facility PE RVUs	Fully implemented facility PE RVUs	Year 2000 transitional facility PE RVUs	Malpractice RVUs	Fully implemented non-facility total	Year 2000 transitional non-facility total	Fully implemented facility total	Year 2000 transitional facility total	Global
32660	.....	A	Thoracoscopy, surgical	17.43	NA	NA	13.33	17.07	2.37	NA	NA	33.13	36.87	090
32661	.....	A	Thoracoscopy, surgical	13.25	NA	NA	12.23	11.14	1.76	NA	NA	27.24	26.15	090
32662	.....	A	Thoracoscopy, surgical	16.44	NA	NA	12.24	14.02	2.15	NA	NA	30.83	32.61	090
32663	.....	A	Thoracoscopy, surgical	18.47	NA	NA	12.90	15.76	2.37	NA	NA	33.74	36.60	090
32664	.....	A	Thoracoscopy, surgical	14.20	NA	NA	10.02	10.74	1.70	NA	NA	25.92	26.64	090
32665	.....	A	Thoracoscopy, surgical	15.54	NA	NA	10.10	12.83	1.86	NA	NA	27.50	30.23	090
32800	.....	A	Repair lung hernia	13.69	NA	NA	10.25	9.62	1.49	NA	NA	25.43	24.80	090
32810	.....	A	Close chest after drainage	13.05	NA	NA	11.31	9.18	1.71	NA	NA	26.07	23.94	090
32815	.....	A	Close bronchial fistula	23.15	NA	NA	16.24	16.38	3.07	NA	NA	42.46	42.60	090
32820	.....	A	Reconstruct injured chest	21.48	NA	NA	13.94	17.29	2.53	NA	NA	37.95	41.30	090
32850	.....	X	Donor pneumonectomy	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
32851	.....	A	Lung transplant, single	38.63	NA	NA	22.95	25.34	5.12	NA	NA	66.70	69.09	090
32852	.....	A	Lung transplant w/bypass	41.80	NA	NA	24.68	27.38	5.56	NA	NA	72.04	74.74	090
32853	.....	A	Lung transplant, double	47.81	NA	NA	28.15	31.41	6.69	NA	NA	82.65	85.91	090
32854	.....	A	Lung transplant w/bypass	50.98	NA	NA	27.60	32.31	6.33	NA	NA	84.91	89.62	090
32900	.....	A	Removal of rib(s)	20.27	NA	NA	13.87	11.53	2.52	NA	NA	36.66	34.32	090
32905	.....	A	Revise & repair chest wall	20.75	NA	NA	14.84	14.34	2.63	NA	NA	38.22	37.72	090
32906	.....	A	Revise & repair chest wall	26.77	NA	NA	17.13	16.93	3.52	NA	NA	47.42	47.22	090
32940	.....	A	Revision of lung	19.43	NA	NA	12.98	12.66	2.50	NA	NA	34.91	34.59	090
32960	.....	A	Therapeutic pneumothorax	1.84	1.99	1.50	0.36	0.69	0.13	3.96	3.47	2.33	2.66	000
32999	.....	C	Chest surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
33010	.....	A	Drainage of heart sac	2.24	NA	NA	0.82	1.25	0.28	NA	NA	3.34	3.77	000
33011	.....	A	Repeat drainage of heart sac	2.24	NA	NA	0.84	0.72	0.26	NA	NA	3.34	3.22	000
33015	.....	A	Incision of heart sac	6.80	NA	NA	4.81	4.72	0.92	NA	NA	12.53	12.44	090
33020	.....	A	Incision of heart sac	12.61	NA	NA	9.68	12.04	1.70	NA	NA	23.99	26.35	090
33025	.....	A	Incision of heart sac	12.09	NA	NA	9.29	11.86	1.61	NA	NA	22.99	25.56	090
33030	.....	A	Partial removal of heart sac	18.71	NA	NA	14.50	18.42	2.50	NA	NA	35.71	39.63	090
33031	.....	A	Partial removal of heart sac	21.79	NA	NA	18.20	16.29	2.98	NA	NA	42.97	41.06	090
33050	.....	A	Removal of heart sac lesion	14.36	NA	NA	12.39	11.22	1.83	NA	NA	28.58	27.41	090
33120	.....	A	Removal of heart lesion	24.56	NA	NA	19.53	24.43	3.29	NA	NA	47.38	52.28	090
33130	.....	A	Removal of heart lesion	21.39	NA	NA	13.59	14.12	2.51	NA	NA	37.49	38.02	090
33200	.....	A	Insertion of heart pacemaker	12.48	NA	NA	12.39	12.86	1.52	NA	NA	26.39	26.86	090
33201	.....	A	Insertion of heart pacemaker	10.18	NA	NA	11.00	11.57	1.41	NA	NA	22.59	23.16	090
33206	.....	A	Insertion of heart pacemaker	6.67	NA	NA	5.70	6.84	0.89	NA	NA	13.26	14.40	090
33207	.....	A	Insertion of heart pacemaker	8.04	NA	NA	6.17	7.88	1.08	NA	NA	15.29	17.00	090
33208	.....	A	Insertion of heart pacemaker	8.13	NA	NA	6.36	8.03	1.12	NA	NA	15.61	17.28	090
33210	.....	A	Insertion of heart electrode	3.30	NA	NA	1.34	2.46	0.44	NA	NA	5.08	6.20	000
33211	.....	A	Insertion of heart electrode	3.40	NA	NA	1.37	2.48	0.47	NA	NA	5.24	6.35	000
33212	.....	A	Insertion of pulse generator	5.52	NA	NA	4.59	5.22	0.74	NA	NA	10.85	11.48	090
33213	.....	A	Insertion of pulse generator	6.37	NA	NA	4.99	5.42	0.86	NA	NA	12.22	12.65	090
33214	.....	A	Upgrade of pacemaker system	7.75	NA	NA	6.14	6.00	1.05	NA	NA	14.94	14.80	090
33216	.....	A	Revision implanted electrode	5.39	NA	NA	5.04	5.25	0.73	NA	NA	11.16	11.37	090
33217	.....	A	Insert/revise electrode	5.75	NA	NA	5.39	5.42	0.79	NA	NA	11.93	11.96	090
33218	.....	A	Repair pacemaker electrodes	5.44	NA	NA	4.61	4.80	0.73	NA	NA	10.78	10.97	090
33220	.....	A	Repair pacemaker electrode	5.52	NA	NA	4.64	4.81	0.75	NA	NA	10.91	11.08	090
33222	.....	A	Pacemaker aicd pocket	4.96	NA	NA	4.21	5.07	0.65	NA	NA	9.82	10.68	090
33223	.....	A	Pacemaker aicd pocket	6.46	NA	NA	5.44	5.82	0.91	NA	NA	12.81	13.19	090
33233	.....	A	Removal of pacemaker system	3.29	NA	NA	3.94	3.41	0.46	NA	NA	7.69	7.16	090
33234	.....	A	Removal of pacemaker system	7.82	NA	NA	5.87	4.48	1.10	NA	NA	14.79	13.40	090
33235	.....	A	Removal pacemaker electrode	9.40	NA	NA	6.60	5.01	1.32	NA	NA	17.32	15.73	090
33236	.....	A	Remove electrode/thoracotomy	12.60	NA	NA	10.25	7.29	1.71	NA	NA	24.56	21.60	090
33237	.....	A	Remove electrode/thoracotomy	13.71	NA	NA	10.52	10.47	1.76	NA	NA	25.99	25.94	090
33238	.....	A	Remove electrode/thoracotomy	15.22	NA	NA	9.26	10.22	1.49	NA	NA	25.97	26.93	090
33240	.....	A	Insert/replace pulse gener	7.60	NA	NA	6.01	5.93	1.07	NA	NA	14.68	14.60	090
33241	.....	A	Remove pulse generator only	3.24	NA	NA	3.68	3.01	0.46	NA	NA	7.38	6.71	090
33242	.....	A	Repair pulse generator/leads	6.17	NA	NA	7.85	7.61	0.87	NA	NA	14.89	14.65	090
33243	.....	A	Remove generator/thoracotomy	22.64	NA	NA	13.06	11.43	3.16	NA	NA	38.86	37.23	090
33244	.....	A	Remove generator	8.97	NA	NA	6.80	8.30	1.27	NA	NA	17.04	18.54	090
33245	.....	A	Implant heart defibrillator	14.30	NA	NA	13.01	15.04	1.95	NA	NA	29.26	31.29	090
33246	.....	A	Implant heart defibrillator	20.71	NA	NA	15.31	18.94	2.90	NA	NA	38.92	42.55	090
33247	.....	A	Insert/replace leads	10.21	NA	NA	7.55	9.87	1.34	NA	NA	19.10	21.42	090
33249	.....	A	Insert/replace leads/gener	13.28	NA	NA	9.25	12.56	1.88	NA	NA	24.41	27.72	090
33250	.....	A	Ablate heart dysrhythm focus	21.85	NA	NA	14.76	13.66	3.19	NA	NA	39.80	38.70	090
33251	.....	A	Ablate heart dysrhythm focus	24.88	NA	NA	18.80	18.31	3.48	NA	NA	47.16	46.67	090
33253	.....	A	Reconstruct atria	31.06	NA	NA	20.10	21.89	4.35	NA	NA	55.51	57.30	090
33261	.....	A	Ablate heart dysrhythm focus	24.88	NA	NA	19.79	17.47	3.08	NA	NA	47.75	45.43	090
33300	.....	A	Repair of heart wound	17.92	NA	NA	13.92	14.75	2.44	NA	NA	34.28	35.11	090
33305	.....	A	Repair of heart wound	21.44	NA	NA	16.49	17.69	2.90	NA	NA	40.83	42.03	090
33310	.....	A	Exploratory heart surgery	18.51	NA	NA	15.35	13.80	2.63	NA	NA	36.49	34.94	090
33315	.....	A	Exploratory heart surgery	22.37	NA	NA	16.57	16.14	3.15	NA	NA	42.09	41.66	090
33320	.....	A	Repair major blood vessel(s)	16.79	NA	NA	13.08	14.22	2.23	NA	NA	32.10	33.24	090
33321	.....	A	Repair major vessel	20.20	NA	NA	11.53	17.57	2.49	NA	NA	34.22	40.26	090
33322	.....	A	Repair major blood vessel(s)	20.62	NA	NA	16.56	20.08	2.85	NA	NA	40.03	43.55	090
33330	.....	A	Insert major vessel graft	21.43	NA	NA	16.47	15.11	2.98	NA	NA	40.88	39.52	090
33332	.....	A	Insert major vessel graft	23.96	NA	NA	15.38	15.87	3.48	NA	NA	42.82	43.31	090
33335	.....	A	Insert major vessel graft	30.01	NA	NA	20.00	18.18	4.10	NA	NA	54.11	52.29	090
33400	.....	A	Repair of aortic valve	25.34	NA	NA	19.80	24.12	3.47	NA	NA	48.61	52.93	090
33401	.....	A	Valvuloplasty, open	23.91	NA	NA	17.26	22.85	3.39	NA	NA	44.56	50.15	090
33403	.....	A	Valvuloplasty, w/cp bypass	24.89	NA	NA	18.46	23.45	3.49	NA	NA	46.84	51.83	090
33404	.....	A	Prepare heart-aorta conduit	28.54	NA	NA	21.52	27.72	3.86	NA	NA	53.92	60.12	090
33405	.....	A	Replacement of aortic valve	30.61	NA	NA	20.80	26.94	4.14	NA	NA	55.55	61.69	090
33406	.....	A	Replacement, aortic valve	32.30	NA	NA	22.21	30.39	4.39	NA	NA	58.90	67.08	090
33411	.....	A	Replacement of aortic valve	32.47	NA	NA	21.53	30.15	4.37	NA	NA	58.37	66.99	090
33412	.....	A	Replacement of aortic valve	34.79	NA	NA	20.84	31.19	4.10	NA	NA	59.73	70.08	090

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT[1]/ HCPCS[2]	MOD	Status	Description	Physician work RVUs[3,5]	Fully implemented non-facility PE RVUs	Year 2000 transitional non-facility PE RVUs	Fully implemented facility PE RVUs	Year 2000 transitional facility PE RVUs	Malpractice RVUs	Fully implemented non-facility total	Year 2000 transitional non-facility total	Fully implemented facility total	Year 2000 transitional facility total	Global
33413	.....	A	Replacement, aortic valve	35.24	NA	NA	25.14	33.60	4.80	NA	NA	65.18	73.64	090
33414	.....	A	Repair, aortic valve	30.35	NA	NA	20.98	28.61	4.07	NA	NA	55.40	63.03	090
33415	.....	A	Revision, subvalvular tissue	27.15	NA	NA	17.49	24.96	3.00	NA	NA	47.64	55.11	090
33416	.....	A	Revise ventricle muscle	30.35	NA	NA	20.72	25.63	4.17	NA	NA	55.24	60.15	090
33417	.....	A	Repair of aortic valve	28.53	NA	NA	21.08	27.57	3.87	NA	NA	53.48	59.97	090
33420	.....	A	Revision of mitral valve	22.70	NA	NA	10.63	16.07	1.69	NA	NA	35.02	40.46	090
33422	.....	A	Revision of mitral valve	25.94	NA	NA	18.31	24.64	3.47	NA	NA	47.72	54.05	090
33425	.....	A	Repair of mitral valve	27.00	NA	NA	19.61	25.92	3.64	NA	NA	50.25	56.56	090
33426	.....	A	Repair of mitral valve	31.03	NA	NA	21.07	27.88	4.16	NA	NA	56.26	63.07	090
33427	.....	A	Repair of mitral valve	33.72	NA	NA	21.91	29.79	4.59	NA	NA	60.22	68.10	090
33430	.....	A	Replacement of mitral valve	31.43	NA	NA	21.07	29.30	4.27	NA	NA	56.77	65.00	090
33460	.....	A	Revision of tricuspid valve	23.60	NA	NA	18.28	23.23	3.18	NA	NA	45.06	50.01	090
33463	.....	A	Valvuloplasty, tricuspid	25.62	NA	NA	18.62	24.60	3.49	NA	NA	47.73	53.71	090
33464	.....	A	Valvuloplasty, tricuspid	27.33	NA	NA	19.53	26.08	3.70	NA	NA	50.56	57.11	090
33465	.....	A	Replace tricuspid valve	28.79	NA	NA	19.91	27.14	3.81	NA	NA	52.51	59.74	090
33468	.....	A	Revision of tricuspid valve	30.12	NA	NA	24.22	30.09	4.10	NA	NA	58.44	64.31	090
33470	.....	A	Revision of pulmonary valve	20.81	NA	NA	19.43	20.47	2.69	NA	NA	42.93	43.97	090
33471	.....	A	Valvotomy, pulmonary valve	22.25	NA	NA	10.94	18.76	1.84	NA	NA	35.03	42.85	090
33472	.....	A	Revision of pulmonary valve	22.25	NA	NA	12.27	19.42	2.61	NA	NA	37.13	44.28	090
33474	.....	A	Revision of pulmonary valve	23.04	NA	NA	14.16	20.83	2.70	NA	NA	39.90	46.57	090
33475	.....	A	Replacement, pulmonary valve	28.41	NA	NA	19.41	26.66	3.77	NA	NA	51.59	58.84	090
33476	.....	A	Revision of heart chamber	25.77	NA	NA	14.27	22.41	2.42	NA	NA	42.46	50.60	090
33478	.....	A	Revision of heart chamber	26.74	NA	NA	18.13	25.03	3.93	NA	NA	48.80	55.70	090
33496	.....	A	Repair, prosth valve clot	27.25	NA	NA	19.62	26.08	3.53	NA	NA	50.40	56.86	090
33500	.....	A	Repair heart vessel fistula	25.55	NA	NA	16.09	23.30	3.19	NA	NA	44.83	52.04	090
33501	.....	A	Repair heart vessel fistula	17.78	NA	NA	12.81	14.08	2.22	NA	NA	32.81	34.08	090
33502	.....	A	Coronary artery correction	21.04	NA	NA	20.11	17.73	3.01	NA	NA	44.16	41.78	090
33503	.....	A	Coronary artery graft	21.78	NA	NA	19.26	22.63	2.53	NA	NA	43.57	46.94	090
33504	.....	A	Coronary artery graft	24.66	NA	NA	18.03	23.74	2.58	NA	NA	45.27	50.98	090
33505	.....	A	Repair artery w/tunnel	26.84	NA	NA	22.13	27.09	3.24	NA	NA	52.21	57.17	090
33506	.....	A	Repair artery, translocation	26.71	NA	NA	20.43	26.16	3.13	NA	NA	50.27	56.00	090
33510	.....	A	CABG, vein, single	25.12	NA	NA	18.38	24.19	3.42	NA	NA	46.92	52.73	090
33511	.....	A	CABG, vein, two	27.40	NA	NA	19.36	26.04	3.72	NA	NA	50.48	57.16	090
33512	.....	A	CABG, vein, three	29.67	NA	NA	20.46	27.94	3.97	NA	NA	54.10	61.58	090
33513	.....	A	CABG, vein, four	31.95	NA	NA	21.54	29.85	4.32	NA	NA	57.81	66.12	090
33514	.....	A	CABG, vein, five	35.00	NA	NA	23.15	32.47	4.73	NA	NA	62.88	72.20	090
33516	.....	A	CABG, vein, six+	37.40	NA	NA	24.26	34.46	5.08	NA	NA	66.74	76.94	090
33517	.....	A	CABG, artery-vein, single	2.57	NA	NA	1.09	2.08	0.35	NA	NA	4.01	5.00	ZZZ
33518	.....	A	CABG, artery-vein, two	4.85	NA	NA	2.05	3.93	0.65	NA	NA	7.55	9.43	ZZZ
33519	.....	A	CABG, artery-vein, three	7.12	NA	NA	3.01	5.76	0.96	NA	NA	11.09	13.84	ZZZ
33521	.....	A	CABG, artery-vein, four	9.40	NA	NA	3.99	7.61	1.27	NA	NA	14.66	18.28	ZZZ
33522	.....	A	CABG, artery-vein, five	11.67	NA	NA	4.97	9.45	1.57	NA	NA	18.21	22.69	ZZZ
33523	.....	A	CABG, artery-vein, six+	13.95	NA	NA	5.94	11.30	1.88	NA	NA	21.77	27.13	ZZZ
33530	.....	A	Coronary artery, bypass/reop	5.86	NA	NA	2.48	4.74	0.80	NA	NA	9.14	11.40	ZZZ
33533	.....	A	CABG, arterial, single	25.83	NA	NA	18.90	24.87	3.46	NA	NA	48.19	54.16	090
33534	.....	A	CABG, arterial, two	28.82	NA	NA	19.99	27.20	3.85	NA	NA	52.66	59.87	090
33535	.....	A	CABG, arterial, three	31.81	NA	NA	21.04	29.51	4.12	NA	NA	56.97	65.44	090
33536	.....	A	CABG, arterial, four+	34.79	NA	NA	22.08	31.81	4.59	NA	NA	61.46	71.19	090
33542	.....	A	Removal of heart lesion	28.85	NA	NA	21.86	27.61	3.95	NA	NA	54.66	60.41	090
33545	.....	A	Repair of heart damage	36.78	NA	NA	24.00	30.95	4.99	NA	NA	65.77	72.72	090
33572	.....	A	Open coronary endarterectomy	4.45	NA	NA	1.87	2.69	0.61	NA	NA	6.93	7.75	ZZZ
33600	.....	A	Closure of valve	29.51	NA	NA	16.65	25.94	2.66	NA	NA	48.82	58.11	090
33602	.....	A	Closure of valve	28.54	NA	NA	14.77	23.93	2.99	NA	NA	46.30	55.46	090
33606	.....	A	Anastomosis/artery-aorta	30.74	NA	NA	21.87	29.28	4.21	NA	NA	56.82	64.23	090
33608	.....	A	Repair anomaly w/conduit	31.09	NA	NA	19.24	28.18	3.71	NA	NA	54.04	62.98	090
33610	.....	A	Repair by enlargement	30.61	NA	NA	20.82	28.68	3.86	NA	NA	55.29	63.15	090
33611	.....	A	Repair double ventricle	32.30	NA	NA	20.59	29.58	4.27	NA	NA	57.16	66.15	090
33612	.....	A	Repair double ventricle	33.26	NA	NA	21.85	30.78	4.81	NA	NA	59.92	68.85	090
33615	.....	A	Repair (simple fontan)	32.06	NA	NA	21.66	29.97	4.14	NA	NA	57.86	66.17	090
33617	.....	A	Repair by modified fontan	34.03	NA	NA	25.51	33.07	4.82	NA	NA	64.36	71.92	090
33619	.....	A	Repair single ventricle	37.57	NA	NA	30.98	37.92	5.36	NA	NA	73.91	80.85	090
33641	.....	A	Repair heart septum defect	21.39	NA	NA	14.98	20.26	2.90	NA	NA	39.27	44.55	090
33645	.....	A	Revision of heart veins	24.82	NA	NA	16.78	23.21	3.28	NA	NA	44.88	51.31	090
33647	.....	A	Repair heart septum defects	28.73	NA	NA	22.28	28.29	4.08	NA	NA	55.09	61.10	090
33660	.....	A	Repair of heart defects	25.54	NA	NA	19.57	25.03	3.20	NA	NA	48.31	53.77	090
33665	.....	A	Repair of heart defects	28.60	NA	NA	19.75	26.85	4.27	NA	NA	52.62	59.72	090
33670	.....	A	Repair of heart chambers	32.73	NA	NA	17.63	28.35	3.28	NA	NA	53.64	64.36	090
33681	.....	A	Repair heart septum defect	27.67	NA	NA	21.74	27.39	3.78	NA	NA	53.19	58.84	090
33684	.....	A	Repair heart septum defect	29.65	NA	NA	17.73	26.57	3.83	NA	NA	51.21	60.05	090
33688	.....	A	Repair heart septum defect	30.62	NA	NA	15.47	26.01	3.95	NA	NA	50.04	60.58	090
33690	.....	A	Reinforce pulmonary artery	19.55	NA	NA	14.54	18.94	2.52	NA	NA	36.61	41.01	090
33692	.....	A	Repair of heart defects	30.75	NA	NA	19.64	28.18	4.47	NA	NA	54.86	63.40	090
33694	.....	A	Repair of heart defects	31.73	NA	NA	18.26	28.07	3.29	NA	NA	53.28	63.09	090
33697	.....	A	Repair of heart defects	33.71	NA	NA	16.65	28.45	4.82	NA	NA	55.18	66.98	090
33702	.....	A	Repair of heart defects	26.54	NA	NA	21.17	26.43	3.80	NA	NA	51.51	56.77	090
33710	.....	A	Repair of heart defects	29.71	NA	NA	19.37	27.42	3.95	NA	NA	53.03	61.08	090
33720	.....	A	Repair of heart defect	26.56	NA	NA	19.81	25.76	3.76	NA	NA	50.13	56.08	090
33722	.....	A	Repair of heart defect	28.41	NA	NA	20.68	26.88	4.24	NA	NA	53.33	59.53	090
33730	.....	A	Repair heart-vein defect(s)	31.67	NA	NA	21.40	29.61	4.51	NA	NA	57.58	65.79	090
33732	.....	A	Repair heart-vein defect	28.16	NA	NA	21.13	27.38	4.19	NA	NA	53.48	59.73	090
33735	.....	A	Revision of heart chamber	21.39	NA	NA	14.68	21.28	2.36	NA	NA	38.43	45.03	090
33736	.....	A	Revision of heart chamber	23.52	NA	NA	20.52	24.20	3.23	NA	NA	47.27	50.95	090
33737	.....	A	Revision of heart chamber	21.76	NA	NA	10.78	18.38	0.90	NA	NA	33.44	41.04	090
33750	.....	A	Major vessel shunt	21.41	NA	NA	15.79	19.89	2.89	NA	NA	40.09	44.19	090

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT[1]/ HCPCS[2]	MOD	Status	Description	Physician work RVUs[3,5]	Fully implemented non-facility PE RVUs	Year 2000 transitional non-facility PE RVUs	Fully implemented facility PE RVUs	Year 2000 transitional facility PE RVUs	Malpractice RVUs	Fully implemented non-facility total	Year 2000 transitional non-facility total	Fully implemented facility total	Year 2000 transitional facility total	Global
33755		A	Major vessel shunt	21.79	NA	NA	19.53	21.76	1.34	NA	NA	42.66	44.89	090
33762		A	Major vessel shunt	21.79	NA	NA	12.10	18.04	3.13	NA	NA	37.02	42.96	090
33764		A	Major vessel shunt & graft	21.79	NA	NA	15.97	19.98	2.20	NA	NA	39.96	43.97	090
33766		A	Major vessel shunt	22.76	NA	NA	17.75	20.87	3.26	NA	NA	43.77	46.89	090
33767		A	Major vessel shunt	24.50	NA	NA	18.47	23.18	3.76	NA	NA	46.73	51.44	090
33770		A	Repair great vessels defect	33.29	NA	NA	17.34	28.54	2.92	NA	NA	53.55	64.75	090
33771		A	Repair great vessels defect	34.65	NA	NA	17.01	29.19	3.04	NA	NA	54.70	66.88	090
33774		A	Repair great vessels defect	30.98	NA	NA	17.15	25.55	1.25	NA	NA	49.38	57.78	090
33775		A	Repair great vessels defect	32.20	NA	NA	16.07	25.01	2.82	NA	NA	51.09	60.03	090
33776		A	Repair great vessels defect	34.04	NA	NA	16.78	27.34	2.99	NA	NA	53.81	64.37	090
33777		A	Repair great vessels defect	33.46	NA	NA	16.55	25.25	2.94	NA	NA	52.95	61.65	090
33778		A	Repair great vessels defect	35.82	NA	NA	17.46	30.11	3.14	NA	NA	56.42	69.07	090
33779		A	Repair great vessels defect	36.21	NA	NA	20.22	31.73	5.05	NA	NA	61.48	72.99	090
33780		A	Repair great vessels defect	36.94	NA	NA	21.09	32.59	5.37	NA	NA	63.40	74.90	090
33781		A	Repair great vessels defect	36.45	NA	NA	17.70	30.61	3.20	NA	NA	57.35	70.26	090
33786		A	Repair arterial trunk	34.84	NA	NA	17.08	29.34	3.06	NA	NA	54.98	67.24	090
33788		A	Revision of pulmonary artery	26.62	NA	NA	14.09	22.94	1.77	NA	NA	42.48	51.33	090
33800		A	Aortic suspension	16.24	NA	NA	12.95	14.15	2.07	NA	NA	31.26	32.46	090
33802		A	Repair vessel defect	17.66	NA	NA	15.80	18.45	2.56	NA	NA	36.02	38.67	090
33803		A	Repair vessel defect	19.60	NA	NA	13.62	18.51	2.49	NA	NA	35.71	40.60	090
33813		A	Repair septal defect	20.65	NA	NA	18.42	21.20	3.13	NA	NA	42.20	44.98	090
33814		A	Repair septal defect	25.77	NA	NA	20.27	25.52	3.69	NA	NA	49.73	54.98	090
33820		A	Revise major vessel	16.29	NA	NA	14.14	16.80	2.19	NA	NA	32.62	35.28	090
33822		A	Revise major vessel	17.32	NA	NA	10.39	15.53	2.33	NA	NA	30.04	35.18	090
33824		A	Revise major vessel	19.52	NA	NA	15.18	19.24	2.61	NA	NA	37.31	41.37	090
33840		A	Remove aorta constriction	20.63	NA	NA	11.87	18.25	1.37	NA	NA	33.87	40.25	090
33845		A	Remove aorta constriction	22.12	NA	NA	17.70	22.05	3.32	NA	NA	43.14	47.49	090
33851		A	Remove aorta constriction	21.27	NA	NA	16.26	20.83	3.09	NA	NA	40.62	45.19	090
33852		A	Repair septal defect	23.71	NA	NA	19.52	23.91	3.29	NA	NA	46.52	50.91	090
33853		A	Repair septal defect	31.72	NA	NA	23.56	30.71	4.34	NA	NA	59.62	66.77	090
33860		A	Ascending aorta graft	33.96	NA	NA	22.05	29.86	4.64	NA	NA	60.65	68.46	090
33861		A	Ascending aorta graft	34.52	NA	NA	22.37	30.02	4.70	NA	NA	61.59	69.24	090
33863		A	Ascending aorta graft	36.47	NA	NA	23.09	30.38	4.92	NA	NA	64.48	71.77	090
33870		A	Transverse aortic arch graft	40.31	NA	NA	24.48	36.28	5.66	NA	NA	70.45	82.25	090
33875		A	Thoracic aorta graft	33.06	NA	NA	20.58	27.25	4.46	NA	NA	58.10	64.77	090
33877		A	Thoracoabdominal graft	42.60	NA	NA	25.52	36.70	5.68	NA	NA	73.80	84.98	090
33910		A	Remove lung artery emboli	24.59	NA	NA	18.03	16.97	3.21	NA	NA	45.83	44.77	090
33915		A	Remove lung artery emboli	21.02	NA	NA	13.38	13.21	2.41	NA	NA	36.81	36.64	090
33916		A	Surgery of great vessel	25.83	NA	NA	17.18	18.13	3.18	NA	NA	46.19	47.14	090
33917		A	Repair pulmonary artery	24.50	NA	NA	18.64	23.95	3.27	NA	NA	46.41	51.72	090
33918		A	Repair pulmonary atresia	26.45	NA	NA	15.84	23.71	2.33	NA	NA	44.62	52.49	090
33919		A	Repair pulmonary atresia	32.67	NA	NA	19.68	29.34	4.88	NA	NA	57.23	66.89	090
33920		A	Repair pulmonary atresia	31.95	NA	NA	15.98	27.07	4.77	NA	NA	52.70	63.79	090
33922		A	Transect pulmonary artery	23.52	NA	NA	16.32	22.20	2.53	NA	NA	42.37	48.25	090
33924		A	Remove pulmonary shunt	5.50	NA	NA	2.29	3.32	0.82	NA	NA	8.61	9.64	ZZZ
33930		X	Removal of donor heart/lung	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
33935		R	Transplantation, heart/lung	60.96	NA	NA	31.23	52.01	7.76	NA	NA	99.95	120.73	090
33940		X	Removal of donor heart	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
33945		R	Transplantation of heart	42.10	NA	NA	26.12	38.19	5.82	NA	NA	74.04	86.11	090
33960		A	External circulation assist	19.36	NA	NA	4.43	6.02	1.62	NA	NA	25.41	27.00	XXX
33961		A	External circulation assist	10.93	NA	NA	4.36	5.99	1.33	NA	NA	16.62	18.25	ZZZ
33970		A	Aortic circulation assist	6.75	NA	NA	2.83	5.45	0.94	NA	NA	10.52	13.14	000
33971		A	Aortic circulation assist	9.69	NA	NA	9.11	7.36	1.35	NA	NA	20.15	18.40	090
33973		A	Insert balloon device	9.76	NA	NA	4.08	6.13	1.35	NA	NA	15.19	17.24	000
33974		A	Remove intra-aortic balloon	14.41	NA	NA	11.93	8.98	1.93	NA	NA	28.27	25.32	090
33975		A	Implant ventricular device	21.60	NA	NA	13.78	14.59	2.98	NA	NA	55.76	56.57	010
33976		A	Implant ventricular device	43.00	NA	NA	16.18	18.58	4.01	NA	NA	63.19	65.59	010
33977		A	Remove ventricular device	19.29	NA	NA	12.86	13.17	2.68	NA	NA	34.83	35.14	090
33978		A	Remove ventricular device	21.73	NA	NA	12.85	14.13	2.81	NA	NA	37.39	38.67	090
33999		C	Cardiac surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
34001		A	Removal of artery clot	12.91	NA	NA	6.35	8.38	1.64	NA	NA	20.90	22.93	090
34051		A	Removal of artery clot	15.21	NA	NA	7.92	8.74	1.94	NA	NA	25.07	25.89	090
34101		A	Removal of artery clot	9.97	NA	NA	4.94	7.00	1.19	NA	NA	16.10	18.16	090
34111		A	Removal of arm artery clot	8.07	NA	NA	4.16	6.20	0.89	NA	NA	13.12	15.16	090
34151		A	Removal of artery clot	16.86	NA	NA	7.98	10.48	1.94	NA	NA	26.78	29.28	090
34201		A	Removal of artery clot	9.13	NA	NA	5.03	7.35	1.11	NA	NA	15.27	17.59	090
34203		A	Removal of leg artery clot	12.21	NA	NA	6.30	7.84	1.50	NA	NA	20.01	21.55	090
34401		A	Removal of vein clot	12.86	NA	NA	6.34	7.55	1.32	NA	NA	20.52	21.73	090
34421		A	Removal of vein clot	9.93	NA	NA	5.24	6.67	1.02	NA	NA	16.19	17.62	090
34451		A	Removal of vein clot	14.44	NA	NA	6.80	9.20	1.68	NA	NA	22.92	25.32	090
34471		A	Removal of vein clot	10.18	NA	NA	5.00	4.41	1.06	NA	NA	16.24	15.65	090
34490		A	Removal of vein clot	7.60	NA	NA	5.02	6.46	0.81	NA	NA	13.43	14.87	090
34501		A	Repair valve, femoral vein	10.93	NA	NA	8.35	8.17	1.47	NA	NA	20.75	20.57	090
34502		A	Reconstruct, vena cava	26.95	NA	NA	12.13	16.19	3.10	NA	NA	42.18	46.24	090
34510		A	Transposition of vein valve	13.25	NA	NA	8.57	9.11	1.75	NA	NA	23.57	24.11	090
34520		A	Cross-over vein graft	13.74	NA	NA	8.07	9.10	1.73	NA	NA	23.54	24.57	090
34530		A	Leg vein fusion	17.61	NA	NA	9.26	11.33	2.12	NA	NA	28.99	31.06	090
35001		A	Repair defect of artery	19.64	NA	NA	9.12	13.19	2.52	NA	NA	31.28	35.35	090
35002		A	Repair artery rupture, neck	21.00	NA	NA	9.40	11.56	2.59	NA	NA	32.99	35.15	090
35005		A	Repair defect of artery	18.12	NA	NA	7.27	9.22	1.49	NA	NA	26.88	28.83	090
35011		A	Repair defect of artery	11.65	NA	NA	5.62	9.77	1.43	NA	NA	18.70	22.85	090
35013		A	Repair artery rupture, arm	17.40	NA	NA	7.67	11.81	2.08	NA	NA	27.15	31.29	090
35021		A	Repair defect of artery	19.65	NA	NA	10.06	14.87	2.53	NA	NA	32.24	37.05	090
35022		A	Repair artery rupture, chest	23.18	NA	NA	10.40	13.22	2.29	NA	NA	35.87	38.69	090

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT[1]/ HCPCS[2]	MOD	Status	Description	Physician work RVUs[3,5]	Fully implemented non-facility PE RVUs	Year 2000 transitional non-facility PE RVUs	Fully implemented facility PE RVUs	Year 2000 transitional facility PE RVUs	Malpractice RVUs	Fully implemented non-facility total	Year 2000 transitional non-facility total	Fully implemented facility total	Year 2000 transitional facility total	Global
35045	.....	A	Repair defect of arm artery	11.26	NA	NA	6.55	9.98	1.32	NA	NA	19.13	22.56	090
35081	.....	A	Repair defect of artery	28.01	NA	NA	12.71	18.00	3.46	NA	NA	44.18	49.47	090
35082	.....	A	Repair artery rupture, aorta	36.35	NA	NA	15.38	20.12	4.31	NA	NA	56.04	60.78	090
35091	.....	A	Repair defect of artery	35.40	NA	NA	15.46	20.03	4.47	NA	NA	55.33	59.90	090
35092	.....	A	Repair artery rupture, aorta	38.39	NA	NA	16.13	22.32	4.63	NA	NA	59.15	65.34	090
35102	.....	A	Repair defect of artery	30.76	NA	NA	13.61	18.83	3.79	NA	NA	48.16	53.38	090
35103	.....	A	Repair artery rupture, groin	33.57	NA	NA	14.25	21.32	3.97	NA	NA	51.79	58.86	090
35111	.....	A	Repair defect of artery	16.43	NA	NA	7.84	13.47	1.92	NA	NA	26.19	31.82	090
35112	.....	A	Repair artery rupture,spleen	18.69	NA	NA	8.30	9.82	2.27	NA	NA	29.26	30.78	090
35121	.....	A	Repair defect of artery	25.99	NA	NA	11.67	16.21	3.25	NA	NA	40.91	45.45	090
35122	.....	A	Repair artery rupture, belly	33.45	NA	NA	13.62	16.54	3.81	NA	NA	50.88	53.80	090
35131	.....	A	Repair defect of artery	18.55	NA	NA	8.93	13.08	2.30	NA	NA	29.78	33.93	090
35132	.....	A	Repair artery rupture, groin	21.95	NA	NA	9.80	15.04	2.57	NA	NA	34.32	39.56	090
35141	.....	A	Repair defect of artery	14.46	NA	NA	7.40	11.68	1.81	NA	NA	23.67	27.95	090
35142	.....	A	Repair artery rupture, thigh	15.86	NA	NA	7.52	12.50	1.99	NA	NA	25.37	30.35	090
35151	.....	A	Repair defect of artery	17.00	NA	NA	8.21	12.44	2.10	NA	NA	27.31	31.54	090
35152	.....	A	Repair artery rupture, knee	16.70	NA	NA	8.21	9.14	2.11	NA	NA	27.02	27.95	090
35161	.....	A	Repair defect of artery	18.76	NA	NA	9.47	13.35	2.29	NA	NA	30.52	34.40	090
35162	.....	A	Repair artery rupture	19.78	NA	NA	9.21	14.74	2.38	NA	NA	31.37	36.90	090
35180	.....	A	Repair blood vessel lesion	13.62	NA	NA	6.60	7.30	1.63	NA	NA	21.85	22.55	090
35182	.....	A	Repair blood vessel lesion	17.74	NA	NA	8.42	9.99	2.06	NA	NA	28.22	29.79	090
35184	.....	A	Repair blood vessel lesion	12.25	NA	NA	6.08	8.32	1.51	NA	NA	19.84	22.08	090
35188	.....	A	Repair blood vessel lesion	14.28	NA	NA	7.22	8.01	1.76	NA	NA	23.26	24.05	090
35189	.....	A	Repair blood vessel lesion	18.43	NA	NA	8.90	10.60	2.28	NA	NA	29.61	31.31	090
35190	.....	A	Repair blood vessel lesion	12.75	NA	NA	6.38	8.80	1.56	NA	NA	20.69	23.11	090
35201	.....	A	Repair blood vessel lesion	9.99	NA	NA	5.22	8.08	1.29	NA	NA	16.50	19.36	090
35206	.....	A	Repair blood vessel lesion	9.25	NA	NA	6.04	8.53	1.11	NA	NA	16.40	18.89	090
35207	.....	A	Repair blood vessel lesion	10.15	NA	NA	8.44	10.08	1.13	NA	NA	19.72	21.36	090
35211	.....	A	Repair blood vessel lesion	22.12	NA	NA	17.02	15.77	3.03	NA	NA	42.17	40.92	090
35216	.....	A	Repair blood vessel lesion	18.75	NA	NA	13.29	12.44	2.33	NA	NA	34.37	33.52	090
35221	.....	A	Repair blood vessel lesion	16.42	NA	NA	7.75	9.90	1.89	NA	NA	26.06	28.21	090
35226	.....	A	Repair blood vessel lesion	9.06	NA	NA	6.70	8.76	1.20	NA	NA	16.96	19.02	090
35231	.....	A	Repair blood vessel lesion	12.00	NA	NA	6.37	10.35	1.46	NA	NA	19.83	23.81	090
35236	.....	A	Repair blood vessel lesion	10.54	NA	NA	6.49	9.54	1.28	NA	NA	18.31	21.36	090
35241	.....	A	Repair blood vessel lesion	23.12	NA	NA	19.56	17.10	3.04	NA	NA	45.72	43.26	090
35246	.....	A	Repair blood vessel lesion	19.84	NA	NA	13.33	15.87	2.53	NA	NA	35.70	38.24	090
35251	.....	A	Repair blood vessel lesion	17.49	NA	NA	8.13	9.27	1.95	NA	NA	27.57	28.71	090
35256	.....	A	Repair blood vessel lesion	11.38	NA	NA	6.88	10.17	1.42	NA	NA	19.68	22.97	090
35261	.....	A	Repair blood vessel lesion	11.63	NA	NA	5.82	9.85	1.45	NA	NA	18.90	22.93	090
35266	.....	A	Repair blood vessel lesion	10.30	NA	NA	6.22	9.26	1.30	NA	NA	17.82	20.86	090
35271	.....	A	Repair blood vessel lesion	22.12	NA	NA	16.34	14.97	3.05	NA	NA	41.51	40.14	090
35276	.....	A	Repair blood vessel lesion	18.75	NA	NA	13.45	12.62	2.61	NA	NA	34.81	33.98	090
35281	.....	A	Repair blood vessel lesion	16.48	NA	NA	7.93	13.34	1.90	NA	NA	26.31	31.72	090
35286	.....	A	Repair blood vessel lesion	11.87	NA	NA	7.30	10.01	1.45	NA	NA	20.62	23.33	090
35301	.....	A	Rechanneling of artery	18.70	NA	NA	9.57	12.63	2.41	NA	NA	30.68	33.74	090
35311	.....	A	Rechanneling of artery	23.85	NA	NA	11.69	17.82	3.30	NA	NA	38.84	44.97	090
35321	.....	A	Rechanneling of artery	11.97	NA	NA	5.84	9.95	1.48	NA	NA	19.29	23.40	090
35331	.....	A	Rechanneling of artery	23.52	NA	NA	11.00	12.74	3.01	NA	NA	37.53	39.27	090
35341	.....	A	Rechanneling of artery	25.11	NA	NA	11.22	15.04	3.23	NA	NA	39.56	43.38	090
35351	.....	A	Rechanneling of artery	20.11	NA	NA	9.38	12.80	2.44	NA	NA	31.93	35.35	090
35355	.....	A	Rechanneling of artery	16.09	NA	NA	7.80	12.27	1.96	NA	NA	25.85	30.32	090
35361	.....	A	Rechanneling of artery	23.59	NA	NA	10.49	15.76	2.83	NA	NA	36.91	42.18	090
35363	.....	A	Rechanneling of artery	24.66	NA	NA	11.03	17.87	2.93	NA	NA	38.62	45.46	090
35371	.....	A	Rechanneling of artery	11.64	NA	NA	5.93	9.76	1.44	NA	NA	19.01	22.84	090
35372	.....	A	Rechanneling of artery	13.56	NA	NA	6.67	9.41	1.67	NA	NA	21.90	24.64	090
35381	.....	A	Rechanneling of artery	15.81	NA	NA	7.73	11.29	1.95	NA	NA	25.49	29.05	090
35390	.....	A	Reoperation, carotid add-on	3.19	NA	NA	1.24	1.53	0.41	NA	NA	4.84	5.13	ZZZ
35400	.....	A	Angioscopy	3.00	NA	NA	1.16	1.81	0.28	NA	NA	4.44	5.09	ZZZ
35450	.....	A	Repair arterial blockage	10.07	NA	NA	4.52	8.27	1.25	NA	NA	15.84	19.59	000
35452	.....	A	Repair arterial blockage	6.91	NA	NA	3.25	3.99	0.88	NA	NA	11.04	11.78	000
35454	.....	A	Repair arterial blockage	6.04	NA	NA	2.86	5.04	0.75	NA	NA	9.65	11.83	000
35456	.....	A	Repair arterial blockage	7.35	NA	NA	3.42	6.10	0.91	NA	NA	11.68	14.36	000
35458	.....	A	Repair arterial blockage	9.49	NA	NA	4.22	7.61	1.19	NA	NA	14.90	18.29	000
35459	.....	A	Repair arterial blockage	8.63	NA	NA	3.81	7.06	1.04	NA	NA	13.48	16.73	000
35460	.....	A	Repair venous blockage	6.04	NA	NA	2.68	3.06	0.68	NA	NA	9.40	9.78	000
35470	.....	A	Repair arterial blockage	8.63	NA	NA	3.55	6.93	0.73	NA	NA	12.91	16.29	000
35471	.....	A	Repair arterial blockage	10.07	NA	NA	4.08	8.05	0.87	NA	NA	15.02	18.99	000
35472	.....	A	Repair arterial blockage	6.91	NA	NA	2.96	3.44	0.59	NA	NA	10.46	10.94	000
35473	.....	A	Repair arterial blockage	6.04	NA	NA	2.57	4.89	0.44	NA	NA	9.05	11.37	000
35474	.....	A	Repair arterial blockage	7.36	NA	NA	3.10	5.95	0.57	NA	NA	11.03	13.88	000
35475	.....	R	Repair arterial blockage	9.49	NA	NA	3.46	7.23	0.55	NA	NA	13.50	17.27	000
35476	.....	A	Repair venous blockage	6.04	NA	NA	2.35	2.89	0.27	NA	NA	8.66	9.20	000
35480	.....	A	Atherectomy, open	11.08	NA	NA	4.98	9.11	1.17	NA	NA	17.23	21.36	000
35481	.....	A	Atherectomy, open	7.61	NA	NA	3.63	4.18	0.98	NA	NA	12.22	12.77	000
35482	.....	A	Atherectomy, open	6.65	NA	NA	3.05	5.50	0.87	NA	NA	10.57	13.02	000
35483	.....	A	Atherectomy, open	8.10	NA	NA	3.77	6.72	1.02	NA	NA	12.89	15.84	000
35484	.....	A	Atherectomy, open	10.44	NA	NA	4.34	7.67	1.15	NA	NA	15.93	19.26	000
35485	.....	A	Atherectomy, open	9.49	NA	NA	4.25	4.58	1.22	NA	NA	14.96	15.29	000
35490	.....	A	Atherectomy, percutaneous	11.08	NA	NA	4.63	8.93	1.08	NA	NA	16.79	21.09	000
35491	.....	A	Atherectomy, percutaneous	7.61	NA	NA	3.23	3.98	0.81	NA	NA	11.65	12.40	000
35492	.....	A	Atherectomy, percutaneous	6.65	NA	NA	3.19	5.57	0.75	NA	NA	10.59	12.97	000
35493	.....	A	Atherectomy, percutaneous	8.10	NA	NA	3.82	6.75	0.96	NA	NA	12.88	15.81	000
35494	.....	A	Atherectomy, percutaneous	10.44	NA	NA	3.66	7.33	0.53	NA	NA	14.63	18.30	000
35495	.....	A	Atherectomy, percutaneous	9.49	NA	NA	4.43	4.67	1.17	NA	NA	15.09	15.33	000

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CPT[1]/ HCPCS[2]	MOD	Status	Description	Physician work RVUs[3,5]	Fully implemented non-facility PE RVUs	Year 2000 transitional non-facility PE RVUs	Fully implemented facility PE RVUs	Year 2000 transitional facility PE RVUs	Malpractice RVUs	Fully implemented non-facility total	Year 2000 transitional non-facility total	Fully implemented facility total	Year 2000 transitional facility total	Global
35500	.....	C	Harvest vein for bypass	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	ZZZ
35501	.....	A	Artery bypass graft	19.19	NA	NA	8.87	14.94	2.51	NA	NA	30.57	36.64	090
35506	.....	A	Artery bypass graft	19.67	NA	NA	9.11	14.96	2.54	NA	NA	31.32	37.17	090
35507	.....	A	Artery bypass graft	19.67	NA	NA	9.31	14.38	2.55	NA	NA	31.53	36.60	090
35508	.....	A	Artery bypass graft	18.65	NA	NA	9.14	14.40	2.54	NA	NA	30.33	35.59	090
35509	.....	A	Artery bypass graft	18.07	NA	NA	8.23	14.37	2.30	NA	NA	28.60	34.74	090
35511	.....	A	Artery bypass graft	16.83	NA	NA	8.15	9.72	2.14	NA	NA	27.12	28.69	090
35515	.....	A	Artery bypass graft	18.65	NA	NA	9.14	10.68	2.56	NA	NA	30.35	31.89	090
35516	.....	A	Artery bypass graft	16.32	NA	NA	7.62	13.24	2.06	NA	NA	26.00	31.62	090
35518	.....	A	Artery bypass graft	15.42	NA	NA	6.84	12.63	1.83	NA	NA	24.09	29.88	090
35521	.....	A	Artery bypass graft	16.17	NA	NA	8.06	13.54	1.98	NA	NA	26.21	31.69	090
35526	.....	A	Artery bypass graft	20.00	NA	NA	9.58	11.82	2.58	NA	NA	32.16	34.40	090
35531	.....	A	Artery bypass graft	25.61	NA	NA	11.18	16.58	3.17	NA	NA	39.96	45.36	090
35533	.....	A	Artery bypass graft	20.52	NA	NA	9.47	16.15	2.34	NA	NA	32.33	39.01	090
35536	.....	A	Artery bypass graft	23.11	NA	NA	10.35	16.77	3.01	NA	NA	36.47	42.89	090
35541	.....	A	Artery bypass graft	25.80	NA	NA	12.25	16.74	3.24	NA	NA	41.29	45.78	090
35546	.....	A	Artery bypass graft	25.54	NA	NA	11.39	17.30	3.03	NA	NA	39.96	45.87	090
35548	.....	A	Artery bypass graft	21.57	NA	NA	9.59	15.41	2.43	NA	NA	33.59	39.41	090
35549	.....	A	Artery bypass graft	23.35	NA	NA	10.69	16.95	2.78	NA	NA	36.82	43.08	090
35551	.....	A	Artery bypass graft	26.67	NA	NA	11.96	16.43	2.95	NA	NA	41.58	46.05	090
35556	.....	A	Artery bypass graft	21.76	NA	NA	10.10	15.21	2.68	NA	NA	34.54	39.65	090
35558	.....	A	Artery bypass graft	14.04	NA	NA	7.14	11.95	1.69	NA	NA	22.87	27.68	090
35560	.....	A	Artery bypass graft	23.56	NA	NA	10.90	16.42	2.96	NA	NA	37.42	42.94	090
35563	.....	A	Artery bypass graft	15.14	NA	NA	7.21	8.12	1.79	NA	NA	24.14	25.05	090
35565	.....	A	Artery bypass graft	15.14	NA	NA	7.36	12.72	1.87	NA	NA	24.37	29.73	090
35566	.....	A	Artery bypass graft	26.92	NA	NA	14.92	18.65	3.36	NA	NA	45.20	48.93	090
35571	.....	A	Artery bypass graft	18.58	NA	NA	10.37	15.69	2.32	NA	NA	31.27	36.59	090
35582	.....	A	Vein bypass graft	27.13	NA	NA	12.07	18.92	3.27	NA	NA	42.47	49.32	090
35583	.....	A	Vein bypass graft	22.37	NA	NA	11.28	16.73	2.77	NA	NA	36.42	41.87	090
35585	.....	A	Vein bypass graft	28.39	NA	NA	14.74	19.83	3.47	NA	NA	46.60	51.69	090
35587	.....	A	Vein bypass graft	19.05	NA	NA	11.08	16.92	2.33	NA	NA	32.46	38.30	090
35601	.....	A	Artery bypass graft	17.50	NA	NA	8.08	14.26	2.29	NA	NA	27.87	34.05	090
35606	.....	A	Artery bypass graft	18.71	NA	NA	8.72	13.89	2.39	NA	NA	29.82	34.99	090
35612	.....	A	Artery bypass graft	15.76	NA	NA	7.96	13.07	1.99	NA	NA	25.71	30.82	090
35616	.....	A	Artery bypass graft	15.70	NA	NA	7.56	12.89	2.02	NA	NA	25.28	30.61	090
35621	.....	A	Artery bypass graft	14.54	NA	NA	7.40	12.38	1.82	NA	NA	23.76	28.74	090
35623	.....	A	Bypass graft, not vein	16.62	NA	NA	8.22	8.49	2.12	NA	NA	26.96	27.23	090
35626	.....	A	Artery bypass graft	23.63	NA	NA	11.27	16.77	3.10	NA	NA	38.00	43.50	090
35631	.....	A	Artery bypass graft	24.60	NA	NA	11.07	15.23	3.13	NA	NA	38.80	42.96	090
35636	.....	A	Artery bypass graft	22.46	NA	NA	9.96	12.31	2.73	NA	NA	35.15	37.50	090
35641	.....	A	Artery bypass graft	24.57	NA	NA	11.58	16.95	3.15	NA	NA	39.30	44.67	090
35642	.....	A	Artery bypass graft	17.98	NA	NA	8.59	9.90	2.30	NA	NA	28.87	30.18	090
35645	.....	A	Artery bypass graft	17.47	NA	NA	7.63	9.87	1.93	NA	NA	27.03	29.27	090
35646	.....	A	Artery bypass graft	25.81	NA	NA	11.84	18.83	3.24	NA	NA	40.89	47.88	090
35650	.....	A	Artery bypass graft	14.36	NA	NA	6.95	12.05	1.78	NA	NA	23.09	28.19	090
35651	.....	A	Artery bypass graft	25.04	NA	NA	11.55	18.85	2.89	NA	NA	39.48	46.78	090
35654	.....	A	Artery bypass graft	18.61	NA	NA	8.77	15.50	2.29	NA	NA	29.67	36.40	090
35656	.....	A	Artery bypass graft	19.53	NA	NA	9.12	14.18	2.37	NA	NA	31.02	36.08	090
35661	.....	A	Artery bypass graft	13.18	NA	NA	6.60	11.17	1.62	NA	NA	21.40	25.97	090
35663	.....	A	Artery bypass graft	14.17	NA	NA	7.27	12.10	1.81	NA	NA	23.25	28.08	090
35665	.....	A	Artery bypass graft	15.40	NA	NA	7.56	12.97	1.93	NA	NA	24.89	30.30	090
35666	.....	A	Artery bypass graft	19.19	NA	NA	11.44	16.61	2.39	NA	NA	33.02	38.19	090
35671	.....	A	Artery bypass graft	14.80	NA	NA	9.03	12.98	1.81	NA	NA	25.64	29.59	090
35681	.....	A	Composite bypass graft	1.60	NA	NA	2.39	6.01	0.20	NA	NA	4.19	7.81	ZZZ
35682	.....	A	Composite bypass graft	7.20	2.81	7.92	2.74	7.90	0.89	10.90	16.01	10.83	15.99	ZZZ
35683	.....	A	Composite bypass graft	8.50	3.32	8.05	3.22	8.02	1.05	12.87	17.60	12.77	17.57	ZZZ
35691	.....	A	Arterial transposition	18.05	NA	NA	8.15	14.72	2.40	NA	NA	28.60	35.17	090
35693	.....	A	Arterial transposition	15.36	NA	NA	6.95	8.58	2.07	NA	NA	24.38	26.01	090
35694	.....	A	Arterial transposition	19.16	NA	NA	8.36	9.25	2.44	NA	NA	29.96	30.85	090
35695	.....	A	Arterial transposition	19.16	NA	NA	8.39	9.26	2.26	NA	NA	29.81	30.68	090
35700	.....	A	Reoperation, bypass graft	3.08	NA	NA	3.14	2.45	0.40	NA	NA	6.62	5.93	ZZZ
35701	.....	A	Exploration, carotid artery	5.55	NA	NA	3.51	4.92	0.66	NA	NA	9.72	11.13	090
35721	.....	A	Exploration, femoral artery	5.28	NA	NA	4.41	5.22	0.65	NA	NA	10.34	11.15	090
35741	.....	A	Exploration popliteal artery	5.37	NA	NA	4.23	5.23	0.65	NA	NA	10.25	11.25	090
35761	.....	A	Exploration of artery/vein	5.37	NA	NA	4.43	5.37	0.64	NA	NA	10.44	11.38	090
35800	.....	A	Explore neck vessels	7.02	NA	NA	4.13	4.93	0.85	NA	NA	12.00	12.80	090
35820	.....	A	Explore chest vessels	12.88	NA	NA	5.45	7.03	1.77	NA	NA	20.10	21.68	090
35840	.....	A	Explore abdominal vessels	9.77	NA	NA	5.30	6.58	1.10	NA	NA	16.17	17.45	090
35860	.....	A	Explore limb vessels	5.55	NA	NA	3.64	4.98	0.67	NA	NA	9.86	11.20	090
35870	.....	A	Repair vessel graft defect	22.17	NA	NA	10.81	11.18	2.75	NA	NA	35.73	36.10	090
35875	.....	A	Removal of clot in graft	10.13	NA	NA	6.02	7.47	1.12	NA	NA	17.27	18.72	090
35876	.....	A	Removal of clot in graft	17.00	NA	NA	9.07	8.99	2.01	NA	NA	28.08	28.00	090
35901	.....	A	Excision, graft, neck	8.19	NA	NA	5.73	6.76	1.02	NA	NA	14.94	15.97	090
35903	.....	A	Excision, graft, extremity	9.39	NA	NA	7.97	7.88	1.12	NA	NA	18.48	18.39	090
35905	.....	A	Excision, graft, thorax	18.19	NA	NA	11.02	9.41	2.22	NA	NA	31.43	29.82	090
35907	.....	A	Excision, graft, abdomen	19.24	NA	NA	9.75	8.77	2.39	NA	NA	31.38	30.40	090
36000	.....	A	Place needle in vein	0.18	0.52	0.39	0.05	0.08	0.01	0.71	0.58	0.24	0.27	XXX
36005	.....	A	Injection, venography	0.95	17.34	8.93	0.26	0.39	0.05	18.34	9.93	1.26	1.39	000
36010	.....	A	Place catheter in vein	2.43	NA	NA	0.79	1.54	0.17	NA	NA	3.39	4.14	XXX
36011	.....	A	Place catheter in vein	3.14	NA	NA	0.98	1.52	0.21	NA	NA	4.33	4.87	XXX
36012	.....	A	Place catheter in vein	3.52	NA	NA	1.00	1.95	0.17	NA	NA	4.69	5.64	XXX
36013	.....	A	Place catheter in artery	2.52	NA	NA	0.74	1.52	0.22	NA	NA	3.48	4.26	XXX
36014	.....	A	Place catheter in artery	3.02	NA	NA	0.86	1.67	0.14	NA	NA	4.02	4.83	XXX
36015	.....	A	Place catheter in artery	3.52	NA	NA	1.01	1.96	0.17	NA	NA	4.70	5.65	XXX

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[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.
[4] PE RVUs = Practice Expense Relative Value Units.
[5] # Indicates new CPT/HCPCS codes which were not factored into budget neutrality adjustments.

ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT[1]/ HCPCS[2]	MOD	Status	Description	Physician work RVUs[3,5]	Fully implemented non-facility PE RVUs	Year 2000 transitional non-facility PE RVUs	Fully implemented facility PE RVUs	Year 2000 transitional facility PE RVUs	Malpractice RVUs	Fully implemented non-facility total	Year 2000 transitional non-facility total	Fully implemented facility total	Year 2000 transitional facility total	Global
36100	.....	A	Establish access to artery	3.02	NA	NA	1.16	1.99	0.34	NA	NA	4.52	5.35	XXX
36120	.....	A	Establish access to artery	2.01	NA	NA	0.64	1.52	0.13	NA	NA	2.78	3.66	XXX
36140	.....	A	Establish access to artery	2.01	NA	NA	0.61	1.07	0.14	NA	NA	2.76	3.22	XXX
36145	.....	A	Artery to vein shunt	2.01	NA	NA	0.59	1.50	0.09	NA	NA	2.69	3.60	XXX
36160	.....	A	Establish access to aorta	2.52	NA	NA	0.88	1.70	0.24	NA	NA	3.64	4.46	XXX
36200	.....	A	Place catheter in aorta	3.02	NA	NA	0.88	1.92	0.17	NA	NA	4.07	5.11	XXX
36215	.....	A	Place catheter in artery	4.68	NA	NA	1.44	2.23	0.30	NA	NA	6.42	7.21	XXX
36216	.....	A	Place catheter in artery	5.28	NA	NA	1.52	2.55	0.27	NA	NA	7.07	8.10	XXX
36217	.....	A	Place catheter in artery	6.30	NA	NA	1.90	3.08	0.38	NA	NA	8.58	9.76	XXX
36218	.....	A	Place catheter in artery	1.01	NA	NA	0.32	0.50	0.06	NA	NA	1.39	1.57	ZZZ
36245	.....	A	Place catheter in artery	4.68	NA	NA	1.55	2.49	0.37	NA	NA	6.60	7.54	XXX
36246	.....	A	Place catheter in artery	5.28	NA	NA	1.64	2.61	0.36	NA	NA	7.28	8.25	XXX
36247	.....	A	Place catheter in artery	6.30	NA	NA	1.88	3.07	0.38	NA	NA	8.56	9.75	XXX
36248	.....	A	Place catheter in artery	1.01	NA	NA	0.35	0.51	0.07	NA	NA	1.43	1.59	ZZZ
36260	.....	A	Insertion of infusion pump	9.71	NA	NA	5.72	6.52	0.96	NA	NA	16.39	17.19	090
36261	.....	A	Revision of infusion pump	5.45	NA	NA	3.65	3.04	0.55	NA	NA	9.65	9.04	090
36262	.....	A	Removal of infusion pump	4.02	NA	NA	2.46	2.28	0.43	NA	NA	6.91	6.73	090
36299	.....	C	Vessel injection procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
36400	.....	A	Drawing blood	0.18	0.56	0.33	0.04	0.05	0.02	0.76	0.53	0.24	0.25	XXX
36405	.....	A	Drawing blood	0.18	0.44	0.47	0.05	0.15	0.01	0.63	0.66	0.24	0.34	XXX
36406	.....	A	Drawing blood	0.18	0.45	0.31	0.04	0.07	0.01	0.64	0.50	0.23	0.26	XXX
36410	.....	A	Drawing blood	0.18	0.43	0.34	0.05	0.08	0.01	0.62	0.53	0.24	0.27	XXX
36415	.....	I	Drawing blood	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
36420	.....	A	Establish access to vein	1.01	NA	NA	0.26	0.41	0.10	NA	NA	1.37	1.52	XXX
36425	.....	A	Establish access to vein	0.76	2.83	1.46	0.17	0.13	0.06	3.65	2.28	0.99	0.95	XXX
36430	.....	A	Blood transfusion service	0.00	1.06	1.05	0.53	0.53	0.05	1.11	1.10	0.58	0.58	XXX
36440	.....	A	Blood transfusion service	1.03	NA	NA	0.29	0.66	0.09	NA	NA	1.41	1.78	XXX
36450	.....	A	Exchange transfusion service	2.23	NA	NA	0.74	0.88	0.15	NA	NA	3.12	3.26	XXX
36455	.....	A	Exchange transfusion service	2.43	NA	NA	0.72	1.59	0.15	NA	NA	3.30	4.17	XXX
36460	.....	A	Transfusion service, fetal	6.59	NA	NA	2.35	3.73	0.62	NA	NA	9.56	10.94	XXX
36468	.....	R	Injection(s); spider veins	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
36469	.....	R	Injection(s); spider veins	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
36470	.....	A	Injection therapy of vein	1.09	2.94	1.62	0.40	0.28	0.11	4.14	2.82	1.60	1.48	010
36471	.....	A	Injection therapy of veins	1.57	3.38	1.90	0.58	0.40	0.15	5.10	3.62	2.30	2.12	010
36481	.....	A	Insertion of catheter, vein	6.99	NA	NA	2.16	3.96	0.42	NA	NA	9.57	11.37	000
36488	.....	A	Insertion of catheter, vein	1.35	NA	NA	0.40	0.73	0.11	NA	NA	1.86	2.19	000
36489	.....	A	Insertion of catheter, vein	1.22	4.24	2.73	0.32	0.77	0.09	5.55	4.04	1.63	2.08	000
36490	.....	A	Insertion of catheter, vein	1.67	NA	NA	0.43	0.97	0.13	NA	NA	2.23	2.77	000
36491	.....	A	Insertion of catheter, vein	1.43	NA	NA	0.46	1.08	0.14	NA	NA	2.03	2.65	000
36493	.....	A	Repositioning of cvc	1.21	NA	NA	0.35	0.52	0.06	NA	NA	1.62	1.79	000
36500	.....	A	Insertion of catheter, vein	3.52	NA	NA	1.16	0.63	0.19	NA	NA	4.87	4.34	000
36510	.....	A	Insertion of catheter, vein	1.09	NA	NA	0.46	0.33	0.07	NA	NA	1.62	1.49	000
36520	.....	A	Plasma and/or cell exchange	1.74	NA	NA	0.63	1.35	0.10	NA	NA	2.47	3.19	000
36522	.....	A	Photopheresis	1.67	8.99	5.84	0.80	1.40	0.07	10.73	7.58	2.54	3.14	000
36530	.....	R	Insertion of infusion pump	6.20	NA	NA	3.42	4.33	0.65	NA	NA	10.27	11.18	010
36531	.....	R	Revision of infusion pump	4.87	NA	NA	3.15	3.95	0.50	NA	NA	8.52	9.32	010
36532	.....	R	Removal of infusion pump	3.30	NA	NA	1.55	1.74	0.35	NA	NA	5.20	5.39	010
36533	.....	A	Insertion of access port	5.32	3.96	4.31	3.27	3.97	0.53	9.81	10.16	9.12	9.82	010
36534	.....	A	Revision of access port	2.80	NA	NA	1.31	2.33	0.23	NA	NA	4.34	5.36	010
36535	.....	A	Removal of access port	2.27	2.72	2.34	1.85	1.91	0.23	5.22	4.84	4.35	4.41	010
36600	.....	A	Withdrawal of arterial blood	0.32	0.37	0.34	0.09	0.20	0.02	0.71	0.68	0.43	0.54	XXX
36620	.....	A	Insertion catheter, artery	1.15	NA	NA	0.21	0.47	0.07	NA	NA	1.43	1.69	000
36625	.....	A	Insertion catheter, artery	2.11	NA	NA	0.52	0.73	0.18	NA	NA	2.81	3.02	000
36640	.....	A	Insertion catheter, artery	2.10	NA	NA	0.74	1.63	0.19	NA	NA	3.03	3.92	000
36660	.....	A	Insertion catheter, artery	1.40	NA	NA	0.45	0.49	0.08	NA	NA	1.93	1.97	000
36680	.....	A	Insert needle, bone cavity	1.20	NA	NA	0.48	0.92	0.11	NA	NA	1.79	2.23	000
36800	.....	A	Insertion of cannula	2.43	NA	NA	1.63	2.02	0.22	NA	NA	4.28	4.67	000
36810	.....	A	Insertion of cannula	3.97	NA	NA	2.26	3.50	0.41	NA	NA	6.64	7.88	000
36815	.....	A	Insertion of cannula	2.62	NA	NA	1.95	2.54	0.28	NA	NA	4.85	5.44	000
36821	.....	A	Artery-vein fusion	8.93	NA	NA	4.97	6.42	1.03	NA	NA	14.93	16.38	090
36822	.....	A	Insertion of cannula(s)	5.42	NA	NA	7.95	7.02	0.74	NA	NA	14.11	13.18	090
36823	.....	C	Insertion cannula(s)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
36825	.....	A	Artery-vein graft	9.84	NA	NA	5.70	8.72	1.15	NA	NA	16.69	19.71	090
36830	.....	A	Artery-vein graft	12.00	NA	NA	6.21	8.51	1.41	NA	NA	19.62	21.92	090
36831	.....	A	Av fistula excision	8.00	2.39	2.39	2.39	2.39	0.89	11.28	11.28	11.28	11.28	090
36832	.....	A	Av fistula revision	10.50	NA	NA	6.66	7.19	1.21	NA	NA	18.37	18.90	090
36833	.....	A	Av fistula revision	11.95	4.52	4.52	4.50	4.50	1.38	17.85	17.85	17.83	17.83	090
36834	.....	A	Repair A-V aneurysm	9.93	NA	NA	4.14	6.31	1.18	NA	NA	15.25	17.42	090
36835	.....	A	Artery to vein shunt	7.15	NA	NA	4.40	4.06	0.85	NA	NA	12.40	12.06	090
36860	.....	A	External cannula declotting	2.01	2.85	2.82	1.93	2.17	0.14	5.00	4.97	4.08	4.32	000
36861	.....	A	Cannula declotting	2.52	NA	NA	1.56	2.29	0.23	NA	NA	4.31	5.04	000
37140	.....	A	Revision of circulation	23.60	NA	NA	8.52	13.10	1.15	NA	NA	33.27	37.85	090
37145	.....	A	Revision of circulation	24.61	NA	NA	10.45	14.52	1.16	NA	NA	36.22	40.29	090
37160	.....	A	Revision of circulation	21.60	NA	NA	9.51	14.38	2.39	NA	NA	33.50	38.37	090
37180	.....	A	Revision of circulation	24.61	NA	NA	10.38	12.89	2.46	NA	NA	37.45	39.96	090
37181	.....	A	Splice spleen/kidney veins	26.68	NA	NA	10.98	14.40	2.61	NA	NA	40.27	43.69	090
37195	.....	A	Thrombolytic therapy, stroke	0.00	8.43	8.38	8.43	8.38	0.42	8.85	8.80	8.85	8.80	XXX
37200	.....	A	Transcatheter biopsy	4.56	NA	NA	1.39	1.56	0.27	NA	NA	6.22	6.39	000
37201	.....	A	Transcatheter therapy infuse	5.00	NA	NA	2.10	4.04	0.26	NA	NA	7.36	9.30	000
37202	.....	A	Transcatheter therapy infuse	5.68	NA	NA	3.06	3.87	0.78	NA	NA	9.52	10.33	000
37203	.....	A	Transcatheter retrieval	5.03	NA	NA	2.17	3.16	0.27	NA	NA	7.47	8.46	000
37204	.....	A	Transcatheter occlusion	18.14	NA	NA	5.05	9.99	0.84	NA	NA	24.03	28.97	000
37205	.....	A	Transcatheter stent	8.28	NA	NA	3.36	4.48	0.65	NA	NA	12.29	13.41	000
37206	.....	A	Transcatheter stent add-on	4.13	NA	NA	1.38	2.09	0.34	NA	NA	5.85	6.56	ZZZ

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[3] + Indicates RVUs are not used for Medicare payment.
[4] PE RVUs = Practice Expense Relative Value Units.
[5] # Indicates new CPT/HCPCS codes which were not factored into budget neutrality adjustments.

ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT[1]/ HCPCS[2]	MOD	Status	Description	Physician work RVUs[3,5]	Fully implemented non-facility PE RVUs	Year 2000 transitional non-facility PE RVUs	Fully implemented facility PE RVUs	Year 2000 transitional facility PE RVUs	Malpractice RVUs	Fully implemented non-facility total	Year 2000 transitional non-facility total	Fully implemented facility total	Year 2000 transitional facility total	Global
37207	.....	A	Transcatheter stent	8.28	NA	NA	3.68	4.64	1.04	NA	NA	13.00	13.96	000
37208	.....	A	Transcatheter stent add-on	4.13	NA	NA	1.58	2.19	0.52	NA	NA	6.23	6.84	ZZZ
37209	.....	A	Exchange arterial catheter	2.27	NA	NA	0.67	1.10	0.11	NA	NA	3.05	3.48	000
37250	.....	A	Intravascular us	2.10	NA	NA	0.84	1.04	0.25	NA	NA	3.19	3.39	ZZZ
37251	.....	A	Intravascular us	1.60	NA	NA	0.66	0.80	0.20	NA	NA	2.46	2.60	ZZZ
37565	.....	A	Ligation of neck vein	4.44	NA	NA	2.57	3.34	0.46	NA	NA	7.47	8.24	090
37600	.....	A	Ligation of neck artery	4.57	NA	NA	3.33	4.37	0.44	NA	NA	8.34	9.38	090
37605	.....	A	Ligation of neck artery	6.19	NA	NA	3.87	4.95	0.78	NA	NA	10.84	11.92	090
37606	.....	A	Ligation of neck artery	6.28	NA	NA	4.06	5.24	1.05	NA	NA	11.39	12.57	090
37607	.....	A	Ligation of fistula	6.16	NA	NA	3.63	3.48	0.72	NA	NA	10.51	10.36	090
37609	.....	A	Temporal artery procedure	2.30	5.78	4.10	2.09	2.25	0.23	8.31	6.63	4.62	4.78	010
37615	.....	A	Ligation of neck artery	5.73	NA	NA	3.67	4.89	0.61	NA	NA	10.01	11.23	090
37616	.....	A	Ligation of chest artery	16.49	NA	NA	12.15	8.36	1.79	NA	NA	30.43	26.64	090
37617	.....	A	Ligation of abdomen artery	15.95	NA	NA	7.54	8.11	1.67	NA	NA	25.16	25.73	090
37618	.....	A	Ligation of extremity artery	4.84	NA	NA	3.45	4.43	0.57	NA	NA	8.86	9.84	090
37620	.....	A	Revision of major vein	10.56	NA	NA	4.86	7.21	0.83	NA	NA	16.25	18.60	090
37650	.....	A	Revision of major vein	5.13	NA	NA	3.75	4.06	0.63	NA	NA	9.51	9.82	090
37660	.....	A	Revision of major vein	10.61	NA	NA	5.86	6.05	1.23	NA	NA	17.70	17.89	090
37700	.....	A	Revise leg vein	3.73	NA	NA	2.91	3.43	0.43	NA	NA	7.07	7.59	090
37720	.....	A	Removal of leg vein	5.66	NA	NA	3.66	4.61	0.64	NA	NA	9.96	10.91	090
37730	.....	A	Removal of leg veins	7.33	NA	NA	4.39	5.97	0.84	NA	NA	12.56	14.14	090
37735	.....	A	Removal of leg veins/lesion	10.53	NA	NA	5.79	7.42	1.19	NA	NA	17.51	19.14	090
37760	.....	A	Revision of leg veins	10.47	NA	NA	5.56	6.84	1.13	NA	NA	17.16	18.44	090
37780	.....	A	Revision of leg vein	3.84	NA	NA	2.88	2.47	0.46	NA	NA	7.18	6.77	090
37785	.....	A	Revise secondary varicosity	3.88	6.19	3.63	2.74	1.90	0.41	10.48	7.92	7.03	6.19	090
37788	.....	A	Revascularization, penis	22.01	NA	NA	11.81	14.12	1.51	NA	NA	35.33	37.64	090
37790	.....	A	Penile venous occlusion	8.34	NA	NA	6.44	6.32	0.55	NA	NA	15.33	15.21	090
37799	.....	C	Vascular surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
38100	.....	A	Removal of spleen, total	13.01	NA	NA	6.34	7.81	1.35	NA	NA	20.70	22.17	090
38101	.....	A	Removal of spleen, partial	13.74	NA	NA	6.96	7.28	1.45	NA	NA	22.15	22.47	090
38102	.....	A	Removal of spleen, total	4.80	NA	NA	1.81	2.27	0.49	NA	NA	7.10	7.56	ZZZ
38115	.....	A	Repair of ruptured spleen	14.19	NA	NA	6.67	7.48	1.48	NA	NA	22.34	23.15	090
38200	.....	A	Injection for spleen x-ray	2.64	NA	NA	0.74	1.30	0.13	NA	NA	3.51	4.07	000
38230	.....	R	Bone marrow collection	4.54	NA	NA	2.30	2.66	0.25	NA	NA	7.09	7.45	010
38231	.....	R	Stem cell collection	1.50	NA	NA	0.57	1.03	0.07	NA	NA	2.14	2.60	000
38240	.....	R	Bone marrow/stem transplant	2.24	NA	NA	0.86	1.56	0.11	NA	NA	3.21	3.91	XXX
38241	.....	R	Bone marrow/stem transplant	2.24	NA	NA	0.84	1.53	0.11	NA	NA	3.19	3.88	XXX
38300	.....	A	Drainage lymph node lesion	1.53	3.79	2.21	2.05	1.19	0.15	5.47	3.89	3.73	2.87	010
38305	.....	A	Drainage lymph node lesion	4.61	9.74	5.94	5.22	3.68	0.38	14.73	10.93	10.21	8.67	090
38308	.....	A	Incision of lymph channels	4.95	NA	NA	5.17	4.42	0.45	NA	NA	10.57	9.82	090
38380	.....	A	Thoracic duct procedure	7.46	NA	NA	6.41	5.62	0.63	NA	NA	14.50	13.71	090
38381	.....	A	Thoracic duct procedure	12.88	NA	NA	11.29	9.75	1.69	NA	NA	25.86	24.32	090
38382	.....	A	Thoracic duct procedure	10.08	NA	NA	10.54	7.90	1.12	NA	NA	21.74	19.10	090
38500	.....	A	Biopsy/removal,lymph node(s)	2.88	2.47	2.10	2.22	1.98	0.29	5.64	5.27	5.39	5.15	010
38505	.....	A	Needle biopsy, lymph node(s)	1.14	2.77	2.00	1.21	0.91	0.09	4.00	3.23	2.44	2.14	000
38510	.....	A	Biopsy/removal,lymph node(s)	4.14	NA	NA	3.95	3.36	0.40	NA	NA	8.49	7.90	090
38520	.....	A	Biopsy/removal,lymph node(s)	5.12	NA	NA	4.65	3.95	0.55	NA	NA	10.32	9.62	090
38525	.....	A	Biopsy/removal,lymph node(s)	4.66	NA	NA	3.61	3.21	0.48	NA	NA	8.75	8.35	090
38530	.....	A	Biopsy/removal,lymph node(s)	6.13	NA	NA	5.80	4.62	0.69	NA	NA	12.62	11.44	090
38542	.....	A	Explore deep node(s), neck	5.91	NA	NA	5.38	5.00	0.52	NA	NA	11.81	11.43	090
38550	.....	A	Removal neck/armpit lesion	6.73	NA	NA	11.94	7.73	0.51	NA	NA	19.18	14.97	090
38555	.....	A	Removal neck/armpit lesion	14.27	NA	NA	10.16	9.03	1.61	NA	NA	26.04	24.91	090
38562	.....	A	Removal, pelvic lymph nodes	10.49	NA	NA	6.12	6.80	0.89	NA	NA	17.50	18.18	090
38564	.....	A	Removal, abdomen lymph nodes	10.83	NA	NA	6.12	7.07	1.05	NA	NA	18.00	18.95	090
38700	.....	A	Removal of lymph nodes, neck	8.24	NA	NA	11.98	10.91	0.66	NA	NA	20.88	19.81	090
38720	.....	A	Removal of lymph nodes, neck	13.61	NA	NA	14.97	15.61	1.08	NA	NA	29.66	30.30	090
38724	.....	A	Removal of lymph nodes, neck	14.54	NA	NA	15.35	15.47	1.15	NA	NA	31.04	31.16	090
38740	.....	A	Remove armpit lymph nodes	6.77	NA	NA	4.51	4.82	0.70	NA	NA	11.98	12.29	090
38745	.....	A	Remove armpits lymph nodes	8.84	NA	NA	6.48	7.74	0.90	NA	NA	16.22	17.48	090
38746	.....	A	Remove thoracic lymph nodes	4.39	NA	NA	1.80	2.15	0.58	NA	NA	6.77	7.12	ZZZ
38747	.....	A	Remove abdominal lymph nodes	4.89	NA	NA	1.83	2.31	0.47	NA	NA	7.19	7.67	ZZZ
38760	.....	A	Remove groin lymph nodes	8.74	NA	NA	5.36	6.28	0.87	NA	NA	14.97	15.89	090
38765	.....	A	Remove groin lymph nodes	16.06	NA	NA	9.79	11.77	1.40	NA	NA	27.25	29.23	090
38770	.....	A	Remove pelvis lymph nodes	13.23	NA	NA	6.81	11.30	0.90	NA	NA	20.94	25.43	090
38780	.....	A	Remove abdomen lymph nodes	16.59	NA	NA	8.58	13.01	1.34	NA	NA	26.51	30.94	090
38790	.....	A	Injection for lymphatic xray	1.29	34.63	18.21	0.43	0.99	0.09	36.01	19.59	1.81	2.37	000
38792	.....	C	Identify sentinel node	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	000
38794	.....	A	Access thoracic lymph duct	4.45	NA	NA	1.31	2.20	0.18	NA	NA	5.94	6.83	090
38999	.....	C	Blood/lymph system procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
39000	.....	A	Exploration of chest	6.10	NA	NA	8.63	7.60	0.80	NA	NA	15.53	14.50	090
39010	.....	A	Exploration of chest	11.79	NA	NA	11.62	12.03	1.57	NA	NA	24.98	25.39	090
39200	.....	A	Removal chest lesion	13.62	NA	NA	11.25	11.91	1.73	NA	NA	26.60	27.26	090
39220	.....	A	Removal chest lesion	17.42	NA	NA	13.13	14.67	2.25	NA	NA	32.80	34.34	090
39400	.....	A	Visualization of chest	5.61	NA	NA	7.90	6.73	0.75	NA	NA	14.26	13.09	010
39499	.....	C	Chest procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
39501	.....	A	Repair diaphragm laceration	13.19	NA	NA	8.08	9.83	1.41	NA	NA	22.68	24.43	090
39502	.....	A	Repair paraesophageal hernia	16.33	NA	NA	8.67	10.81	1.71	NA	NA	26.71	28.85	090
39503	.....	A	Repair of diaphragm hernia	34.85	NA	NA	17.61	22.47	3.26	NA	NA	55.72	60.58	090
39520	.....	A	Repair of diaphragm hernia	16.10	NA	NA	10.66	12.13	1.91	NA	NA	28.67	30.14	090
39530	.....	A	Repair of diaphragm hernia	15.41	NA	NA	9.28	12.27	1.72	NA	NA	26.41	29.40	090
39531	.....	A	Repair of diaphragm hernia	16.42	NA	NA	9.60	10.23	1.89	NA	NA	27.91	28.54	090
39540	.....	A	Repair of diaphragm hernia	13.32	NA	NA	8.14	10.57	1.46	NA	NA	22.92	25.35	090
39541	.....	A	Repair of diaphragm hernia	14.41	NA	NA	8.15	10.68	1.53	NA	NA	24.09	26.62	090
39545	.....	A	Revision of diaphragm	13.37	NA	NA	9.67	9.12	1.66	NA	NA	24.70	24.15	090

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT[1]/ HCPCS[2]	MOD	Status	Description	Physician work RVUs[3,5]	Fully implemented non-facility PE RVUs	Year 2000 transitional non-facility PE RVUs	Fully implemented facility PE RVUs	Year 2000 transitional facility PE RVUs	Malpractice RVUs	Fully implemented non-facility total	Year 2000 transitional non-facility total	Fully implemented facility total	Year 2000 transitional facility total	Global
39599	.....	C	Diaphragm surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
40490	.....	A	Biopsy of lip	1.22	1.36	1.08	0.63	0.52	0.06	2.64	2.36	1.91	1.80	000
40500	.....	A	Partial excision of lip	4.28	4.53	4.82	4.53	4.82	0.33	9.14	9.43	9.14	9.43	090
40510	.....	A	Partial excision of lip	4.70	5.42	5.52	5.31	5.46	0.39	10.51	10.61	10.40	10.55	090
40520	.....	A	Partial excision of lip	4.67	5.94	5.41	5.43	5.16	0.43	11.04	10.51	10.53	10.26	090
40525	.....	A	Reconstruct lip with flap	7.55	NA	NA	6.93	7.98	0.72	NA	NA	15.20	16.25	090
40527	.....	A	Reconstruct lip with flap	9.13	NA	NA	7.95	9.43	0.83	NA	NA	17.91	19.39	090
40530	.....	A	Partial removal of lip	5.40	4.95	5.24	4.95	5.24	0.47	10.82	11.11	10.82	11.11	090
40650	.....	A	Repair lip	3.64	4.12	4.23	3.93	4.14	0.35	8.11	8.22	7.92	8.13	090
40652	.....	A	Repair lip	4.26	5.33	5.21	5.26	5.18	0.42	10.01	9.89	9.94	9.86	090
40654	.....	A	Repair lip	5.31	5.92	6.13	5.91	6.13	0.50	11.73	11.94	11.72	11.94	090
40700	.....	A	Repair cleft lip/nasal	12.79	NA	NA	8.92	9.05	1.05	NA	NA	22.76	22.89	090
40701	.....	A	Repair cleft lip/nasal	15.85	NA	NA	9.60	15.29	1.48	NA	NA	26.93	32.62	090
40702	.....	A	Repair cleft lip/nasal	13.04	NA	NA	8.61	9.39	1.02	NA	NA	22.67	23.45	090
40720	.....	A	Repair cleft lip/nasal	13.55	NA	NA	10.04	10.23	1.34	NA	NA	24.93	25.12	090
40761	.....	A	Repair cleft lip/nasal	14.72	NA	NA	11.43	11.60	1.39	NA	NA	27.54	27.71	090
40799	.....	C	Lip surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
40800	.....	A	Drainage of mouth lesion	1.17	1.68	1.24	0.48	0.44	0.09	2.94	2.50	1.74	1.70	010
40801	.....	A	Drainage of mouth lesion	2.53	2.17	2.01	1.75	1.34	0.20	4.90	4.74	4.48	4.07	010
40804	.....	A	Removal foreign body, mouth	1.24	2.15	1.39	1.99	1.16	0.10	3.49	2.73	3.33	2.50	010
40805	.....	A	Removal foreign body, mouth	2.69	2.75	2.73	2.56	2.64	0.20	5.64	5.62	5.45	5.53	010
40806	.....	A	Incision of lip fold	0.31	0.79	0.59	0.53	0.46	0.03	1.13	0.93	0.87	0.80	000
40808	.....	A	Biopsy of mouth lesion	0.96	1.73	1.28	1.73	1.07	0.07	2.76	2.31	2.76	2.10	010
40810	.....	A	Excision of mouth lesion	1.31	2.27	1.78	1.97	1.31	0.10	3.68	3.19	3.38	2.72	010
40812	.....	A	Excise/repair mouth lesion	2.31	2.52	2.08	2.48	1.65	0.18	5.01	4.57	4.97	4.14	010
40814	.....	A	Excise/repair mouth lesion	3.42	3.50	3.51	3.50	2.63	0.26	7.18	7.19	7.18	6.31	090
40816	.....	A	Excision of mouth lesion	3.67	3.79	3.64	3.79	2.77	0.28	7.74	7.59	7.74	6.72	090
40818	.....	A	Excise oral mucosa for graft	2.41	3.44	2.94	3.44	2.94	0.15	6.00	5.50	6.00	5.50	090
40819	.....	A	Excise lip or cheek fold	2.41	3.03	2.18	3.03	1.85	0.18	5.62	4.77	5.62	4.44	090
40820	.....	A	Treatment of mouth lesion	1.28	2.04	1.31	1.88	1.09	0.09	3.41	2.68	3.25	2.46	010
40830	.....	A	Repair mouth laceration	1.76	2.13	1.43	2.12	1.43	0.16	4.05	3.35	4.04	3.35	010
40831	.....	A	Repair mouth laceration	2.46	2.43	2.27	2.43	2.27	0.22	5.11	4.95	5.11	4.95	010
40840	.....	R	Reconstruction of mouth	8.73	5.70	6.26	5.70	6.26	0.70	15.13	15.69	15.13	15.69	090
40842	.....	R	Reconstruction of mouth	8.73	5.69	6.26	5.69	6.26	0.74	15.16	15.73	15.16	15.73	090
40843	.....	R	Reconstruction of mouth	12.10	6.76	8.16	6.76	8.16	0.67	19.53	20.93	19.53	20.93	090
40844	.....	R	Reconstruction of mouth	16.01	8.37	10.50	8.23	10.43	1.55	25.93	28.06	25.79	27.99	090
40845	.....	R	Reconstruction of mouth	18.58	10.15	16.17	10.15	16.17	1.65	30.38	36.40	30.38	36.40	090
40899	.....	C	Mouth surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
41000	.....	A	Drainage of mouth lesion	1.30	1.98	1.40	1.27	0.84	0.10	3.38	2.80	2.67	2.24	010
41005	.....	A	Drainage of mouth lesion	1.26	1.88	1.28	1.41	1.04	0.10	3.24	2.64	2.77	2.40	010
41006	.....	A	Drainage of mouth lesion	3.24	3.31	2.21	3.00	2.05	0.25	6.80	5.70	6.49	5.54	090
41007	.....	A	Drainage of mouth lesion	3.10	3.13	3.14	2.72	2.94	0.18	6.41	6.42	6.00	6.22	090
41008	.....	A	Drainage of mouth lesion	3.37	3.18	2.17	2.99	1.79	0.25	6.80	5.79	6.61	5.41	090
41009	.....	A	Drainage of mouth lesion	3.59	3.17	3.38	2.98	3.29	0.29	7.05	7.26	6.86	7.17	090
41010	.....	A	Incision of tongue fold	1.06	2.54	1.47	2.54	1.47	0.07	3.67	2.60	3.67	2.60	010
41015	.....	A	Drainage of mouth lesion	3.96	3.51	2.23	2.79	1.87	0.30	7.77	6.49	7.05	6.13	090
41016	.....	A	Drainage of mouth lesion	4.07	3.52	3.76	2.98	3.49	0.33	7.92	8.16	7.38	7.89	090
41017	.....	A	Drainage of mouth lesion	4.07	3.53	2.53	2.93	2.23	0.33	7.93	6.93	7.33	6.63	090
41018	.....	A	Drainage of mouth lesion	5.10	3.99	4.13	3.26	3.77	0.37	9.46	9.60	8.73	9.24	090
41100	.....	A	Biopsy of tongue	1.63	2.25	1.56	2.16	1.30	0.12	4.00	3.31	3.91	3.05	010
41105	.....	A	Biopsy of tongue	1.42	2.09	1.61	2.09	1.33	0.11	3.62	3.14	3.62	2.86	010
41108	.....	A	Biopsy of floor of mouth	1.05	1.95	1.44	1.86	1.16	0.08	3.08	2.57	2.99	2.29	010
41110	.....	A	Excision of tongue lesion	1.51	2.59	2.00	2.13	1.42	0.11	4.21	3.62	3.75	3.04	010
41112	.....	A	Excision of tongue lesion	2.73	3.05	2.82	3.05	2.18	0.21	5.99	5.76	5.99	5.12	090
41113	.....	A	Excision of tongue lesion	3.19	3.09	3.40	3.09	2.47	0.24	6.52	6.83	6.52	5.90	090
41114	.....	A	Excision of tongue lesion	8.47	NA	NA	5.87	6.40	0.65	NA	NA	14.99	15.52	090
41115	.....	A	Excision of tongue fold	1.74	2.33	2.13	2.12	2.03	0.13	4.20	4.00	3.99	3.90	010
41116	.....	A	Excision of mouth lesion	2.44	2.87	2.79	2.87	2.79	0.19	5.50	5.42	5.50	5.42	090
41120	.....	A	Partial removal of tongue	9.77	NA	NA	7.97	7.94	0.75	NA	NA	18.49	18.46	090
41130	.....	A	Partial removal of tongue	11.15	NA	NA	8.92	9.38	0.86	NA	NA	20.93	21.39	090
41135	.....	A	Tongue and neck surgery	23.09	NA	NA	15.42	17.64	1.79	NA	NA	40.30	42.52	090
41140	.....	A	Removal of tongue	25.50	NA	NA	17.25	18.88	1.99	NA	NA	44.74	46.37	090
41145	.....	A	Tongue removal; neck surgery	30.06	NA	NA	21.02	22.88	2.30	NA	NA	53.38	55.24	090
41150	.....	A	Tongue, mouth, jaw surgery	23.04	NA	NA	16.22	18.40	1.78	NA	NA	41.04	43.22	090
41153	.....	A	Tongue, mouth, neck surgery	23.77	NA	NA	16.84	21.99	1.87	NA	NA	42.48	47.63	090
41155	.....	A	Tongue, jaw, & neck surgery	27.72	NA	NA	19.12	25.81	2.13	NA	NA	48.97	55.66	090
41250	.....	A	Repair tongue laceration	1.91	2.32	1.74	1.54	1.35	0.17	4.40	3.82	3.62	3.43	010
41251	.....	A	Repair tongue laceration	2.27	2.09	2.17	1.76	2.01	0.18	4.54	4.62	4.21	4.46	010
41252	.....	A	Repair tongue laceration	2.97	3.03	2.79	2.22	2.39	0.25	6.25	6.01	5.44	5.61	010
41500	.....	A	Fixation of tongue	3.71	NA	NA	3.15	3.36	0.26	NA	NA	7.12	7.33	090
41510	.....	A	Tongue to lip surgery	3.42	NA	NA	4.12	3.44	0.22	NA	NA	7.76	7.08	090
41520	.....	A	Reconstruction, tongue fold	2.73	2.51	2.82	2.51	2.82	0.21	5.45	5.76	5.45	5.76	090
41599	.....	C	Tongue and mouth surgery	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
41800	.....	A	Drainage of gum lesion	1.17	1.66	1.21	1.19	0.79	0.10	2.93	2.48	2.46	2.06	010
41805	.....	A	Removal foreign body, gum	1.24	1.60	1.26	1.60	1.26	0.09	2.93	2.59	2.93	2.59	010
41806	.....	A	Removal foreign body,jawbone	2.69	2.24	2.01	2.24	1.57	0.22	5.15	4.92	5.15	4.48	010
41820	.....	R	Excision, gum, each quadrant	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
41821	.....	R	Excision of gum flap	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
41822	.....	R	Excision of gum lesion	2.31	2.37	2.83	0.98	2.14	0.19	4.87	5.33	3.48	4.64	010
41823	.....	R	Excision of gum lesion	3.30	3.07	3.51	2.60	3.27	0.25	6.62	7.06	6.15	6.82	090
41825	.....	A	Excision of gum lesion	1.31	2.01	1.82	1.92	1.37	0.10	3.42	3.23	3.33	2.78	010
41826	.....	A	Excision of gum lesion	2.31	2.32	2.29	2.22	1.68	0.18	4.81	4.78	4.71	4.17	010
41827	.....	A	Excision of gum lesion	3.42	3.14	3.61	3.14	2.59	0.26	6.82	7.29	6.82	6.27	090
41828	.....	R	Excision of gum lesion	3.09	2.72	3.57	2.19	3.31	0.22	6.03	6.88	5.50	6.62	010

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[4] PE RVUs = Practice Expense Relative Value Units.
[5] # Indicates new CPT/HCPCS codes which were not factored into budget neutrality adjustments.

ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT[1]/ HCPCS[2]	MOD	Status	Description	Physician work RVUs[3,5]	Fully implemented non-facility PE RVUs	Year 2000 transitional non-facility PE RVUs	Fully implemented facility PE RVUs	Year 2000 transitional facility PE RVUs	Malpractice RVUs	Fully implemented non-facility total	Year 2000 transitional non-facility total	Fully implemented facility total	Year 2000 transitional facility total	Global
41830	.....	R	Removal of gum tissue	3.35	2.82	3.41	2.48	3.24	0.26	6.43	7.02	6.09	6.85	010
41850	.....	R	Treatment of gum lesion	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
41870	.....	R	Gum graft	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
41872	.....	R	Repair gum	2.59	2.44	2.77	2.44	2.77	0.21	5.24	5.57	5.24	5.57	090
41874	.....	R	Repair tooth socket	3.09	2.52	3.11	2.15	2.92	0.26	5.87	6.46	5.50	6.27	090
41899	.....	C	Dental surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
42000	.....	A	Drainage mouth roof lesion	1.23	2.03	1.35	1.34	0.84	0.10	3.36	2.68	2.67	2.17	010
42100	.....	A	Biopsy roof of mouth	1.31	2.08	1.47	2.00	1.22	0.10	3.49	2.88	3.41	2.63	010
42104	.....	A	Excision lesion, mouth roof	1.64	2.13	1.95	2.13	1.51	0.13	3.90	3.72	3.90	3.28	010
42106	.....	A	Excision lesion, mouth roof	2.10	2.28	2.35	2.28	1.75	0.16	4.54	4.61	4.54	4.01	010
42107	.....	A	Excision lesion, mouth roof	4.44	3.61	4.46	3.61	3.13	0.33	8.38	9.23	8.38	7.90	090
42120	.....	A	Remove palate/lesion	6.17	NA	NA	5.45	6.41	0.47	NA	NA	12.09	13.05	090
42140	.....	A	Excision of uvula	1.62	3.06	2.27	2.68	2.08	0.12	4.80	4.01	4.42	3.82	090
42145	.....	A	Repair, palate,pharynx/uvula	8.05	NA	NA	6.82	8.22	0.60	NA	NA	15.47	16.87	090
42160	.....	A	Treatment mouth roof lesion	1.80	2.40	2.03	2.23	1.53	0.14	4.34	3.97	4.17	3.47	010
42180	.....	A	Repair palate	2.50	2.63	2.53	1.95	2.19	0.19	5.32	5.22	4.64	4.88	010
42182	.....	A	Repair palate	3.83	2.78	3.28	2.78	3.28	0.30	6.91	7.41	6.91	7.41	010
42200	.....	A	Reconstruct cleft palate	12.00	NA	NA	9.50	8.65	1.08	NA	NA	22.58	21.73	090
42205	.....	A	Reconstruct cleft palate	9.59	NA	NA	5.95	8.70	0.91	NA	NA	16.45	19.20	090
42210	.....	A	Reconstruct cleft palate	14.50	NA	NA	8.88	11.23	1.21	NA	NA	24.59	26.94	090
42215	.....	A	Reconstruct cleft palate	8.82	NA	NA	7.57	7.95	0.82	NA	NA	17.21	17.59	090
42220	.....	A	Reconstruct cleft palate	7.02	NA	NA	5.49	5.68	0.51	NA	NA	13.02	13.21	090
42225	.....	A	Reconstruct cleft palate	9.54	NA	NA	8.00	7.75	0.82	NA	NA	18.36	18.11	090
42226	.....	A	Lengthening of palate	10.01	NA	NA	8.49	8.53	0.82	NA	NA	19.32	19.36	090
42227	.....	A	Lengthening of palate	9.52	NA	NA	7.14	7.59	0.83	NA	NA	17.49	17.94	090
42235	.....	A	Repair palate	7.87	NA	NA	5.83	5.93	0.62	NA	NA	14.32	14.42	090
42260	.....	A	Repair nose to lip fistula	9.80	6.32	5.32	6.09	5.21	0.79	16.91	15.91	16.68	15.80	090
42280	.....	A	Preparation, palate mold	1.54	1.24	1.70	0.79	1.48	0.10	2.88	3.34	2.43	3.12	010
42281	.....	A	Insertion, palate prosthesis	1.93	1.40	1.50	1.00	1.30	0.14	3.47	3.57	3.07	3.37	010
42299	.....	C	Palate/uvula surgery	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
42300	.....	A	Drainage of salivary gland	1.93	2.31	1.68	1.73	1.13	0.15	4.39	3.76	3.81	3.21	010
42305	.....	A	Drainage of salivary gland	6.07	NA	NA	4.88	3.63	0.48	NA	NA	11.43	10.18	090
42310	.....	A	Drainage of salivary gland	1.56	1.88	1.50	1.45	1.01	0.12	3.56	3.18	3.13	2.69	010
42320	.....	A	Drainage of salivary gland	2.35	2.31	2.15	1.94	1.97	0.18	4.84	4.68	4.47	4.50	010
42325	.....	A	Create salivary cyst drain	2.75	2.40	2.35	1.26	1.78	0.24	5.39	5.34	4.25	4.77	090
42326	.....	A	Create salivary cyst drain	3.78	3.88	4.20	2.25	3.38	0.28	7.94	8.26	6.31	7.44	090
42330	.....	A	Removal of salivary stone	2.21	2.42	1.81	0.88	0.74	0.17	4.80	4.19	3.26	3.12	010
42335	.....	A	Removal of salivary stone	3.31	3.19	2.94	3.19	2.27	0.25	6.75	6.50	6.75	5.83	090
42340	.....	A	Removal of salivary stone	4.60	4.09	4.35	4.09	3.20	0.34	9.03	9.29	9.03	8.14	090
42400	.....	A	Biopsy of salivary gland	0.78	2.38	1.62	0.41	0.42	0.06	3.22	2.46	1.25	1.26	000
42405	.....	A	Biopsy of salivary gland	3.29	3.03	2.35	2.94	1.89	0.25	6.57	5.89	6.48	5.43	010
42408	.....	A	Excision of salivary cyst	4.54	3.99	3.76	3.99	3.76	0.36	8.89	8.66	8.89	8.66	090
42409	.....	A	Drainage of salivary cyst	2.81	2.86	2.96	2.86	2.96	0.21	5.88	5.98	5.88	5.98	090
42410	.....	A	Excise parotid gland/lesion	9.34	NA	NA	7.17	6.81	0.82	NA	NA	17.33	16.97	090
42415	.....	A	Excise parotid gland/lesion	16.89	NA	NA	11.87	12.82	1.36	NA	NA	30.12	31.07	090
42420	.....	A	Excise parotid gland/lesion	19.59	NA	NA	13.46	14.77	1.54	NA	NA	34.59	35.90	090
42425	.....	A	Excise parotid gland/lesion	13.02	NA	NA	9.62	10.84	1.04	NA	NA	23.68	24.90	090
42426	.....	A	Excise parotid gland/lesion	21.26	NA	NA	14.24	19.81	1.67	NA	NA	37.17	42.74	090
42440	.....	A	Excision submaxillary gland	6.97	NA	NA	5.49	6.91	0.55	NA	NA	13.01	14.43	090
42450	.....	A	Excision sublingual gland	4.62	4.19	3.95	4.19	3.95	0.37	9.18	8.94	9.18	8.94	090
42500	.....	A	Repair salivary duct	4.30	4.23	4.62	4.23	4.62	0.34	8.87	9.26	8.87	9.26	090
42505	.....	A	Repair salivary duct	6.18	4.99	6.19	4.99	6.19	0.50	11.67	12.87	11.67	12.87	090
42507	.....	A	Parotid duct diversion	6.11	NA	NA	5.40	5.23	0.48	NA	NA	11.99	11.82	090
42508	.....	A	Parotid duct diversion	9.10	NA	NA	6.98	7.62	0.70	NA	NA	16.78	17.42	090
42509	.....	A	Parotid duct diversion	11.54	NA	NA	8.20	8.07	0.86	NA	NA	20.60	20.47	090
42510	.....	A	Parotid duct diversion	8.15	NA	NA	4.81	6.56	0.85	NA	NA	13.81	15.56	090
42550	.....	A	Injection for salivary x-ray	1.25	12.42	6.45	0.34	0.41	0.05	13.72	7.75	1.64	1.71	000
42600	.....	A	Closure of salivary fistula	4.82	5.18	4.70	4.89	4.56	0.39	10.39	9.91	10.10	9.77	090
42650	.....	A	Dilation of salivary duct	0.77	0.93	0.68	0.40	0.31	0.06	1.76	1.51	1.23	1.14	000
42660	.....	A	Dilation of salivary duct	1.13	1.06	0.80	1.06	0.67	0.07	2.26	2.00	2.26	1.87	000
42665	.....	A	Ligation of salivary duct	2.53	3.15	2.68	3.15	2.68	0.19	5.87	5.40	5.87	5.40	090
42699	.....	C	Salivary surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
42700	.....	A	Drainage of tonsil abscess	1.62	2.64	1.78	1.66	1.06	0.12	4.38	3.52	3.40	2.80	010
42720	.....	A	Drainage of throat abscess	5.42	4.47	3.26	4.33	3.19	0.41	10.30	9.09	10.16	9.02	010
42725	.....	A	Drainage of throat abscess	10.72	NA	NA	7.80	6.32	0.87	NA	NA	19.39	17.91	090
42800	.....	A	Biopsy of throat	1.39	2.46	1.63	2.10	1.25	0.10	3.95	3.12	3.59	2.74	010
42802	.....	A	Biopsy of throat	1.54	2.55	1.83	2.18	1.65	0.12	4.21	3.49	3.84	3.31	010
42804	.....	A	Biopsy of upper nose/throat	1.24	2.39	1.79	2.04	1.61	0.09	3.72	3.12	3.37	2.94	010
42806	.....	A	Biopsy of upper nose/throat	1.58	2.77	2.15	2.23	1.88	0.12	4.47	3.85	3.93	3.58	010
42808	.....	A	Excise pharynx lesion	2.30	3.71	3.22	2.66	2.70	0.17	6.18	5.69	5.13	5.17	010
42809	.....	A	Remove pharynx foreign body	1.81	2.88	1.89	1.53	1.21	0.15	4.84	3.85	3.49	3.17	010
42810	.....	A	Excision of neck cyst	3.33	4.53	3.97	3.77	3.59	0.28	8.14	7.58	7.38	7.20	090
42815	.....	A	Excision of neck cyst	7.23	NA	NA	6.02	7.33	0.58	NA	NA	13.83	15.14	090
42820	.....	A	Remove tonsils and adenoids	3.91	NA	NA	6.40	4.91	0.26	NA	NA	10.57	9.08	090
42821	.....	A	Remove tonsils and adenoids	4.29	NA	NA	3.79	4.03	0.32	NA	NA	8.40	8.64	090
42825	.....	A	Removal of tonsils	3.42	NA	NA	3.21	3.04	0.26	NA	NA	6.89	6.72	090
42826	.....	A	Removal of tonsils	3.38	NA	NA	3.29	3.67	0.25	NA	NA	6.92	7.30	090
42830	.....	A	Removal of adenoids	2.57	NA	NA	2.26	2.14	0.19	NA	NA	5.02	4.90	090
42831	.....	A	Removal of adenoids	2.71	NA	NA	2.37	2.47	0.20	NA	NA	5.28	5.38	090
42835	.....	A	Removal of adenoids	2.30	NA	NA	2.44	2.23	0.17	NA	NA	4.91	4.70	090
42836	.....	A	Removal of adenoids	3.18	NA	NA	3.20	3.12	0.24	NA	NA	6.62	6.54	090
42842	.....	A	Extensive surgery of throat	8.76	NA	NA	7.13	7.20	0.65	NA	NA	16.54	16.61	090
42844	.....	A	Extensive surgery of throat	14.31	NA	NA	10.42	11.10	1.12	NA	NA	25.85	26.53	090
42845	.....	A	Extensive surgery of throat	24.29	NA	NA	16.63	18.42	1.91	NA	NA	42.83	44.62	090

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT[1]/ HCPCS[2]	MOD	Status	Description	Physician work RVUs[3,5]	Fully implemented non-facility PE RVUs	Year 2000 transitional non-facility PE RVUs	Fully implemented facility PE RVUs	Year 2000 transitional facility PE RVUs	Malpractice RVUs	Fully implemented non-facility total	Year 2000 transitional non-facility total	Fully implemented facility total	Year 2000 transitional facility total	Global
42860	.....	A	Excision of tonsil tags	2.22	NA	NA	2.55	2.30	0.17	NA	NA	4.94	4.69	090
42870	.....	A	Excision of lingual tonsil	5.40	NA	NA	5.32	3.92	0.40	NA	NA	11.12	9.72	090
42890	.....	A	Partial removal of pharynx	12.94	NA	NA	10.40	10.08	0.98	NA	NA	24.32	24.00	090
42892	.....	A	Revision of pharyngeal walls	15.83	NA	NA	11.69	11.77	1.20	NA	NA	28.72	28.80	090
42894	.....	A	Revision of pharyngeal walls	22.88	NA	NA	15.93	16.68	1.76	NA	NA	40.57	41.32	090
42900	.....	A	Repair throat wound	5.25	NA	NA	3.68	4.15	0.41	NA	NA	9.34	9.81	010
42950	.....	A	Reconstruction of throat	8.10	NA	NA	6.84	8.26	0.65	NA	NA	15.59	17.01	090
42953	.....	A	Repair throat, esophagus	8.96	NA	NA	7.95	7.42	0.79	NA	NA	17.70	17.17	090
42955	.....	A	Surgical opening of throat	7.39	NA	NA	6.16	4.88	0.62	NA	NA	14.17	12.89	090
42960	.....	A	Control throat bleeding	2.33	NA	NA	1.97	1.57	0.18	NA	NA	4.48	4.08	010
42961	.....	A	Control throat bleeding	5.59	NA	NA	4.66	3.28	0.42	NA	NA	10.67	9.29	090
42962	.....	A	Control throat bleeding	7.14	NA	NA	5.57	6.03	0.54	NA	NA	13.25	13.71	090
42970	.....	A	Control nose/throat bleeding	5.43	NA	NA	3.43	2.28	0.37	NA	NA	9.23	8.08	090
42971	.....	A	Control nose/throat bleeding	6.21	NA	NA	5.32	4.24	0.47	NA	NA	12.00	10.92	090
42972	.....	A	Control nose/throat bleeding	7.20	NA	NA	5.29	5.12	0.56	NA	NA	13.05	12.88	090
42999	.....	C	Throat surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
43020	.....	A	Incision of esophagus	8.09	NA	NA	6.10	6.62	0.79	NA	NA	14.98	15.50	090
43030	.....	A	Throat muscle surgery	7.69	NA	NA	6.44	7.81	0.64	NA	NA	14.77	16.14	090
43045	.....	A	Incision of esophagus	20.12	NA	NA	12.68	13.10	2.48	NA	NA	35.28	35.70	090
43100	.....	A	Excision of esophagus lesion	9.19	NA	NA	7.82	7.27	0.91	NA	NA	17.92	17.37	090
43101	.....	A	Excision of esophagus lesion	16.24	NA	NA	9.79	10.04	1.94	NA	NA	27.97	28.22	090
43107	.....	A	Removal of esophagus	28.79	NA	NA	16.33	20.38	3.42	NA	NA	48.54	52.59	090
43108	.....	A	Removal of esophagus	34.19	NA	NA	17.67	22.55	3.99	NA	NA	55.85	60.73	090
43112	.....	A	Removal of esophagus	31.22	NA	NA	17.63	20.57	3.73	NA	NA	52.58	55.52	090
43113	.....	A	Removal of esophagus	35.27	NA	NA	18.59	23.01	4.09	NA	NA	57.95	62.37	090
43116	.....	A	Partial removal of esophagus	31.22	NA	NA	19.09	23.26	3.14	NA	NA	53.45	57.62	090
43117	.....	A	Partial removal of esophagus	30.02	NA	NA	16.71	22.07	3.58	NA	NA	50.31	55.67	090
43118	.....	A	Partial removal of esophagus	33.20	NA	NA	15.93	21.68	3.47	NA	NA	52.60	58.35	090
43121	.....	A	Partial removal of esophagus	29.19	NA	NA	16.75	19.97	3.50	NA	NA	49.44	52.66	090
43122	.....	A	Parital removal of esophagus	29.11	NA	NA	15.46	19.32	3.34	NA	NA	47.91	51.77	090
43123	.....	A	Partial removal of esophagus	33.20	NA	NA	16.35	21.89	3.52	NA	NA	53.07	58.61	090
43124	.....	A	Removal of esophagus	27.32	NA	NA	16.25	20.34	2.97	NA	NA	46.54	50.63	090
43130	.....	A	Removal of esophagus pouch	11.75	NA	NA	9.10	10.26	1.11	NA	NA	21.96	23.12	090
43135	.....	A	Removal of esophagus pouch	16.10	NA	NA	11.64	12.18	1.99	NA	NA	29.73	30.27	090
43200	.....	A	Esophagus endoscopy	1.59	5.73	3.97	0.79	1.35	0.12	7.44	5.68	2.50	3.06	000
43202	.....	A	Esophagus endoscopy, biopsy	1.89	5.08	3.85	0.77	1.52	0.14	7.11	5.88	2.80	3.55	000
43204	.....	A	Esophagus endoscopy & inject	3.77	NA	NA	1.30	2.90	0.25	NA	NA	5.32	6.92	000
43205	.....	A	Esophagus endoscopy/ligation	3.79	NA	NA	1.32	2.13	0.25	NA	NA	5.36	6.17	000
43215	.....	A	Esophagus endoscopy	2.60	NA	NA	1.04	2.07	0.20	NA	NA	3.84	4.87	000
43216	.....	A	Esophagus endoscopy/lesion	2.40	NA	NA	0.89	1.88	0.18	NA	NA	3.47	4.46	000
43217	.....	A	Esophagus endoscopy	2.90	NA	NA	1.02	2.24	0.20	NA	NA	4.12	5.34	000
43219	.....	A	Esophagus endoscopy	2.80	NA	NA	1.03	2.19	0.22	NA	NA	4.05	5.21	000
43220	.....	A	Esophagus endoscopy,dilation	2.10	NA	NA	0.77	1.64	0.15	NA	NA	3.02	3.89	000
43226	.....	A	Esophagus endoscopy,dilation	2.34	NA	NA	0.82	1.81	0.16	NA	NA	3.32	4.31	000
43227	.....	A	Esophagus endoscopy, repair	3.60	NA	NA	1.25	2.78	0.24	NA	NA	5.09	6.62	000
43228	.....	A	Esophagus endoscopy,ablation	3.77	NA	NA	1.35	2.93	0.28	NA	NA	5.40	6.98	000
43234	.....	A	Upper GI endoscopy, exam	2.01	3.07	2.93	0.71	1.56	0.16	5.24	5.10	2.88	3.73	000
43235	.....	A	Upper gi endoscopy,diagnosis	2.39	5.05	4.19	0.83	1.84	0.17	7.61	6.75	3.39	4.40	000
43239	.....	A	Upper GI endoscopy, biopsy	2.69	5.12	4.43	0.93	2.07	0.18	7.99	7.30	3.80	4.94	000
43241	.....	A	Upper GI endoscopy with tube	2.59	NA	NA	0.90	2.00	0.18	NA	NA	3.67	4.77	000
43243	.....	A	Upper GI endoscopy & inject.	4.57	NA	NA	1.57	3.52	0.30	NA	NA	6.44	8.39	000
43244	.....	A	Upper GI endoscopy/ligation	4.59	NA	NA	1.58	2.68	0.30	NA	NA	6.47	7.57	000
43245	.....	A	Operative upper GI endoscopy	3.39	NA	NA	1.18	2.62	0.24	NA	NA	4.81	6.25	000
43246	.....	A	Place gastrostomy tube	4.33	NA	NA	1.51	3.34	0.31	NA	NA	6.15	7.98	000
43247	.....	A	Operative upper GI endoscopy	3.39	NA	NA	1.18	2.62	0.24	NA	NA	4.81	6.25	000
43248	.....	A	Upper GI endoscopy/guidewire	3.15	NA	NA	1.09	2.43	0.21	NA	NA	4.45	5.79	000
43249	.....	A	Esophagus endoscopy,dilation	2.90	NA	NA	1.01	2.24	0.20	NA	NA	4.11	5.34	000
43250	.....	A	Upper GI endoscopy/tumor	3.20	NA	NA	1.11	2.47	0.23	NA	NA	4.54	5.90	000
43251	.....	A	Operative upper GI endoscopy	3.70	NA	NA	1.28	2.85	0.25	NA	NA	5.23	6.80	000
43255	.....	A	Operative upper GI endoscopy	4.40	NA	NA	1.51	3.38	0.29	NA	NA	6.20	8.07	000
43258	.....	A	Operative upper GI endoscopy	4.55	NA	NA	1.57	3.51	0.30	NA	NA	6.42	8.36	000
43259	.....	A	Endoscopic ultrasound exam	4.89	NA	NA	1.66	3.01	0.31	NA	NA	6.86	8.21	000
43260	.....	A	Endoscopy,bile duct/pancreas	5.96	NA	NA	2.05	4.27	0.39	NA	NA	8.40	10.62	000
43261	.....	A	Endoscopy,bile duct/pancreas	6.27	NA	NA	2.16	4.33	0.41	NA	NA	8.84	11.01	000
43262	.....	A	Endoscopy,bile duct/pancreas	7.39	NA	NA	2.55	5.69	0.49	NA	NA	10.43	13.57	000
43263	.....	A	Endoscopy,bile duct/pancreas	6.19	NA	NA	2.14	4.24	0.41	NA	NA	8.74	10.84	000
43264	.....	A	Endoscopy,bile duct/pancreas	8.90	NA	NA	3.06	6.37	0.59	NA	NA	12.55	15.86	000
43265	.....	A	Endoscopy,bile duct/pancreas	8.90	NA	NA	3.06	5.23	0.59	NA	NA	12.55	14.72	000
43267	.....	A	Endoscopy,bile duct/pancreas	7.39	NA	NA	2.54	5.29	0.49	NA	NA	10.42	13.17	000
43268	.....	A	Endoscopy,bile duct/pancreas	7.39	NA	NA	2.55	5.69	0.49	NA	NA	10.43	13.57	000
43269	.....	A	Endoscopy,bile duct/pancreas	6.04	NA	NA	2.08	4.65	0.40	NA	NA	8.52	11.09	000
43271	.....	A	Endoscopy,bile duct/pancreas	7.39	NA	NA	2.54	5.41	0.48	NA	NA	10.41	13.28	000
43272	.....	A	Endoscopy,bile duct/pancreas	7.39	NA	NA	2.50	4.29	0.47	NA	NA	10.36	12.15	000
43300	.....	A	Repair of esophagus	9.14	NA	NA	7.44	9.18	0.91	NA	NA	17.49	19.23	090
43305	.....	A	Repair esophagus and fistula	17.15	NA	NA	13.18	14.03	1.38	NA	NA	31.71	32.56	090
43310	.....	A	Repair of esophagus	25.39	NA	NA	17.03	17.74	3.22	NA	NA	45.64	46.35	090
43312	.....	A	Repair esophagus and fistula	28.42	NA	NA	22.02	18.46	3.58	NA	NA	54.02	50.46	090
43320	.....	A	Fuse esophagus & stomach	16.07	NA	NA	9.56	11.12	1.77	NA	NA	27.40	28.96	090
43324	.....	A	Revise esophagus & stomach	16.58	NA	NA	8.70	10.80	1.73	NA	NA	27.01	29.11	090
43325	.....	A	Revise esophagus & stomach	16.17	NA	NA	8.92	10.76	1.73	NA	NA	26.82	28.66	090
43326	.....	A	Revise esophagus & stomach	15.91	NA	NA	10.50	9.33	1.91	NA	NA	28.32	27.15	090
43330	.....	A	Repair of esophagus	15.94	NA	NA	8.75	10.54	1.59	NA	NA	26.28	28.07	090
43331	.....	A	Repair of esophagus	16.23	NA	NA	10.45	13.00	1.79	NA	NA	28.47	31.02	090
43340	.....	A	Fuse esophagus & intestine	15.81	NA	NA	21.35	17.43	1.79	NA	NA	38.95	35.03	090

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT[1]/ HCPCS[2]	MOD	Status	Description	Physician work RVUs[3,5]	Fully implemented non-facility PE RVUs	Year 2000 transitional non-facility PE RVUs	Fully implemented facility PE RVUs	Year 2000 transitional facility PE RVUs	Malpractice RVUs	Fully implemented non-facility total	Year 2000 transitional non-facility total	Fully implemented facility total	Year 2000 transitional facility total	Global
43341	.....	A	Fuse esophagus & intestine	16.81	NA	NA	10.66	10.70	1.42	NA	NA	28.89	28.93	090
43350	.....	A	Surgical opening, esophagus	12.72	NA	NA	9.10	8.83	1.24	NA	NA	23.06	22.79	090
43351	.....	A	Surgical opening, esophagus	14.79	NA	NA	10.59	10.06	1.86	NA	NA	27.24	26.71	090
43352	.....	A	Surgical opening, esophagus	12.30	NA	NA	9.23	9.43	1.34	NA	NA	22.87	23.07	090
43360	.....	A	Gastrointestinal repair	28.78	NA	NA	14.66	18.92	3.14	NA	NA	46.58	50.84	090
43361	.....	A	Gastrointestinal repair	32.65	NA	NA	16.30	21.86	3.35	NA	NA	52.30	57.86	090
43400	.....	A	Ligate esophagus veins	17.09	NA	NA	8.57	10.16	1.48	NA	NA	27.14	28.73	090
43401	.....	A	Esophagus surgery for veins	17.81	NA	NA	9.41	9.91	1.81	NA	NA	29.03	29.53	090
43405	.....	A	Ligate/staple esophagus	16.13	NA	NA	8.93	12.24	1.83	NA	NA	26.89	30.20	090
43410	.....	A	Repair esophagus wound	10.86	NA	NA	8.27	8.97	1.21	NA	NA	20.34	21.04	090
43415	.....	A	Repair esophagus wound	17.06	NA	NA	10.64	12.24	1.98	NA	NA	29.68	31.28	090
43420	.....	A	Repair esophagus opening	11.57	NA	NA	7.43	6.91	0.90	NA	NA	19.90	19.38	090
43425	.....	A	Repair esophagus opening	16.95	NA	NA	10.99	10.89	2.09	NA	NA	30.03	29.93	090
43450	.....	A	Dilate esophagus	1.38	1.19	0.97	0.48	0.61	0.10	2.67	2.45	1.96	2.09	000
43453	.....	A	Dilate esophagus	1.51	NA	NA	0.52	1.08	0.10	NA	NA	2.13	2.69	000
43456	.....	A	Dilate esophagus	2.57	NA	NA	0.90	1.79	0.18	NA	NA	3.65	4.54	000
43458	.....	A	Dilation of esophagus	3.06	NA	NA	1.08	1.37	0.21	NA	NA	4.35	4.64	000
43460	.....	A	Pressure treatment esophagus	3.80	NA	NA	1.50	1.66	0.30	NA	NA	5.60	5.76	000
43496	.....	C	Free jejunum flap, microvasc	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	090
43499	.....	C	Esophagus surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
43500	.....	A	Surgical opening of stomach	8.44	NA	NA	4.32	5.49	0.85	NA	NA	13.61	14.78	090
43501	.....	A	Surgical repair of stomach	15.31	NA	NA	7.26	8.29	1.58	NA	NA	24.15	25.18	090
43502	.....	A	Surgical repair of stomach	17.67	NA	NA	8.16	8.74	1.87	NA	NA	27.70	28.28	090
43510	.....	A	Surgical opening of stomach	9.99	NA	NA	6.17	7.59	0.82	NA	NA	16.98	18.40	090
43520	.....	A	Incision of pyloric muscle	7.63	NA	NA	5.89	5.38	0.92	NA	NA	14.44	13.93	090
43600	.....	A	Biopsy of stomach	1.91	NA	NA	0.65	0.60	0.13	NA	NA	2.69	2.64	000
43605	.....	A	Biopsy of stomach	9.15	NA	NA	4.63	5.52	0.94	NA	NA	14.72	15.61	090
43610	.....	A	Excision of stomach lesion	11.15	NA	NA	5.73	7.30	1.14	NA	NA	18.02	19.59	090
43611	.....	A	Excision of stomach lesion	13.63	NA	NA	6.67	7.77	1.39	NA	NA	21.69	22.79	090
43620	.....	A	Removal of stomach	22.54	NA	NA	10.74	13.72	2.33	NA	NA	35.61	38.59	090
43621	.....	A	Removal of stomach	23.06	NA	NA	10.68	13.69	2.37	NA	NA	36.11	39.12	090
43622	.....	A	Removal of stomach	24.41	NA	NA	11.22	13.96	2.54	NA	NA	38.17	40.91	090
43631	.....	A	Removal of stomach, partial	19.66	NA	NA	8.87	11.18	2.04	NA	NA	30.57	32.88	090
43632	.....	A	Removal stomach, partial	19.66	NA	NA	8.88	11.18	2.02	NA	NA	30.56	32.86	090
43633	.....	A	Removal stomach, partial	20.10	NA	NA	9.14	11.31	2.07	NA	NA	31.31	33.48	090
43634	.....	A	Removal stomach, partial	21.86	NA	NA	10.08	16.35	2.28	NA	NA	34.22	40.49	090
43635	.....	A	Partial removal of stomach	2.06	NA	NA	0.78	0.98	0.21	NA	NA	3.05	3.25	ZZZ
43638	.....	A	Partial removal of stomach	21.76	NA	NA	9.86	11.85	2.27	NA	NA	33.89	35.88	090
43639	.....	A	Removal stomach, partial	22.25	NA	NA	10.14	11.99	2.35	NA	NA	34.74	36.59	090
43640	.....	A	Vagotomy & pylorus repair	14.81	NA	NA	7.08	9.15	1.53	NA	NA	23.42	25.49	090
43641	.....	A	Vagotomy & pylorus repair	15.03	NA	NA	7.11	9.17	1.57	NA	NA	23.71	25.77	090
43750	.....	A	Place gastrostomy tube	4.49	NA	NA	2.42	3.57	0.37	NA	NA	7.28	8.43	010
43760	.....	A	Change gastrostomy tube	1.10	1.19	0.97	0.36	0.56	0.08	2.37	2.15	1.54	1.74	000
43761	.....	A	Reposition gastrostomy tube	2.01	NA	NA	0.58	0.87	0.10	NA	NA	2.69	2.98	000
43800	.....	A	Reconstruction of pylorus	10.46	NA	NA	5.47	6.45	1.08	NA	NA	17.01	17.99	090
43810	.....	A	Fusion of stomach and bowel	11.19	NA	NA	5.76	7.03	1.11	NA	NA	18.06	19.33	090
43820	.....	A	Fusion of stomach and bowel	11.74	NA	NA	5.92	7.46	1.20	NA	NA	18.86	20.40	090
43825	.....	A	Fusion of stomach and bowel	14.68	NA	NA	7.02	9.52	1.50	NA	NA	23.20	25.70	090
43830	.....	A	Place gastrostomy tube	7.28	NA	NA	4.17	5.45	0.73	NA	NA	12.18	13.46	090
43831	.....	A	Place gastrostomy tube	7.33	NA	NA	4.24	4.94	0.78	NA	NA	12.35	13.05	090
43832	.....	A	Place gastrostomy tube	11.92	NA	NA	6.28	7.46	1.19	NA	NA	19.39	20.57	090
43840	.....	A	Repair of stomach lesion	11.89	NA	NA	5.96	7.24	1.23	NA	NA	19.08	20.36	090
43842	.....	A	Gastroplasty for obesity	14.71	NA	NA	9.78	12.34	1.55	NA	NA	26.04	28.60	090
43843	.....	A	Gastroplasty for obesity	14.85	NA	NA	9.07	11.98	1.55	NA	NA	25.47	28.38	090
43846	.....	A	Gastric bypass for obesity	19.15	NA	NA	11.39	13.73	1.96	NA	NA	32.50	34.84	090
43847	.....	A	Gastric bypass for obesity	21.44	NA	NA	14.28	15.17	2.13	NA	NA	37.85	38.74	090
43848	.....	A	Revision gastroplasty	23.41	NA	NA	13.77	14.92	2.44	NA	NA	39.62	40.77	090
43850	.....	A	Revise stomach-bowel fusion	19.69	NA	NA	8.77	10.70	1.99	NA	NA	30.45	32.38	090
43855	.....	A	Revise stomach-bowel fusion	20.83	NA	NA	9.70	10.52	2.02	NA	NA	32.55	33.37	090
43860	.....	A	Revise stomach-bowel fusion	19.91	NA	NA	9.00	10.72	2.04	NA	NA	30.95	32.67	090
43865	.....	A	Revise stomach-bowel fusion	21.12	NA	NA	9.44	11.99	2.20	NA	NA	32.76	35.31	090
43870	.....	A	Repair stomach opening	7.40	NA	NA	4.26	5.26	0.74	NA	NA	12.40	13.40	090
43880	.....	A	Repair stomach-bowel fistula	19.63	NA	NA	9.39	9.17	2.02	NA	NA	31.04	30.82	090
43999	.....	C	Stomach surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
44005	.....	A	Freeing of bowel adhesion	13.84	NA	NA	6.62	7.81	1.42	NA	NA	21.88	23.07	090
44010	.....	A	Incision of small bowel	10.68	NA	NA	5.84	6.67	1.10	NA	NA	17.62	18.45	090
44015	.....	A	Insert needle catheter,bowel	2.62	NA	NA	0.96	2.05	0.26	NA	NA	3.84	4.93	ZZZ
44020	.....	A	Exploration of small bowel	11.93	NA	NA	5.85	7.17	1.20	NA	NA	18.98	20.30	090
44021	.....	A	Decompress small bowel	12.01	NA	NA	6.33	6.97	1.23	NA	NA	19.57	20.21	090
44025	.....	A	Incision of large bowel	12.18	NA	NA	5.98	7.19	1.25	NA	NA	19.41	20.62	090
44050	.....	A	Reduce bowel obstruction	11.40	NA	NA	5.68	7.06	1.18	NA	NA	18.26	19.64	090
44055	.....	A	Correct malrotation of bowel	13.14	NA	NA	6.39	7.35	1.31	NA	NA	20.84	21.80	090
44100	.....	A	Biopsy of bowel	2.01	NA	NA	0.72	1.11	0.15	NA	NA	2.88	3.27	000
44110	.....	A	Excision of bowel lesion(s)	10.07	NA	NA	5.22	6.77	1.02	NA	NA	16.31	17.86	090
44111	.....	A	Excision of bowel lesion(s)	12.19	NA	NA	6.55	8.52	1.21	NA	NA	19.95	21.92	090
44120	.....	A	Removal of small intestine	14.50	NA	NA	6.88	8.58	1.49	NA	NA	22.87	24.57	090
44121	.....	A	Removal of small intestine	4.45	NA	NA	1.68	2.10	0.46	NA	NA	6.59	7.01	ZZZ
44125	.....	A	Removal of small intestine	14.96	NA	NA	6.99	9.33	1.54	NA	NA	23.49	25.83	090
44130	.....	A	Bowel to bowel fusion	12.36	NA	NA	6.07	7.74	1.27	NA	NA	19.70	21.37	090
44139	.....	A	Mobilization of colon	2.23	NA	NA	0.84	1.06	0.23	NA	NA	3.30	3.52	ZZZ
44140	.....	A	Partial removal of colon	18.35	NA	NA	8.84	10.59	1.89	NA	NA	29.08	30.83	090
44141	.....	A	Partial removal of colon	19.51	NA	NA	11.65	12.26	2.02	NA	NA	33.18	33.79	090
44143	.....	A	Partial removal of colon	20.17	NA	NA	11.91	12.61	2.08	NA	NA	34.16	34.86	090
44144	.....	A	Partial removal of colon	18.89	NA	NA	10.59	11.84	1.95	NA	NA	31.43	32.68	090

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT[1]/ HCPCS[2]	MOD	Status	Description	Physician work RVUs[3,5]	Fully implemented non-facility PE RVUs	Year 2000 transitional non-facility PE RVUs	Fully implemented facility PE RVUs	Year 2000 transitional facility PE RVUs	Malpractice RVUs	Fully implemented non-facility total	Year 2000 transitional non-facility total	Fully implemented facility total	Year 2000 transitional facility total	Global
44145		A	Partial removal of colon	23.18	NA	NA	10.93	12.66	2.40	NA	NA	36.51	38.24	090
44146		A	Partial removal of colon	24.16	NA	NA	13.82	15.04	2.50	NA	NA	40.48	41.70	090
44147		A	Partial removal of colon	18.17	NA	NA	9.35	13.00	1.91	NA	NA	29.43	33.08	090
44150		A	Removal of colon	21.01	NA	NA	12.81	14.46	2.19	NA	NA	36.01	37.66	090
44151		A	Removal of colon/ileostomy	20.04	NA	NA	12.63	11.86	2.06	NA	NA	34.73	33.96	090
44152		A	Removal of colon/ileostomy	24.41	NA	NA	15.07	15.92	2.42	NA	NA	41.90	42.75	090
44153		A	Removal of colon/ileostomy	26.83	NA	NA	15.21	18.11	2.81	NA	NA	44.85	47.75	090
44155		A	Removal of colon	24.44	NA	NA	13.74	15.91	2.53	NA	NA	40.71	42.88	090
44156		A	Removal of colon/ileostomy	23.01	NA	NA	14.13	13.25	2.46	NA	NA	39.60	38.72	090
44160		A	Removal of colon	15.88	NA	NA	7.75	10.63	1.65	NA	NA	25.28	28.16	090
44300		A	Open bowel to skin	8.88	NA	NA	5.51	6.03	0.91	NA	NA	15.30	15.82	090
44310		A	Ileostomy/jejunostomy	11.70	NA	NA	8.40	8.48	1.21	NA	NA	21.31	21.39	090
44312		A	Revision of ileostomy	5.88	NA	NA	4.26	3.80	0.55	NA	NA	10.69	10.23	090
44314		A	Revision of ileostomy	11.04	NA	NA	8.53	7.89	1.09	NA	NA	20.66	20.02	090
44316		A	Devise bowel pouch	15.47	NA	NA	12.09	11.28	1.55	NA	NA	29.11	28.30	090
44320		A	Colostomy	12.94	NA	NA	9.90	9.00	1.33	NA	NA	24.17	23.27	090
44322		A	Colostomy with biopsies	11.98	NA	NA	9.74	9.79	1.22	NA	NA	22.94	22.99	090
44340		A	Revision of colostomy	5.66	NA	NA	4.22	3.02	0.57	NA	NA	10.45	9.25	090
44345		A	Revision of colostomy	11.32	NA	NA	6.74	6.00	1.17	NA	NA	19.23	18.49	090
44346		A	Revision of colostomy	12.46	NA	NA	7.20	7.21	1.28	NA	NA	20.94	20.95	090
44360		A	Small bowel endoscopy	2.92	NA	NA	1.01	2.25	0.20	NA	NA	4.13	5.37	000
44361		A	Small bowel endoscopy,biopsy	3.23	NA	NA	1.11	2.48	0.21	NA	NA	4.55	5.92	000
44363		A	Small bowel endoscopy	3.94	NA	NA	1.33	2.29	0.25	NA	NA	5.52	6.48	000
44364		A	Small bowel endoscopy	4.22	NA	NA	1.48	3.26	0.29	NA	NA	5.99	7.77	000
44365		A	Small bowel endoscopy	3.73	NA	NA	1.30	2.88	0.26	NA	NA	5.29	6.87	000
44366		A	Small bowel endoscopy	4.97	NA	NA	1.70	3.82	0.32	NA	NA	6.99	9.11	000
44369		A	Small bowel endoscopy	5.09	NA	NA	1.76	3.92	0.35	NA	NA	7.20	9.36	000
44372		A	Small bowel endoscopy	4.97	NA	NA	1.74	3.84	0.36	NA	NA	7.07	9.17	000
44373		A	Small bowel endoscopy	3.94	NA	NA	1.34	3.02	0.27	NA	NA	5.55	7.23	000
44376		A	Small bowel endoscopy	5.69	NA	NA	1.97	3.19	0.39	NA	NA	8.05	9.27	000
44377		A	Small bowel endoscopy	5.98	NA	NA	2.06	3.34	0.40	NA	NA	8.44	9.72	000
44378		A	Small bowel endoscopy	7.71	NA	NA	2.68	4.20	0.53	NA	NA	10.92	12.44	000
44380		A	Small bowel endoscopy	1.51	NA	NA	0.53	1.17	0.11	NA	NA	2.15	2.79	000
44382		A	Small bowel endoscopy	1.82	NA	NA	0.63	1.40	0.13	NA	NA	2.58	3.35	000
44385		A	Endoscopy of bowel pouch	1.82	3.47	3.00	0.63	1.40	0.14	5.43	4.96	2.59	3.36	000
44386		A	Endoscopy,bowel pouch,biopsy	2.12	4.98	3.33	0.76	1.22	0.18	7.28	5.63	3.06	3.52	000
44388		A	Colon endoscopy	2.82	4.85	4.39	1.01	2.19	0.23	7.90	7.44	4.06	5.24	000
44389		A	Colonoscopy with biopsy	3.13	5.45	4.90	1.10	2.42	0.23	8.81	8.26	4.46	5.78	000
44390		A	Colonoscopy for foreign body	3.83	4.13	3.49	1.39	2.12	0.32	8.28	7.64	5.54	6.27	000
44391		A	Colonoscopy for bleeding	4.32	3.75	4.73	1.51	3.33	0.31	8.38	9.36	6.14	7.96	000
44392		A	Colonoscopy & polypectomy	3.82	5.65	5.63	1.35	2.96	0.30	9.77	9.75	5.47	7.08	000
44393		A	Colonoscopy, lesion removal	4.84	5.37	5.62	1.69	3.73	0.36	10.57	10.82	6.89	8.93	000
44394		A	Colonoscopy w/snare	4.43	5.98	5.79	1.57	3.43	0.35	10.76	10.57	6.35	8.21	000
44500		A	Intro, gastrointestinal tube	0.49	NA	NA	0.13	0.26	0.02	NA	NA	0.64	0.77	000
44602		A	Suture, small intestine	10.61	NA	NA	5.38	6.84	1.09	NA	NA	17.08	18.54	090
44603		A	Suture, small intestine	14.00	NA	NA	6.68	8.27	1.44	NA	NA	22.12	23.71	090
44604		A	Suture, large intestine	14.28	NA	NA	23.11	15.83	1.45	NA	NA	38.84	31.56	090
44605		A	Repair of bowel lesion	15.37	NA	NA	7.59	8.88	1.56	NA	NA	24.52	25.81	090
44615		A	Intestinal stricturoplasty	14.19	NA	NA	6.73	7.02	1.43	NA	NA	22.35	22.64	090
44620		A	Repair bowel opening	10.87	NA	NA	5.46	5.97	1.12	NA	NA	17.45	17.96	090
44625		A	Repair bowel opening	13.41	NA	NA	6.43	8.42	1.38	NA	NA	21.22	23.21	090
44626		A	Repair bowel opening	22.59	NA	NA	9.92	11.13	2.33	NA	NA	34.84	36.05	090
44640		A	Repair bowel-skin fistula	14.83	NA	NA	7.40	7.25	1.54	NA	NA	23.77	23.62	090
44650		A	Repair bowel fistula	15.25	NA	NA	7.57	7.76	1.57	NA	NA	24.39	24.58	090
44660		A	Repair bowel-bladder fistula	14.63	NA	NA	7.00	8.03	1.29	NA	NA	22.92	23.95	090
44661		A	Repair bowel-bladder fistula	16.99	NA	NA	7.97	11.55	1.62	NA	NA	26.58	30.16	090
44680		A	Surgical revision, intestine	13.72	NA	NA	6.87	8.71	1.44	NA	NA	22.03	23.87	090
44700		A	Suspend bowel w/prosthesis	14.35	NA	NA	7.20	9.77	1.32	NA	NA	22.87	25.44	090
44799		C	Intestine surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
44800		A	Excision of bowel pouch	11.23	NA	NA	5.64	5.67	1.14	NA	NA	18.01	18.04	090
44820		A	Excision of mesentery lesion	10.31	NA	NA	5.34	5.82	1.06	NA	NA	16.71	17.19	090
44850		A	Repair of mesentery	9.57	NA	NA	5.40	5.74	0.98	NA	NA	15.95	16.29	090
44899		C	Bowel surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
44900		A	Drain, app abscess, open	8.82	NA	NA	5.34	4.99	0.85	NA	NA	15.01	14.66	090
44901		A	Drain, app abscess, perc	3.38	NA	NA	3.33	3.06	0.33	NA	NA	7.04	6.77	000
44950		A	Appendectomy	8.70	NA	NA	4.79	5.05	0.89	NA	NA	14.38	14.64	090
44955		A	Appendectomy add-on	1.53	NA	NA	0.58	1.20	0.15	NA	NA	2.26	2.88	ZZZ
44960		A	Appendectomy	10.74	NA	NA	5.91	6.15	1.11	NA	NA	17.76	18.00	090
45000		A	Drainage of pelvic abscess	4.52	NA	NA	3.50	2.62	0.39	NA	NA	8.41	7.53	090
45005		A	Drainage of rectal abscess	1.99	4.01	2.71	1.43	1.42	0.19	6.19	4.89	3.61	3.60	010
45020		A	Drainage of rectal abscess	4.72	NA	NA	3.37	3.10	0.46	NA	NA	8.55	8.28	090
45100		A	Biopsy of rectum	3.68	4.31	3.18	1.99	2.02	0.37	8.36	7.23	6.04	6.07	090
45108		A	Removal of anorectal lesion	4.76	6.20	4.55	2.77	2.83	0.49	11.45	9.80	8.02	8.08	090
45110		A	Removal of rectum	23.80	NA	NA	12.38	15.05	2.42	NA	NA	38.60	41.27	090
45111		A	Partial removal of rectum	16.48	NA	NA	8.71	10.74	1.69	NA	NA	26.88	28.91	090
45112		A	Removal of rectum	25.96	NA	NA	12.14	14.79	2.63	NA	NA	40.73	43.38	090
45113		A	Partial proctectomy	25.99	NA	NA	11.54	14.49	2.59	NA	NA	40.12	43.07	090
45114		A	Partial removal of rectum	23.22	NA	NA	11.27	13.99	2.39	NA	NA	36.88	39.60	090
45116		A	Partial removal of rectum	20.89	NA	NA	9.91	10.80	2.09	NA	NA	32.89	33.78	090
45119		A	Remove, rectum w/reservoir	26.21	NA	NA	12.24	14.84	2.66	NA	NA	41.11	43.71	090
45120		A	Removal of rectum	24.60	NA	NA	11.85	14.82	2.44	NA	NA	38.89	41.86	090
45121		A	Removal of rectum and colon	27.04	NA	NA	12.77	12.24	2.75	NA	NA	42.56	42.03	090
45123		A	Partial proctectomy	14.20	NA	NA	7.15	9.96	1.47	NA	NA	22.82	25.63	090
45126		A	Pelvic exenteration	38.39	14.06	14.06	13.78	13.78	2.89	55.34	55.34	55.06	55.06	090

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[3] + Indicates RVUs are not used for Medicare payment.

[4] PE RVUs = Practice Expense Relative Value Units.

[5] # Indicates new CPT/HCPCS codes which were not factored into budget neutrality adjustments.

ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT[1]/ HCPCS[2]	MOD	Status	Description	Physician work RVUs[3,5]	Fully implemented non-facility PE RVUs	Year 2000 transitional non-facility PE RVUs	Fully implemented facility PE RVUs	Year 2000 transitional facility PE RVUs	Malpractice RVUs	Fully implemented non-facility total	Year 2000 transitional non-facility total	Fully implemented facility total	Year 2000 transitional facility total	Global
45130	.....	A	Excision of rectal prolapse	13.97	NA	NA	6.93	8.31	1.47	NA	NA	22.37	23.75	090
45135	.....	A	Excision of rectal prolapse	16.39	NA	NA	8.28	12.80	1.70	NA	NA	26.37	30.89	090
45150	.....	A	Excision of rectal stricture	5.67	5.06	4.37	3.02	3.35	0.59	11.32	10.63	9.28	9.61	090
45160	.....	A	Excision of rectal lesion	13.02	NA	NA	6.40	7.25	1.36	NA	NA	20.78	21.63	090
45170	.....	A	Excision of rectal lesion	9.77	NA	NA	5.15	5.08	1.02	NA	NA	15.94	15.87	090
45190	.....	A	Destruction, rectal tumor	8.28	NA	NA	4.68	5.10	0.86	NA	NA	13.82	14.24	090
45300	.....	A	Proctosigmoidoscopy	0.70	3.52	2.06	0.25	0.28	0.06	4.28	2.82	1.01	1.04	000
45303	.....	A	Proctosigmoidoscopy	0.80	4.55	2.62	0.29	0.32	0.07	5.42	3.49	1.16	1.19	000
45305	.....	A	Proctosigmoidoscopy; biopsy	1.01	3.47	2.19	0.37	0.42	0.10	4.58	3.30	1.48	1.53	000
45307	.....	A	Proctosigmoidoscopy	1.71	5.25	3.32	0.61	1.00	0.17	7.13	5.20	2.49	2.88	000
45308	.....	A	Proctosigmoidoscopy	1.51	2.70	1.97	0.56	0.59	0.15	4.36	3.63	2.22	2.25	000
45309	.....	A	Proctosigmoidoscopy	2.01	3.87	2.55	0.74	0.68	0.20	6.08	4.76	2.95	2.89	000
45315	.....	A	Proctosigmoidoscopy	2.54	4.71	3.00	0.93	1.11	0.24	7.49	5.78	3.71	3.89	000
45317	.....	A	Proctosigmoidoscopy	2.73	3.16	2.27	1.00	1.19	0.27	6.16	5.27	4.00	4.19	000
45320	.....	A	Proctosigmoidoscopy	2.88	3.45	2.74	1.05	1.54	0.28	6.61	5.90	4.21	4.70	000
45321	.....	A	Proctosigmoidoscopy	2.12	NA	NA	0.77	1.19	0.19	NA	NA	3.08	3.50	000
45330	.....	A	Sigmoidoscopy, diagnostic	0.96	4.53	2.93	0.33	0.46	0.07	5.56	3.96	1.36	1.49	000
45331	.....	A	Sigmoidoscopy and biopsy	1.26	4.61	3.18	0.43	0.97	0.09	5.96	4.53	1.78	2.32	000
45332	.....	A	Sigmoidoscopy	1.96	5.82	3.87	0.68	1.30	0.15	7.93	5.98	2.79	3.41	000
45333	.....	A	Sigmoidoscopy & polypectomy	1.96	4.88	3.66	0.69	1.52	0.15	6.99	5.77	2.80	3.63	000
45334	.....	A	Sigmoidoscopy for bleeding	2.99	NA	NA	1.04	1.99	0.21	NA	NA	4.24	5.19	000
45337	.....	A	Sigmoidoscopy, decompression	2.36	NA	NA	0.83	1.83	0.18	NA	NA	3.37	4.37	000
45338	.....	A	Sigmoidoscopy	2.57	5.47	3.95	0.91	1.67	0.19	8.23	6.71	3.67	4.43	000
45339	.....	A	Sigmoidoscopy	3.14	4.52	4.02	1.10	2.31	0.23	7.89	7.39	4.47	5.68	000
45355	.....	A	Surgical colonoscopy	3.52	NA	NA	1.25	1.26	0.29	NA	NA	5.06	5.07	000
45378	.....	A	Diagnostic colonoscopy	3.70	5.85	5.17	1.30	2.86	0.27	9.82	9.14	5.27	6.83	000
45378	53	A	Diagnostic colonoscopy	0.96	1.27	1.30	0.58	0.87	0.07	2.30	2.33	1.61	1.90	000
45379	.....	A	Colonoscopy	4.72	6.32	6.05	1.68	3.66	0.37	11.41	11.14	6.77	8.75	000
45380	.....	A	Colonoscopy and biopsy	4.01	5.95	5.58	1.39	3.09	0.28	10.24	9.87	5.68	7.38	000
45382	.....	A	Colonoscopy,control bleeding	5.73	6.99	6.68	1.98	4.18	0.39	13.11	12.80	8.10	10.30	000
45383	.....	A	Colonoscopy, lesion removal	5.87	7.09	6.76	2.05	4.24	0.43	13.39	13.06	8.35	10.54	000
45384	.....	A	Colonoscopy	4.70	6.50	6.06	1.64	3.63	0.34	11.54	11.10	6.68	8.67	000
45385	.....	A	Colonoscopy, lesion removal	5.31	6.65	6.94	1.85	4.10	0.38	12.34	12.63	7.54	9.79	000
45500	.....	A	Repair of rectum	7.29	NA	NA	3.98	5.22	0.76	NA	NA	12.03	13.27	090
45505	.....	A	Repair of rectum	6.02	NA	NA	3.11	4.97	0.64	NA	NA	9.77	11.63	090
45520	.....	A	Treatment of rectal prolapse	0.55	0.68	0.67	0.18	0.26	0.06	1.29	1.28	0.79	0.87	000
45540	.....	A	Correct rectal prolapse	12.92	NA	NA	6.88	8.81	1.32	NA	NA	21.12	23.05	090
45541	.....	A	Correct rectal prolapse	10.64	NA	NA	5.85	8.45	1.11	NA	NA	17.60	20.20	090
45550	.....	A	Repair rectum;remove sigmoid	18.26	NA	NA	8.82	10.65	1.91	NA	NA	28.99	30.82	090
45560	.....	A	Repair of rectocele	8.40	NA	NA	5.19	5.20	0.72	NA	NA	14.31	14.32	090
45562	.....	A	Exploration/repair of rectum	12.21	NA	NA	6.09	7.44	1.18	NA	NA	19.48	20.83	090
45563	.....	A	Exploration/repair of rectum	18.63	NA	NA	9.20	11.53	1.89	NA	NA	29.72	32.05	090
45800	.....	A	Repair rectumbladder fistula	14.11	NA	NA	6.59	8.63	1.16	NA	NA	21.86	23.90	090
45805	.....	A	Repair fistula; colostomy	16.50	NA	NA	8.37	10.87	1.56	NA	NA	26.43	28.93	090
45820	.....	A	Repair rectourethral fistula	14.67	NA	NA	6.80	8.28	1.36	NA	NA	22.83	24.31	090
45825	.....	A	Repair fistula; colostomy	16.87	NA	NA	8.55	9.63	1.57	NA	NA	26.99	28.07	090
45900	.....	A	Reduction of rectal prolapse	1.83	NA	NA	0.79	0.71	0.19	NA	NA	2.81	2.73	010
45905	.....	A	Dilation of anal sphincter	1.61	2.45	1.61	0.71	0.74	0.16	4.22	3.38	2.48	2.51	010
45910	.....	A	Dilation of rectal narrowing	1.96	3.07	2.01	0.83	0.89	0.17	5.20	4.14	2.96	3.02	010
45915	.....	A	Remove rectal obstruction	2.20	3.54	2.20	0.80	0.83	0.20	5.94	4.60	3.20	3.23	010
45999	.....	C	Rectum surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
46030	.....	A	Removal of rectal marker	1.23	2.11	1.27	1.08	0.76	0.13	3.47	2.63	2.44	2.12	010
46040	.....	A	Incision of rectal abscess	4.96	4.67	3.25	2.93	2.38	0.51	10.14	8.72	8.40	7.85	090
46045	.....	A	Incision of rectal abscess	4.32	NA	NA	2.62	2.32	0.45	NA	NA	7.39	7.09	090
46050	.....	A	Incision of anal abscess	1.19	2.90	1.78	1.21	0.77	0.12	4.21	3.09	2.52	2.08	010
46060	.....	A	Incision of rectal abscess	5.69	NA	NA	3.51	4.66	0.60	NA	NA	9.80	10.95	090
46070	.....	A	Incision of anal septum	2.71	NA	NA	2.47	1.98	0.28	NA	NA	5.46	4.97	090
46080	.....	A	Incision of anal sphincter	2.49	2.74	2.53	1.54	1.93	0.26	5.49	5.28	4.29	4.68	010
46083	.....	A	Incise external hemorrhoid	1.40	3.96	2.32	1.34	0.84	0.12	5.48	3.84	2.86	2.36	010
46200	.....	A	Removal of anal fissure	3.42	3.12	3.35	2.22	2.90	0.36	6.90	7.13	6.00	6.68	090
46210	.....	A	Removal of anal crypt	2.67	4.30	2.57	2.33	1.59	0.25	7.22	5.49	5.25	4.51	090
46211	.....	A	Removal of anal crypts	4.25	4.93	3.50	4.93	3.50	0.42	9.60	8.17	9.60	8.17	090
46220	.....	A	Removal of anal tab	1.56	1.21	0.95	0.59	0.64	0.16	2.93	2.67	2.31	2.36	010
46221	.....	A	Ligation of hemorrhoid(s)	1.43	2.49	1.61	0.53	0.45	0.15	4.07	3.19	2.11	2.03	010
46230	.....	A	Removal of anal tabs	2.57	3.70	2.30	1.57	1.01	0.26	6.53	5.13	4.40	3.84	010
46250	.....	A	Hemorrhoidectomy	4.53	4.75	3.92	3.00	3.04	0.46	9.74	8.91	7.99	8.03	090
46255	.....	A	Hemorrhoidectomy	5.36	5.09	5.11	3.06	4.09	0.55	11.00	11.02	8.97	10.00	090
46257	.....	A	Remove hemorrhoids & fissure	6.28	NA	NA	3.35	4.52	0.66	NA	NA	10.29	11.46	090
46258	.....	A	Remove hemorrhoids & fistula	6.67	NA	NA	3.48	4.93	0.69	NA	NA	10.84	12.29	090
46260	.....	A	Hemorrhoidectomy	7.42	NA	NA	4.24	5.42	0.78	NA	NA	12.44	13.62	090
46261	.....	A	Remove hemorrhoids & fissure	8.24	NA	NA	4.35	5.77	0.88	NA	NA	13.47	14.89	090
46262	.....	A	Remove hemorrhoids & fistula	8.73	NA	NA	4.62	5.96	0.91	NA	NA	14.26	15.60	090
46270	.....	A	Removal of anal fistula	3.72	4.31	3.17	2.62	2.33	0.38	8.41	7.27	6.72	6.43	090
46275	.....	A	Removal of anal fistula	4.56	4.05	4.75	2.66	4.06	0.48	9.09	9.79	7.70	9.10	090
46280	.....	A	Removal of anal fistula	5.98	NA	NA	3.55	5.08	0.64	NA	NA	10.17	11.70	090
46285	.....	A	Removal of anal fistula	4.09	3.57	3.02	2.59	2.53	0.43	8.09	7.54	7.11	7.05	090
46288	.....	A	Repair anal fistula	7.13	NA	NA	4.09	3.98	0.73	NA	NA	11.95	11.84	090
46320	.....	A	Removal of hemorrhoid clot	1.61	3.25	2.01	1.41	0.90	0.16	5.02	3.78	3.18	2.67	010
46500	.....	A	Injection into hemorrhoids	1.61	2.07	1.21	0.58	0.38	0.17	3.85	2.99	2.36	2.16	010
46600	.....	A	Diagnostic anoscopy	0.50	0.75	0.53	0.15	0.15	0.04	1.29	1.07	0.69	0.69	000
46604	.....	A	Anoscopy and dilation	1.31	0.91	0.66	0.48	0.35	0.13	2.35	2.10	1.92	1.79	000
46606	.....	A	Anoscopy and biopsy	0.81	0.83	0.61	0.30	0.25	0.08	1.72	1.50	1.19	1.14	000
46608	.....	A	Anoscopy;remove foreign body	1.51	1.71	1.44	0.47	0.82	0.14	3.36	3.09	2.12	2.47	000
46610	.....	A	Anoscopy; remove lesion	1.32	1.38	1.15	0.49	0.71	0.12	2.82	2.59	1.93	2.15	000

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT[1]/ HCPCS[2]	MOD	Status	Description	Physician work RVUs[3,5]	Fully implemented non-facility PE RVUs	Year 2000 transitional non-facility PE RVUs	Fully implemented facility PE RVUs	Year 2000 transitional facility PE RVUs	Malpractice RVUs	Fully implemented non-facility total	Year 2000 transitional non-facility total	Fully implemented facility total	Year 2000 transitional facility total	Global
46611	.....	A	Anoscopy	1.81	1.80	1.36	0.67	0.57	0.17	3.78	3.34	2.65	2.55	000
46612	.....	A	Anoscopy; remove lesions	2.34	1.93	1.72	0.85	1.18	0.21	4.48	4.27	3.40	3.73	000
46614	.....	A	Anoscopy; control bleeding	2.01	1.55	1.62	0.71	0.78	0.18	3.74	3.81	2.90	2.97	000
46615	.....	A	Anoscopy	2.68	1.80	1.74	1.00	0.92	0.23	4.71	4.65	3.91	3.83	000
46700	.....	A	Repair of anal stricture	7.25	NA	NA	3.89	5.28	0.78	NA	NA	11.92	13.31	090
46705	.....	A	Repair of anal stricture	7.17	NA	NA	4.83	4.37	0.77	NA	NA	12.77	12.31	090
46715	.....	A	Repair of anovaginal fistula	7.46	NA	NA	4.47	4.14	0.92	NA	NA	12.85	12.52	090
46716	.....	A	Repair of anovaginal fistula	12.15	NA	NA	6.26	6.42	1.27	NA	NA	19.68	19.84	090
46730	.....	A	Construction of absent anus	21.57	NA	NA	10.69	11.18	2.03	NA	NA	34.29	34.78	090
46735	.....	A	Construction of absent anus	25.94	NA	NA	13.24	13.70	2.72	NA	NA	41.90	42.36	090
46740	.....	A	Construction of absent anus	23.11	NA	NA	10.37	11.45	2.42	NA	NA	35.90	36.98	090
46742	.....	A	Repair, imperforated anus	29.67	NA	NA	14.66	18.05	3.14	NA	NA	47.47	50.86	090
46744	.....	A	Repair, cloacal anomaly	33.21	NA	NA	16.01	20.04	2.70	NA	NA	51.92	55.95	090
46746	.....	A	Repair, cloacal anomaly	36.74	NA	NA	16.97	21.65	3.41	NA	NA	57.12	61.80	090
46748	.....	A	Repair, cloacal anomaly	40.52	NA	NA	17.11	23.22	2.05	NA	NA	59.68	65.79	090
46750	.....	A	Repair of anal sphincter	8.14	NA	NA	4.60	5.56	0.79	NA	NA	13.53	14.49	090
46751	.....	A	Repair of anal sphincter	8.56	NA	NA	5.36	4.89	0.91	NA	NA	14.83	14.36	090
46753	.....	A	Reconstruction of anus	6.58	NA	NA	3.40	4.36	0.70	NA	NA	10.68	11.64	090
46754	.....	A	Removal of suture from anus	1.54	4.43	3.02	1.09	1.35	0.14	6.11	4.70	2.77	3.03	010
46760	.....	A	Repair of anal sphincter	11.46	NA	NA	5.90	6.64	1.13	NA	NA	18.49	19.23	090
46761	.....	A	Repair of anal sphincter	10.99	NA	NA	5.63	6.52	1.11	NA	NA	17.73	18.62	090
46762	.....	A	Implant artificial sphincter	10.09	NA	NA	4.73	5.47	0.99	NA	NA	15.81	16.55	090
46900	.....	A	Destruction, anal lesion(s)	1.91	2.81	1.62	0.78	0.50	0.17	4.89	3.70	2.86	2.58	010
46910	.....	A	Destruction, anal lesion(s)	1.86	2.83	1.76	1.34	0.85	0.16	4.85	3.78	3.36	2.87	010
46916	.....	A	Cryosurgery, anal lesion(s)	1.86	2.62	1.68	1.37	0.87	0.10	4.58	3.64	3.33	2.83	010
46917	.....	A	Laser surgery,anal lesion(s)	1.86	3.66	2.89	1.36	1.21	0.17	5.69	4.92	3.39	3.24	010
46922	.....	A	Excision of anal lesion(s)	1.86	3.25	2.32	1.37	1.38	0.18	5.29	4.36	3.41	3.42	010
46924	.....	A	Destruction, anal lesion(s)	2.76	4.05	3.42	1.63	2.21	0.24	7.05	6.42	4.63	5.21	010
46934	.....	A	Destruction of hemorrhoids	4.08	4.97	3.13	3.28	1.97	0.35	9.40	7.56	7.71	6.40	090
46935	.....	A	Destruction of hemorrhoids	2.43	3.32	2.54	0.89	0.89	0.23	5.98	5.20	3.55	3.55	010
46936	.....	A	Destruction of hemorrhoids	4.30	4.60	3.55	4.60	2.93	0.40	9.30	8.25	9.30	7.63	090
46937	.....	A	Cryotherapy of rectal lesion	2.69	3.20	2.88	1.55	2.05	0.13	6.02	5.70	4.37	4.87	010
46938	.....	A	Cryotherapy of rectal lesion	4.66	3.64	3.18	3.14	2.93	0.50	8.80	8.34	8.30	8.09	090
46940	.....	A	Treatment of anal fissure	2.32	2.49	1.52	0.84	0.56	0.24	5.05	4.08	3.40	3.12	010
46942	.....	A	Treatment of anal fissure	2.04	2.07	1.29	0.72	0.49	0.22	4.33	3.55	2.98	2.75	010
46945	.....	A	Ligation of hemorrhoids	2.14	3.40	2.04	1.93	1.14	0.21	5.75	4.39	4.28	3.49	090
46946	.....	A	Ligation of hemorrhoids	3.00	3.94	2.48	2.18	1.35	0.28	7.22	5.76	5.46	4.63	090
46999	.....	C	Anus surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
47000	.....	A	Needle biopsy of liver	1.90	8.19	4.86	0.56	1.04	0.10	10.19	6.86	2.56	3.04	000
47001	.....	A	Needle biopsy, liver add-on	1.90	NA	NA	0.71	1.12	0.19	NA	NA	2.80	3.21	ZZZ
47010	.....	A	Open drainage, liver lesion	10.28	NA	NA	6.98	7.16	0.58	NA	NA	17.84	18.02	090
47011	.....	A	Percut drain, liver lesion	3.70	NA	NA	5.03	4.04	0.21	NA	NA	8.94	7.95	000
47015	.....	A	Inject/aspirate liver cyst	9.70	NA	NA	5.97	6.65	0.89	NA	NA	16.56	17.24	090
47100	.....	A	Wedge biopsy of liver	7.49	NA	NA	4.87	4.22	0.77	NA	NA	13.13	12.48	090
47120	.....	A	Partial removal of liver	22.79	NA	NA	12.41	12.72	2.30	NA	NA	37.50	37.81	090
47122	.....	A	Extensive removal of liver	35.39	NA	NA	17.25	18.17	3.49	NA	NA	56.13	57.05	090
47125	.....	A	Partial removal of liver	31.58	NA	NA	15.92	17.42	3.17	NA	NA	50.67	52.17	090
47130	.....	A	Partial removal of liver	34.25	NA	NA	16.66	18.75	3.43	NA	NA	54.34	56.43	090
47133	.....	X	Removal of donor liver	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
47134	.....	R	Partial removal, donor liver	39.15	NA	NA	14.95	18.59	3.92	NA	NA	58.02	61.66	XXX
47135	.....	R	Transplantation of liver	81.52	NA	NA	43.54	51.33	8.00	NA	NA	133.06	140.85	090
47136	.....	R	Transplantation of liver	68.60	NA	NA	42.26	39.31	6.86	NA	NA	117.72	114.77	090
47300	.....	A	Surgery for liver lesion	9.68	NA	NA	5.87	7.10	0.97	NA	NA	16.52	17.75	090
47350	.....	A	Repair liver wound	12.56	NA	NA	6.88	7.49	1.27	NA	NA	20.71	21.32	090
47360	.....	A	Repair liver wound	17.28	NA	NA	9.30	10.58	1.77	NA	NA	28.35	29.63	090
47361	.....	A	Repair liver wound	30.25	NA	NA	14.12	15.01	3.05	NA	NA	47.42	48.31	090
47362	.....	A	Repair liver wound	11.88	NA	NA	12.76	9.22	1.17	NA	NA	25.81	22.27	090
47399	.....	C	Liver surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
47400	.....	A	Incision of liver duct	20.86	NA	NA	11.23	10.25	2.05	NA	NA	34.14	33.16	090
47420	.....	A	Incision of bile duct	16.72	NA	NA	8.36	9.33	1.73	NA	NA	26.81	27.78	090
47425	.....	A	Incision of bile duct	16.68	NA	NA	8.44	10.58	1.69	NA	NA	26.81	28.95	090
47460	.....	A	Incise bile duct sphincter	15.17	NA	NA	7.61	12.24	1.32	NA	NA	24.10	28.73	090
47480	.....	A	Incision of gallbladder	9.10	NA	NA	6.03	7.14	0.92	NA	NA	16.05	17.16	090
47490	.....	A	Incision of gallbladder	7.23	NA	NA	6.28	5.08	0.32	NA	NA	13.83	12.63	090
47500	.....	A	Injection for liver x-rays	1.96	NA	NA	0.53	1.09	0.08	NA	NA	2.57	3.13	000
47505	.....	A	Injection for liver x-rays	0.76	14.90	7.98	0.21	0.56	0.03	15.69	8.77	1.00	1.35	000
47510	.....	A	Insert catheter, bile duct	7.83	NA	NA	29.38	16.25	0.36	NA	NA	37.57	24.44	090
47511	.....	A	Insert bile duct drain	10.50	NA	NA	30.68	16.90	0.45	NA	NA	41.63	27.85	090
47525	.....	A	Change bile duct catheter	5.55	NA	NA	2.68	2.21	0.23	NA	NA	8.46	7.99	010
47530	.....	A	Revise, reinsert bile tube	5.85	NA	NA	4.14	2.89	0.30	NA	NA	10.29	9.04	090
47550	.....	A	Bile duct endoscopy add-on	3.02	NA	NA	1.12	1.41	0.31	NA	NA	4.45	4.74	ZZZ
47552	.....	A	Biliary endoscopy, thru skin	6.04	NA	NA	2.08	1.78	0.51	NA	NA	8.63	8.33	000
47553	.....	A	Biliary endoscopy, thru skin	6.35	NA	NA	1.76	2.94	0.30	NA	NA	8.41	9.59	000
47554	.....	A	Biliary endoscopy, thru skin	9.06	NA	NA	3.15	3.71	0.78	NA	NA	12.99	13.55	000
47555	.....	A	Biliary endoscopy, thru skin	7.56	NA	NA	2.06	2.46	0.33	NA	NA	9.95	10.35	000
47556	.....	A	Biliary endoscopy, thru skin	8.56	NA	NA	2.32	2.59	0.37	NA	NA	11.25	11.52	000
47600	.....	A	Removal of gallbladder	11.42	NA	NA	6.11	7.14	1.18	NA	NA	18.71	19.74	090
47605	.....	A	Removal of gallbladder	12.36	NA	NA	6.45	7.64	1.28	NA	NA	20.09	21.28	090
47610	.....	A	Removal of gallbladder	15.83	NA	NA	7.86	9.02	1.63	NA	NA	25.32	26.48	090
47612	.....	A	Removal of gallbladder	15.80	NA	NA	7.73	11.59	1.63	NA	NA	25.16	29.02	090
47620	.....	A	Removal of gallbladder	17.36	NA	NA	8.28	10.24	1.80	NA	NA	27.44	29.40	090
47630	.....	A	Remove bile duct stone	9.11	NA	NA	2.67	3.37	0.50	NA	NA	12.28	12.98	090
47700	.....	A	Exploration of bile ducts	14.93	NA	NA	8.15	8.22	1.42	NA	NA	24.50	24.57	090
47701	.....	A	Bile duct revision	27.81	NA	NA	107.69	58.30	3.05	NA	NA	138.55	89.16	090

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[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.
[4] PE RVUs = Practice Expense Relative Value Units.
[5] # Indicates new CPT/HCPCS codes which were not factored into budget neutrality adjustments.

ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT[1]/ HCPCS[2]	MOD	Status	Description	Physician work RVUs[3,5]	Fully implemented non-facility PE RVUs	Year 2000 transitional non-facility PE RVUs	Fully implemented facility PE RVUs	Year 2000 transitional facility PE RVUs	Malpractice RVUs	Fully implemented non-facility total	Year 2000 transitional non-facility total	Fully implemented facility total	Year 2000 transitional facility total	Global
47711	.....	A	Excision of bile duct tumor	19.37	NA	NA	10.05	11.57	1.93	NA	NA	31.35	32.87	090
47712	.....	A	Excision of bile duct tumor	25.44	NA	NA	13.00	13.05	2.82	NA	NA	41.26	41.31	090
47715	.....	A	Excision of bile duct cyst	15.81	NA	NA	8.15	8.54	1.63	NA	NA	25.59	25.98	090
47716	.....	A	Fusion of bile duct cyst	13.83	NA	NA	7.32	7.22	1.37	NA	NA	22.52	22.42	090
47720	.....	A	Fuse gallbladder & bowel	13.38	NA	NA	7.68	8.81	1.38	NA	NA	22.44	23.57	090
47721	.....	A	Fuse upper gi structures	16.08	NA	NA	8.66	10.53	1.64	NA	NA	26.38	28.25	090
47740	.....	A	Fuse gallbladder & bowel	15.54	NA	NA	8.56	9.82	1.63	NA	NA	25.73	26.99	090
47741	.....	A	Fuse gallbladder & bowel	17.95	NA	NA	9.55	12.56	1.85	NA	NA	29.35	32.36	090
47760	.....	A	Fuse bile ducts and bowel	21.74	NA	NA	10.93	11.77	2.24	NA	NA	34.91	35.75	090
47765	.....	A	Fuse liver ducts & bowel	20.93	NA	NA	11.31	13.59	2.10	NA	NA	34.34	36.62	090
47780	.....	A	Fuse bile ducts and bowel	22.29	NA	NA	11.12	12.65	2.29	NA	NA	35.70	37.23	090
47785	.....	A	Fuse bile ducts and bowel	26.23	NA	NA	13.49	13.84	2.73	NA	NA	42.45	42.80	090
47800	.....	A	Reconstruction of bile ducts	19.60	NA	NA	9.92	12.14	1.97	NA	NA	31.49	33.71	090
47801	.....	A	Placement, bile duct support	12.76	NA	NA	7.95	6.95	0.78	NA	NA	21.49	20.49	090
47802	.....	A	Fuse liver duct & intestine	18.13	NA	NA	10.71	10.93	1.95	NA	NA	30.79	31.01	090
47900	.....	A	Suture bile duct injury	16.74	NA	NA	8.81	11.58	1.77	NA	NA	27.32	30.09	090
47999	.....	C	Bile tract surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
48000	.....	A	Drainage of abdomen	14.91	NA	NA	7.87	7.76	1.38	NA	NA	24.16	24.05	090
48001	.....	A	Placement of drain, pancreas	18.83	NA	NA	9.27	9.05	1.91	NA	NA	30.01	29.79	090
48005	.....	A	Resect/debride pancreas	22.40	NA	NA	10.50	10.24	2.26	NA	NA	35.16	34.90	090
48020	.....	A	Removal of pancreatic stone	14.22	NA	NA	6.84	7.10	1.07	NA	NA	22.13	22.39	090
48100	.....	A	Biopsy of pancreas	11.08	NA	NA	6.39	5.48	1.12	NA	NA	18.59	17.68	090
48102	.....	A	Needle biopsy, pancreas	4.68	8.07	5.35	1.99	2.31	0.21	12.96	10.24	6.88	7.20	010
48120	.....	A	Removal of pancreas lesion	14.36	NA	NA	7.01	8.78	1.47	NA	NA	22.84	24.61	090
48140	.....	A	Partial removal of pancreas	20.78	NA	NA	10.01	12.22	2.13	NA	NA	32.92	35.13	090
48145	.....	A	Partial removal of pancreas	21.76	NA	NA	10.62	13.84	2.20	NA	NA	34.58	37.80	090
48146	.....	A	Pancreatectomy	23.91	NA	NA	12.71	15.31	2.54	NA	NA	39.16	41.76	090
48148	.....	A	Removal of pancreatic duct	15.71	NA	NA	8.30	8.62	1.60	NA	NA	25.61	25.93	090
48150	.....	A	Partial removal of pancreas	43.48	NA	NA	20.84	22.65	4.44	NA	NA	68.76	70.57	090
48152	.....	A	Pancreatectomy	39.63	NA	NA	21.07	22.77	4.25	NA	NA	64.95	66.65	090
48153	.....	A	Pancreatectomy	43.38	NA	NA	20.69	22.58	4.45	NA	NA	68.52	70.41	090
48154	.....	A	Pancreatectomy	39.95	NA	NA	19.21	21.84	4.08	NA	NA	63.24	65.87	090
48155	.....	A	Removal of pancreas	22.32	NA	NA	13.26	17.70	2.30	NA	NA	37.88	42.32	090
48160	.....	N	Pancreas removal, transplant	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
48180	.....	A	Fuse pancreas and bowel	22.39	NA	NA	10.62	12.15	2.31	NA	NA	35.32	36.85	090
48400	.....	A	Injection, intraop add-on	1.95	NA	NA	0.56	0.84	0.10	NA	NA	2.61	2.89	ZZZ
48500	.....	A	Surgery of pancreas cyst	13.84	NA	NA	6.96	8.11	1.28	NA	NA	22.08	23.23	090
48510	.....	A	Drain pancreatic pseudocyst	12.96	NA	NA	6.66	7.42	0.96	NA	NA	20.58	21.34	090
48511	.....	A	Drain pancreatic pseudocyst	4.00	NA	NA	3.74	3.52	0.30	NA	NA	8.04	7.82	000
48520	.....	A	Fuse pancreas cyst and bowel	14.12	NA	NA	7.02	9.64	1.45	NA	NA	22.59	25.21	090
48540	.....	A	Fuse pancreas cyst and bowel	17.86	NA	NA	8.43	11.09	1.87	NA	NA	28.16	30.82	090
48545	.....	A	Pancreatorrhaphy	16.47	NA	NA	8.97	8.64	1.83	NA	NA	27.27	26.94	090
48547	.....	A	Duodenal exclusion	23.40	NA	NA	10.53	11.28	2.48	NA	NA	36.41	37.16	090
48550	.....	X	Donor pancreatectomy	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
48554	.....	R	Transplantallograft pancreas	34.17	NA	NA	13.05	16.22	3.27	NA	NA	50.49	53.66	XXX
48556	.....	A	Removal, allograft pancreas	15.71	NA	NA	8.51	8.20	1.50	NA	NA	25.72	25.41	090
48999	.....	C	Pancreas surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
49000	.....	A	Exploration of abdomen	11.68	NA	NA	6.26	6.82	1.18	NA	NA	19.12	19.68	090
49002	.....	A	Reopening of abdomen	10.49	NA	NA	6.04	6.31	1.07	NA	NA	17.60	17.87	090
49010	.....	A	Exploration behind abdomen	12.28	NA	NA	7.03	7.29	1.28	NA	NA	20.59	20.85	090
49020	.....	A	Drain abdominal abscess	16.79	NA	NA	8.79	7.01	1.17	NA	NA	26.75	24.97	090
49021	.....	A	Drain abdominal abscess	3.38	NA	NA	4.68	4.36	0.22	NA	NA	8.28	7.96	000
49040	.....	A	Open drainage abdom abscess	9.94	NA	NA	6.68	6.89	0.70	NA	NA	17.32	17.53	090
49041	.....	A	Percut drain abdom abscess	4.00	NA	NA	4.77	4.03	0.28	NA	NA	9.05	8.31	000
49060	.....	A	Open drain retroper abscess	11.66	NA	NA	7.29	6.65	0.69	NA	NA	19.64	19.00	090
49061	.....	A	Percutdrain retroper abscess	3.70	NA	NA	4.90	3.97	0.22	NA	NA	8.82	7.89	000
49062	.....	A	Drain to peritoneal cavity	11.36	NA	NA	6.89	7.83	1.12	NA	NA	19.37	20.31	090
49080	.....	A	Puncture, peritoneal cavity	1.35	3.17	2.06	0.43	0.69	0.08	4.60	3.49	1.86	2.12	000
49081	.....	A	Removal of abdominal fluid	1.26	3.36	2.09	0.41	0.61	0.08	4.70	3.43	1.75	1.95	000
49085	.....	A	Remove abdomen foreign body	8.93	NA	NA	5.32	4.54	0.93	NA	NA	15.18	14.40	090
49180	.....	A	Biopsy, abdominal mass	1.73	6.81	4.40	0.47	1.23	0.08	8.62	6.21	2.28	3.04	000
49200	.....	A	Removal of abdominal lesion	10.25	NA	NA	5.98	7.54	0.96	NA	NA	17.19	18.75	090
49201	.....	A	Removal of abdominal lesion	14.84	NA	NA	8.22	10.68	1.34	NA	NA	24.40	26.86	090
49215	.....	A	Excise sacral spine tumor	22.36	NA	NA	10.50	9.86	2.25	NA	NA	35.11	34.47	090
49220	.....	A	Multiple surgery, abdomen	14.88	NA	NA	7.61	10.48	1.52	NA	NA	24.01	26.88	090
49250	.....	A	Excision of umbilicus	8.35	NA	NA	4.92	4.92	0.83	NA	NA	14.10	14.10	090
49255	.....	A	Removal of omentum	11.14	NA	NA	6.59	6.10	1.08	NA	NA	18.81	18.32	090
49400	.....	A	Air injection into abdomen	1.88	NA	NA	0.57	0.90	0.12	NA	NA	2.57	2.90	000
49420	.....	A	Insert abdominal drain	2.22	NA	NA	0.91	1.31	0.17	NA	NA	3.30	3.70	000
49421	.....	A	Insert abdominal drain	5.54	NA	NA	3.98	4.24	0.58	NA	NA	10.10	10.36	090
49422	.....	A	Remove perm cannula/catheter	6.25	NA	NA	3.03	3.76	0.66	NA	NA	9.94	10.67	010
49423	.....	A	Exchange drainage cath	1.46	NA	NA	0.56	0.88	0.15	NA	NA	2.17	2.49	000
49424	.....	A	Assess cyst, contrast inj	0.76	NA	NA	0.29	0.46	0.05	NA	NA	1.10	1.27	000
49425	.....	A	Insert abdomen-venous drain	11.37	NA	NA	6.85	8.03	1.25	NA	NA	19.47	20.65	090
49426	.....	A	Revise abdomen-venous shunt	9.63	NA	NA	5.93	5.89	1.04	NA	NA	16.60	16.56	090
49427	.....	A	Injection, abdominal shunt	0.89	NA	NA	0.25	0.39	0.04	NA	NA	1.18	1.32	000
49428	.....	A	Ligation of shunt	2.38	NA	NA	1.70	1.42	0.31	NA	NA	4.39	4.11	010
49429	.....	A	Removal of shunt	7.40	NA	NA	3.58	3.59	0.82	NA	NA	11.80	11.81	010
49495	.....	A	Repair inguinal hernia, init	5.89	NA	NA	3.45	4.43	0.59	NA	NA	9.93	10.91	090
49496	.....	A	Repair inguinal hernia, init	8.79	NA	NA	5.64	5.56	0.90	NA	NA	15.33	15.25	090
49500	.....	A	Repair inguinal hernia	4.68	NA	NA	2.95	4.18	0.45	NA	NA	8.08	9.31	090
49501	.....	A	Repair inguinal hernia, init	7.58	NA	NA	3.94	4.71	0.80	NA	NA	12.32	13.09	090
49505	.....	A	Repair inguinal hernia	6.49	3.97	4.43	3.91	4.40	0.67	11.13	11.59	11.07	11.56	090
49507	.....	A	Repair, inguinal hernia	8.17	NA	NA	5.38	5.43	0.84	NA	NA	14.39	14.44	090

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[4] PE RVUs = Practice Expense Relative Value Units.

[5] # Indicates new CPT/HCPCS codes which were not factored into budget neutrality adjustments.

ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT[1]/ HCPCS[2]	MOD	Status	Description	Physician work RVUs[3,5]	Fully implemented non-facility PE RVUs	Year 2000 transitional non-facility PE RVUs	Fully implemented facility PE RVUs	Year 2000 transitional facility PE RVUs	Malpractice RVUs	Fully implemented non-facility total	Year 2000 transitional non-facility total	Fully implemented facility total	Year 2000 transitional facility total	Global
49520	.....	A	Rerepair inguinal hernia	8.22	NA	NA	4.82	5.25	0.85	NA	NA	13.89	14.32	090
49521	.....	A	Repair inguinal hernia, rec	10.22	NA	NA	5.17	5.32	1.06	NA	NA	16.45	16.60	090
49525	.....	A	Repair inguinal hernia	7.32	NA	NA	4.37	5.20	0.75	NA	NA	12.44	13.27	090
49540	.....	A	Repair lumbar hernia	8.87	NA	NA	4.99	5.32	0.93	NA	NA	14.79	15.12	090
49550	.....	A	Repair femoral hernia	7.37	NA	NA	3.99	4.50	0.76	NA	NA	12.12	12.63	090
49553	.....	A	Repair femoral hernia, init	8.06	NA	NA	4.38	4.69	0.84	NA	NA	13.28	13.59	090
49555	.....	A	Repair femoral hernia	7.71	NA	NA	4.60	5.60	0.80	NA	NA	13.11	14.11	090
49557	.....	A	Repair femoral hernia, recur	9.52	NA	NA	4.87	5.73	0.99	NA	NA	15.38	16.24	090
49560	.....	A	Repair abdominal hernia	9.88	NA	NA	5.40	5.77	1.03	NA	NA	16.31	16.68	090
49561	.....	A	Repair incisional hernia	12.17	NA	NA	5.98	6.06	1.26	NA	NA	19.41	19.49	090
49565	.....	A	Rerepair abdominal hernia	9.88	NA	NA	5.50	6.23	1.02	NA	NA	16.40	17.13	090
49566	.....	A	Repair incisional hernia	12.30	NA	NA	6.00	6.48	1.27	NA	NA	19.57	20.05	090
49568	.....	A	Hernia repair w/mesh	4.89	NA	NA	1.85	2.32	0.51	NA	NA	7.25	7.72	ZZZ
49570	.....	A	Repair epigastric hernia	4.86	NA	NA	3.15	3.95	0.51	NA	NA	8.52	9.32	090
49572	.....	A	Repair, epigastric hernia	5.75	NA	NA	3.54	4.81	0.59	NA	NA	9.88	11.15	090
49580	.....	A	Repair umbilical hernia	3.51	NA	NA	2.74	3.47	0.35	NA	NA	6.60	7.33	090
49582	.....	A	Repair umbilical hernia	5.68	NA	NA	4.24	4.62	0.60	NA	NA	10.52	10.90	090
49585	.....	A	Repair umbilical hernia	5.32	NA	NA	4.79	4.79	0.55	NA	NA	10.66	10.66	090
49587	.....	A	Repair umbilical hernia	6.46	NA	NA	3.89	4.34	0.66	NA	NA	11.01	11.46	090
49590	.....	A	Repair abdominal hernia	7.29	NA	NA	4.38	5.25	0.75	NA	NA	12.42	13.29	090
49600	.....	A	Repair umbilical lesion	10.35	NA	NA	5.41	5.56	1.00	NA	NA	16.76	16.91	090
49605	.....	A	Repair umbilical lesion	22.66	NA	NA	11.02	10.16	2.31	NA	NA	35.99	35.13	090
49606	.....	A	Repair umbilical lesion	18.60	NA	NA	9.91	9.47	2.01	NA	NA	30.52	30.08	090
49610	.....	A	Repair umbilical lesion	10.50	NA	NA	6.27	6.11	0.90	NA	NA	17.67	17.51	090
49611	.....	A	Repair umbilical lesion	8.92	NA	NA	6.92	8.35	0.73	NA	NA	16.57	18.00	090
49900	.....	A	Repair of abdominal wall	12.28	NA	NA	6.74	5.36	1.25	NA	NA	20.27	18.89	090
49905	.....	A	Omental flap	6.55	NA	NA	2.57	3.14	0.67	NA	NA	9.79	10.36	ZZZ
49906	.....	C	Free omental flap, microvasc	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	090
49999	.....	C	Abdomen surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
50010	.....	A	Exploration of kidney	10.98	NA	NA	6.45	8.41	0.80	NA	NA	18.23	20.19	090
50020	.....	A	Open drain renal abscess	14.66	NA	NA	11.66	9.52	0.72	NA	NA	27.04	24.90	090
50021	.....	A	Percut drain renal abscess	3.38	NA	NA	8.43	5.61	0.17	NA	NA	11.98	9.16	000
50040	.....	A	Drainage of kidney	14.94	NA	NA	10.25	9.02	0.87	NA	NA	26.06	24.83	090
50045	.....	A	Exploration of kidney	15.46	NA	NA	7.92	9.29	1.18	NA	NA	24.56	25.93	090
50060	.....	A	Removal of kidney stone	19.30	NA	NA	9.16	11.23	1.20	NA	NA	29.66	31.73	090
50065	.....	A	Incision of kidney	20.79	NA	NA	10.17	12.65	1.27	NA	NA	32.23	34.71	090
50070	.....	A	Incision of kidney	20.32	NA	NA	9.68	11.83	1.51	NA	NA	31.51	33.66	090
50075	.....	A	Removal of kidney stone	25.34	NA	NA	11.49	14.90	1.58	NA	NA	38.41	41.82	090
50080	.....	A	Removal of kidney stone	14.71	NA	NA	9.62	11.43	0.86	NA	NA	25.19	27.00	090
50081	.....	A	Removal of kidney stone	21.80	NA	NA	11.90	14.07	1.30	NA	NA	35.00	37.17	090
50100	.....	A	Revise kidney blood vessels	16.09	NA	NA	11.26	11.24	1.76	NA	NA	29.11	29.09	090
50120	.....	A	Exploration of kidney	15.91	NA	NA	7.97	9.91	0.99	NA	NA	24.87	26.81	090
50125	.....	A	Explore and drain kidney	16.52	NA	NA	8.33	10.11	1.30	NA	NA	26.15	27.93	090
50130	.....	A	Removal of kidney stone	17.29	NA	NA	8.47	11.18	1.11	NA	NA	26.87	29.58	090
50135	.....	A	Exploration of kidney	19.18	NA	NA	9.28	13.89	1.24	NA	NA	29.70	34.31	090
50200	.....	A	Biopsy of kidney	2.63	NA	NA	0.79	1.81	0.15	NA	NA	3.57	4.59	000
50205	.....	A	Biopsy of kidney	11.31	NA	NA	6.24	6.18	0.91	NA	NA	18.46	18.40	090
50220	.....	A	Removal of kidney	17.15	NA	NA	8.69	11.57	1.24	NA	NA	27.08	29.96	090
50225	.....	A	Removal of kidney	20.23	NA	NA	9.56	13.75	1.32	NA	NA	31.11	35.30	090
50230	.....	A	Removal of kidney	22.07	NA	NA	10.18	15.08	1.45	NA	NA	33.70	38.60	090
50234	.....	A	Removal of kidney & ureter	22.40	NA	NA	10.30	14.19	1.46	NA	NA	34.16	38.05	090
50236	.....	A	Removal of kidney & ureter	24.86	NA	NA	12.97	16.11	1.59	NA	NA	39.42	42.56	090
50240	.....	A	Partial removal of kidney	22.00	NA	NA	12.27	14.82	1.44	NA	NA	35.71	38.26	090
50280	.....	A	Removal of kidney lesion	15.67	NA	NA	8.04	9.92	1.06	NA	NA	24.77	26.65	090
50290	.....	A	Removal of kidney lesion	14.73	NA	NA	7.68	8.66	1.21	NA	NA	23.62	24.60	090
50300	.....	X	Removal of donor kidney	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
50320	.....	A	Removal of donor kidney	22.21	NA	NA	11.66	14.78	1.80	NA	NA	35.67	38.79	090
50340	.....	A	Removal of kidney	12.15	NA	NA	9.58	11.57	1.07	NA	NA	22.80	24.79	090
50360	.....	A	Transplantation of kidney	31.53	NA	NA	17.26	21.90	2.99	NA	NA	51.78	56.42	090
50365	.....	A	Transplantation of kidney	36.81	NA	NA	21.31	27.32	3.16	NA	NA	61.28	67.29	090
50370	.....	A	Remove transplanted kidney	13.72	NA	NA	9.15	10.59	1.27	NA	NA	24.14	25.58	090
50380	.....	A	Reimplantation of kidney	20.76	NA	NA	13.28	12.13	1.70	NA	NA	35.74	34.59	090
50390	.....	A	Drainage of kidney lesion	1.96	NA	NA	0.54	1.19	0.09	NA	NA	2.59	3.24	000
50392	.....	A	Insert kidney drain	3.38	NA	NA	0.92	1.74	0.15	NA	NA	4.45	5.27	000
50393	.....	A	Insert ureteral tube	4.16	NA	NA	1.14	2.21	0.18	NA	NA	5.48	6.55	000
50394	.....	A	Injection for kidney x-ray	0.76	15.00	7.80	0.21	0.41	0.03	15.79	8.59	1.00	1.20	000
50395	.....	A	Create passage to kidney	3.38	NA	NA	0.93	2.27	0.15	NA	NA	4.46	5.80	000
50396	.....	A	Measure kidney pressure	2.09	NA	NA	0.58	0.56	0.09	NA	NA	2.76	2.74	000
50398	.....	A	Change kidney tube	1.46	0.89	0.74	0.40	0.49	0.07	2.42	2.27	1.93	2.02	000
50400	.....	A	Revision of kidney/ureter	19.50	NA	NA	9.19	12.01	1.24	NA	NA	29.93	32.75	090
50405	.....	A	Revision of kidney/ureter	23.93	NA	NA	12.34	15.55	1.56	NA	NA	37.83	41.04	090
50500	.....	A	Repair of kidney wound	19.57	NA	NA	10.70	12.11	1.61	NA	NA	31.88	33.29	090
50520	.....	A	Close kidney-skin fistula	17.23	NA	NA	9.78	10.50	1.14	NA	NA	28.15	28.87	090
50525	.....	A	Repair renal-abdomen fistula	22.27	NA	NA	12.11	12.90	2.10	NA	NA	36.48	37.27	090
50526	.....	A	Repair renal-abdomen fistula	24.02	NA	NA	12.97	10.50	2.52	NA	NA	39.51	37.04	090
50540	.....	A	Revision of horseshoe kidney	19.93	NA	NA	9.54	12.05	1.44	NA	NA	30.91	33.42	090
50551	.....	A	Kidney endoscopy	5.60	4.33	3.36	1.89	2.14	0.34	10.27	9.30	7.83	8.08	000
50553	.....	A	Kidney endoscopy	5.99	16.37	9.09	2.00	1.90	0.36	22.72	15.44	8.35	8.25	000
50555	.....	A	Kidney endoscopy & biopsy	6.53	68.91	37.01	2.09	3.60	0.36	75.80	43.90	8.98	10.49	000
50557	.....	A	Kidney endoscopy & treatment	6.62	10.79	7.95	2.23	3.67	0.39	17.80	14.96	9.24	10.68	000
50559	.....	A	Renal endoscopy; radiotracer	6.78	NA	NA	2.05	1.75	0.32	NA	NA	9.15	8.85	000
50561	.....	A	Kidney endoscopy & treatment	7.59	14.22	9.89	2.50	4.03	0.44	22.25	17.92	10.53	12.06	000
50570	.....	A	Kidney endoscopy	9.54	NA	NA	3.22	2.40	0.57	NA	NA	13.33	12.51	000
50572	.....	A	Kidney endoscopy	10.35	NA	NA	3.37	5.62	0.59	NA	NA	14.31	16.56	000

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT[1]/ HCPCS[2]	MOD	Status	Description	Physician work RVUs[3,5]	Fully implemented non-facility PE RVUs	Year 2000 transitional non-facility PE RVUs	Fully implemented facility PE RVUs	Year 2000 transitional facility PE RVUs	Malpractice RVUs	Fully implemented non-facility total	Year 2000 transitional non-facility total	Fully implemented facility total	Year 2000 transitional facility total	Global
50574	.....	A	Kidney endoscopy & biopsy	11.02	NA	NA	3.70	5.69	0.65	NA	NA	15.37	17.36	000
50575	.....	A	Kidney endoscopy	13.98	NA	NA	4.72	7.75	0.84	NA	NA	19.54	22.57	000
50576	.....	A	Kidney endoscopy & treatment	10.99	NA	NA	3.74	6.59	0.68	NA	NA	15.41	18.26	000
50578	.....	A	Renal endoscopy; radiotracer	11.35	NA	NA	3.75	3.93	0.60	NA	NA	15.70	15.88	000
50580	.....	A	Kidney endoscopy & treatment	11.86	NA	NA	3.97	3.93	0.71	NA	NA	16.54	16.50	000
50590	.....	A	Fragmenting of kidney stone	9.09	5.64	8.25	4.68	7.77	0.54	15.27	17.88	14.31	17.40	090
50600	.....	A	Exploration of ureter	15.84	NA	NA	8.04	9.28	1.05	NA	NA	24.93	26.17	090
50605	.....	A	Insert ureteral support	15.46	NA	NA	8.07	7.35	1.16	NA	NA	24.69	23.97	090
50610	.....	A	Removal of ureter stone	15.92	NA	NA	8.18	10.48	1.05	NA	NA	25.15	27.45	090
50620	.....	A	Removal of ureter stone	15.16	NA	NA	7.67	10.07	0.95	NA	NA	23.78	26.18	090
50630	.....	A	Removal of ureter stone	14.94	NA	NA	7.70	10.75	0.96	NA	NA	23.60	26.65	090
50650	.....	A	Removal of ureter	17.41	NA	NA	8.88	10.99	1.12	NA	NA	27.41	29.52	090
50660	.....	A	Removal of ureter	19.55	NA	NA	9.50	11.53	1.27	NA	NA	30.32	32.35	090
50684	.....	A	Injection for ureter x-ray	0.76	15.39	7.96	0.24	0.39	0.04	16.19	8.76	1.04	1.19	000
50686	.....	A	Measure ureter pressure	1.51	4.33	2.37	0.45	0.43	0.09	5.93	3.97	2.05	2.03	000
50688	.....	A	Change of ureter tube	1.17	NA	NA	1.43	0.93	0.06	NA	NA	2.66	2.16	010
50690	.....	A	Injection for ureter x-ray	1.16	15.99	8.17	0.34	0.35	0.06	17.21	9.39	1.56	1.57	000
50700	.....	A	Revision of ureter	15.21	NA	NA	8.29	10.97	0.99	NA	NA	24.49	27.17	090
50715	.....	A	Release of ureter	18.90	NA	NA	10.75	11.48	1.47	NA	NA	31.12	31.85	090
50722	.....	A	Release of ureter	16.35	NA	NA	8.87	10.04	1.26	NA	NA	26.48	27.65	090
50725	.....	A	Release/revise ureter	18.49	NA	NA	10.30	11.69	1.42	NA	NA	30.21	31.60	090
50727	.....	A	Revise ureter	8.18	NA	NA	5.91	5.87	0.54	NA	NA	14.63	14.59	090
50728	.....	A	Revise ureter	12.02	NA	NA	7.48	8.03	0.94	NA	NA	20.44	20.99	090
50740	.....	A	Fusion of ureter & kidney	18.42	NA	NA	9.13	11.64	1.55	NA	NA	29.10	31.61	090
50750	.....	A	Fusion of ureter & kidney	19.51	NA	NA	10.20	12.72	1.19	NA	NA	30.90	33.42	090
50760	.....	A	Fusion of ureters	18.42	NA	NA	9.23	11.93	1.26	NA	NA	28.91	31.61	090
50770	.....	A	Splicing of ureters	19.51	NA	NA	9.74	13.14	1.26	NA	NA	30.51	33.91	090
50780	.....	A	Reimplant ureter in bladder	18.36	NA	NA	9.16	12.06	1.25	NA	NA	28.77	31.67	090
50782	.....	A	Reimplant ureter in bladder	19.54	NA	NA	10.13	12.54	1.36	NA	NA	31.03	33.44	090
50783	.....	A	Reimplant ureter in bladder	20.55	NA	NA	10.10	12.53	1.38	NA	NA	32.03	34.46	090
50785	.....	A	Reimplant ureter in bladder	20.52	NA	NA	9.95	13.34	1.37	NA	NA	31.84	35.23	090
50800	.....	A	Implant ureter in bowel	14.52	NA	NA	8.70	12.31	0.97	NA	NA	24.19	27.80	090
50810	.....	A	Fusion of ureter & bowel	20.05	NA	NA	12.19	12.92	1.69	NA	NA	33.93	34.66	090
50815	.....	A	Urine shunt to bowel	19.93	NA	NA	10.65	16.05	1.34	NA	NA	31.92	37.32	090
50820	.....	A	Construct bowel bladder	21.89	NA	NA	11.28	15.94	1.53	NA	NA	34.70	39.36	090
50825	.....	A	Construct bowel bladder	28.18	NA	NA	13.70	23.42	1.81	NA	NA	43.69	53.41	090
50830	.....	A	Revise urine flow	31.28	NA	NA	15.00	18.86	2.26	NA	NA	48.54	52.40	090
50840	.....	A	Replace ureter by bowel	20.00	NA	NA	10.72	12.59	1.32	NA	NA	32.04	33.91	090
50845	.....	A	Appendico-vesicostomy	20.89	NA	NA	9.68	12.37	1.33	NA	NA	31.90	34.59	090
50860	.....	A	Transplant ureter to skin	15.36	NA	NA	8.14	10.00	1.06	NA	NA	24.56	26.42	090
50900	.....	A	Repair of ureter	13.62	NA	NA	7.38	9.11	1.03	NA	NA	22.03	23.76	090
50920	.....	A	Closure ureter/skin fistula	14.33	NA	NA	7.73	9.03	1.09	NA	NA	23.15	24.45	090
50930	.....	A	Closure ureter/bowel fistula	18.72	NA	NA	9.23	11.40	1.38	NA	NA	29.33	31.50	090
50940	.....	A	Release of ureter	14.51	NA	NA	7.58	9.16	1.01	NA	NA	23.10	24.68	090
50951	.....	A	Endoscopy of ureter	5.84	4.61	3.21	1.97	1.89	0.36	10.81	9.41	8.17	8.09	000
50953	.....	A	Endoscopy of ureter	6.24	16.06	8.93	2.12	1.96	0.38	22.68	15.55	8.74	8.58	000
50955	.....	A	Ureter endoscopy & biopsy	6.75	14.51	8.64	2.19	2.48	0.39	21.65	15.78	9.33	9.62	000
50957	.....	A	Ureter endoscopy & treatment	6.79	8.69	5.70	2.25	2.48	0.41	15.89	12.90	9.45	9.68	000
50959	.....	A	Ureter endoscopy & tracer	4.40	NA	NA	1.51	2.59	0.26	NA	NA	6.17	7.25	000
50961	.....	A	Ureter endoscopy & treatment	6.05	21.37	12.11	1.99	2.42	0.35	27.77	18.51	8.39	8.82	000
50970	.....	A	Ureter endoscopy	7.14	NA	NA	2.40	4.01	0.43	NA	NA	9.97	11.58	000
50972	.....	A	Ureter endoscopy & catheter	6.89	NA	NA	2.33	2.00	0.42	NA	NA	9.64	9.31	000
50974	.....	A	Ureter endoscopy & biopsy	9.17	NA	NA	3.03	5.32	0.53	NA	NA	12.73	15.02	000
50976	.....	A	Ureter endoscopy & treatment	9.04	NA	NA	3.05	5.01	0.54	NA	NA	12.63	14.59	000
50978	.....	A	Ureter endoscopy & tracer	5.10	NA	NA	1.84	3.12	0.36	NA	NA	7.30	8.58	000
50980	.....	A	Ureter endoscopy & treatment	6.85	NA	NA	2.32	2.86	0.41	NA	NA	9.58	10.12	000
51000	.....	A	Drainage of bladder	0.78	1.72	1.12	0.24	0.38	0.06	2.56	1.96	1.08	1.22	000
51005	.....	A	Drainage of bladder	1.02	2.68	1.59	0.35	0.43	0.08	3.78	2.69	1.45	1.53	000
51010	.....	A	Drainage of bladder	3.53	6.26	3.66	1.73	1.39	0.23	10.02	7.42	5.49	5.15	010
51020	.....	A	Incise & treat bladder	6.71	NA	NA	4.94	6.19	0.44	NA	NA	12.09	13.34	090
51030	.....	A	Incise & treat bladder	6.77	NA	NA	5.59	5.26	0.42	NA	NA	12.78	12.45	090
51040	.....	A	Incise & drain bladder	4.40	NA	NA	3.75	4.50	0.28	NA	NA	8.43	9.18	090
51045	.....	A	Incise bladder, drain ureter	6.77	NA	NA	5.00	5.19	0.46	NA	NA	12.23	12.42	090
51050	.....	A	Removal of bladder stone	6.92	NA	NA	4.61	6.17	0.43	NA	NA	11.96	13.52	090
51060	.....	A	Removal of ureter stone	8.85	NA	NA	5.53	8.05	0.55	NA	NA	14.93	17.45	090
51065	.....	A	Removal of ureter stone	8.85	NA	NA	5.51	6.60	0.54	NA	NA	14.90	15.99	090
51080	.....	A	Drainage of bladder abscess	5.96	NA	NA	4.77	5.20	0.39	NA	NA	11.12	11.55	090
51500	.....	A	Removal of bladder cyst	10.14	NA	NA	5.75	6.60	0.86	NA	NA	16.75	17.60	090
51520	.....	A	Removal of bladder lesion	9.29	NA	NA	5.82	7.54	0.60	NA	NA	15.71	17.43	090
51525	.....	A	Removal of bladder lesion	13.97	NA	NA	7.32	9.45	0.89	NA	NA	22.18	24.31	090
51530	.....	A	Removal of bladder lesion	12.38	NA	NA	7.22	8.63	0.89	NA	NA	20.49	21.90	090
51535	.....	A	Repair of ureter lesion	12.57	NA	NA	7.23	7.78	0.89	NA	NA	20.69	21.24	090
51550	.....	A	Partial removal of bladder	15.66	NA	NA	8.05	9.84	1.15	NA	NA	24.86	26.65	090
51555	.....	A	Partial removal of bladder	21.23	NA	NA	10.12	11.72	1.46	NA	NA	32.81	34.41	090
51565	.....	A	Revise bladder & ureter(s)	21.62	NA	NA	10.59	13.89	1.45	NA	NA	33.66	36.96	090
51570	.....	A	Removal of bladder	24.24	NA	NA	11.60	14.30	1.58	NA	NA	37.42	40.12	090
51575	.....	A	Removal of bladder & nodes	30.45	NA	NA	14.20	19.51	2.01	NA	NA	46.66	51.97	090
51580	.....	A	Remove bladder; revise tract	31.08	NA	NA	14.71	18.18	2.03	NA	NA	47.82	51.29	090
51585	.....	A	Removal of bladder & nodes	35.23	NA	NA	16.42	21.84	2.33	NA	NA	53.98	59.40	090
51590	.....	A	Remove bladder; revise tract	32.66	NA	NA	14.93	20.77	2.13	NA	NA	49.72	55.56	090
51595	.....	A	Remove bladder; revise tract	37.14	NA	NA	16.33	26.51	2.33	NA	NA	55.80	65.98	090
51596	.....	A	Remove bladder, create pouch	39.52	NA	NA	17.57	27.72	2.50	NA	NA	59.59	69.74	090
51597	.....	A	Removal of pelvic structures	38.35	NA	NA	17.36	25.30	2.66	NA	NA	58.37	66.31	090
51600	.....	A	Injection for bladder x-ray	0.88	16.22	8.26	0.25	0.28	0.04	17.14	9.18	1.17	1.20	000

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[5] # Indicates new CPT/HCPCS codes which were not factored into budget neutrality adjustments.

ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT[1]/ HCPCS[2]	MOD	Status	Description	Physician work RVUs[3,5]	Fully implemented non-facility PE RVUs	Year 2000 transitional non-facility PE RVUs	Fully implemented facility PE RVUs	Year 2000 transitional facility PE RVUs	Malpractice RVUs	Fully implemented non-facility total	Year 2000 transitional non-facility total	Fully implemented facility total	Year 2000 transitional facility total	Global
51605	.....	A	Preparation for bladder xray	0.64	15.99	8.16	0.20	0.27	0.03	16.66	8.83	0.87	0.94	000
51610	.....	A	Injection for bladder x-ray	1.05	29.58	14.94	0.32	0.31	0.05	30.68	16.04	1.42	1.41	000
51700	.....	A	Irrigation of bladder	0.88	3.43	1.84	0.29	0.21	0.05	4.36	2.77	1.22	1.14	000
51705	.....	A	Change of bladder tube	1.02	2.29	1.35	1.16	0.69	0.06	3.37	2.43	2.24	1.77	010
51710	.....	A	Change of bladder tube	1.49	4.33	2.48	1.29	0.80	0.09	5.91	4.06	2.87	2.38	010
51715	.....	A	Endoscopic injection/implant	3.74	3.75	3.32	1.27	2.08	0.23	7.72	7.29	5.24	6.05	000
51720	.....	A	Treatment of bladder lesion	1.96	3.61	2.05	0.66	0.46	0.12	5.69	4.13	2.74	2.54	000
51725	.....	A	Simple cystometrogram	1.51	0.93	1.01	0.93	1.01	0.13	2.57	2.65	2.57	2.65	000
51725	26	A	Simple cystometrogram	1.51	0.52	0.60	0.52	0.60	0.10	2.13	2.21	2.13	2.21	000
51725	TC	A	Simple cystometrogram	0.00	0.41	0.41	0.41	0.41	0.03	0.44	0.44	0.44	0.44	000
51726	.....	A	Complex cystometrogram	1.71	1.11	1.26	1.11	1.26	0.14	2.96	3.11	2.96	3.11	000
51726	26	A	Complex cystometrogram	1.71	0.58	0.73	0.58	0.73	0.10	2.39	2.54	2.39	2.54	000
51726	TC	A	Complex cystometrogram	0.00	0.52	0.52	0.52	0.52	0.04	0.56	0.56	0.56	0.56	000
51736	.....	A	Urine flow measurement	0.61	0.37	0.41	0.37	0.41	0.05	1.03	1.07	1.03	1.07	000
51736	26	A	Urine flow measurement	0.61	0.21	0.25	0.21	0.25	0.04	0.86	0.90	0.86	0.90	000
51736	TC	A	Urine flow measurement	0.00	0.16	0.16	0.16	0.16	0.01	0.17	0.17	0.17	0.17	000
51741	.....	A	Electro-uroflowmetry, first	1.14	0.62	0.62	0.62	0.62	0.09	1.85	1.85	1.85	1.85	000
51741	26	A	Electro-uroflowmetry, first	1.14	0.39	0.39	0.39	0.39	0.07	1.60	1.60	1.60	1.60	000
51741	TC	A	Electro-uroflowmetry, first	0.00	0.23	0.23	0.23	0.23	0.02	0.25	0.25	0.25	0.25	000
51772	.....	A	Urethra pressure profile	1.61	1.03	1.03	1.03	1.03	0.14	2.78	2.78	2.78	2.78	000
51772	26	A	Urethra pressure profile	1.61	0.56	0.56	0.56	0.56	0.10	2.27	2.27	2.27	2.27	000
51772	TC	A	Urethra pressure profile	0.00	0.46	0.46	0.46	0.46	0.04	0.50	0.50	0.50	0.50	000
51784	.....	A	Anal/urinary muscle study	1.53	0.96	1.05	0.96	1.05	0.13	2.62	2.71	2.62	2.71	000
51784	26	A	Anal/urinary muscle study	1.53	0.53	0.62	0.53	0.62	0.10	2.16	2.25	2.16	2.25	000
51784	TC	A	Anal/urinary muscle study	0.00	0.43	0.43	0.43	0.43	0.03	0.46	0.46	0.46	0.46	000
51785	.....	A	Anal/urinary muscle study	1.53	0.96	1.05	0.96	1.05	0.13	2.62	2.71	2.62	2.71	000
51785	26	A	Anal/urinary muscle study	1.53	0.53	0.62	0.53	0.62	0.10	2.16	2.25	2.16	2.25	000
51785	TC	A	Anal/urinary muscle study	0.00	0.43	0.43	0.43	0.43	0.03	0.46	0.46	0.46	0.46	000
51792	.....	A	Urinary reflex study	1.10	1.88	1.99	1.88	1.99	0.17	3.15	3.26	3.15	3.26	000
51792	26	A	Urinary reflex study	1.10	0.42	0.53	0.42	0.53	0.06	1.58	1.69	1.58	1.69	000
51792	TC	A	Urinary reflex study	0.00	1.47	1.46	1.47	1.46	0.11	1.58	1.57	1.58	1.57	000
51795	.....	A	Urine voiding pressure study	1.53	1.48	1.52	1.48	1.52	0.17	3.18	3.22	3.18	3.22	000
51795	26	A	Urine voiding pressure study	1.53	0.52	0.57	0.52	0.57	0.09	2.14	2.19	2.14	2.19	000
51795	TC	A	Urine voiding pressure study	0.00	0.96	0.95	0.96	0.95	0.08	1.04	1.03	1.04	1.03	000
51797	.....	A	Intraabdominal pressure test	1.60	1.04	1.04	1.04	1.04	0.14	2.78	2.78	2.78	2.78	000
51797	26	A	Intraabdominal pressure test	1.60	0.55	0.55	0.55	0.55	0.10	2.25	2.25	2.25	2.25	000
51797	TC	A	Intraabdominal pressure test	0.00	0.49	0.49	0.49	0.49	0.04	0.53	0.53	0.53	0.53	000
51800	.....	A	Revision of bladder/urethra	17.42	NA	NA	8.62	10.83	1.16	NA	NA	27.20	29.41	090
51820	.....	A	Revision of urinary tract	17.89	NA	NA	10.26	9.14	1.45	NA	NA	29.60	28.48	090
51840	.....	A	Attach bladder/urethra	10.71	NA	NA	6.14	8.08	0.78	NA	NA	17.63	19.57	090
51841	.....	A	Attach bladder/urethra	13.03	NA	NA	7.43	9.69	0.96	NA	NA	21.42	23.68	090
51845	.....	A	Repair bladder neck	9.73	NA	NA	6.18	8.90	0.62	NA	NA	16.53	19.25	090
51860	.....	A	Repair of bladder wound	12.02	NA	NA	7.14	7.71	0.97	NA	NA	20.13	20.70	090
51865	.....	A	Repair of bladder wound	15.04	NA	NA	8.24	10.07	1.11	NA	NA	24.39	26.22	090
51880	.....	A	Repair of bladder opening	7.66	NA	NA	4.99	5.19	0.55	NA	NA	13.20	13.40	090
51900	.....	A	Repair bladder/vagina lesion	12.97	NA	NA	7.75	10.20	0.94	NA	NA	21.66	24.11	090
51920	.....	A	Close bladder-uterus fistula	11.81	NA	NA	6.57	7.36	0.90	NA	NA	19.28	20.07	090
51925	.....	A	Hysterectomy/bladder repair	15.58	NA	NA	8.92	9.93	1.27	NA	NA	25.77	26.78	090
51940	.....	A	Correction of bladder defect	26.81	NA	NA	14.59	17.58	1.99	NA	NA	43.39	46.38	090
51960	.....	A	Revision of bladder & bowel	23.01	NA	NA	11.97	17.60	1.47	NA	NA	36.45	42.08	090
51980	.....	A	Construct bladder opening	11.36	NA	NA	6.57	7.34	0.77	NA	NA	18.70	19.47	090
52000	.....	A	Cystoscopy	2.01	2.87	2.16	0.68	0.70	0.12	5.00	4.29	2.81	2.83	000
52005	.....	A	Cystoscopy & ureter catheter	2.37	4.51	3.45	0.80	1.60	0.14	7.02	5.96	3.31	4.11	000
52007	.....	A	Cystoscopy and biopsy	3.02	NA	NA	1.02	2.04	0.18	NA	NA	4.22	5.24	000
52010	.....	A	Cystoscopy & duct catheter	3.02	4.85	3.46	1.02	1.03	0.18	8.05	6.66	4.22	4.23	000
52204	.....	A	Cystoscopy	2.37	5.22	3.90	0.80	1.69	0.14	7.73	6.41	3.31	4.20	000
52214	.....	A	Cystoscopy and treatment	3.71	5.60	4.32	1.25	2.15	0.22	9.53	8.25	5.18	6.08	000
52224	.....	A	Cystoscopy and treatment	3.14	5.47	4.31	1.06	2.11	0.19	8.80	7.64	4.39	5.44	000
52234	.....	A	Cystoscopy and treatment	4.63	6.31	5.71	1.56	3.34	0.28	11.22	10.62	6.47	8.25	000
52235	.....	A	Cystoscopy and treatment	5.45	6.59	6.55	1.84	4.18	0.33	12.37	12.33	7.62	9.96	000
52240	.....	A	Cystoscopy and treatment	9.72	8.03	9.80	3.28	7.42	0.58	18.33	20.10	13.58	17.72	000
52250	.....	A	Cystoscopy & radiotracer	4.50	NA	NA	1.52	2.31	0.27	NA	NA	6.29	7.08	000
52260	.....	A	Cystoscopy & treatment	3.92	NA	NA	1.32	1.81	0.24	NA	NA	5.48	5.97	000
52265	.....	A	Cystoscopy & treatment	2.94	3.26	2.37	0.99	0.87	0.18	6.38	5.49	4.11	3.99	000
52270	.....	A	Cystoscopy & revise urethra	3.37	5.82	4.80	1.14	2.46	0.20	9.39	8.37	4.71	6.03	000
52275	.....	A	Cystoscopy & revise urethra	4.70	6.40	5.06	1.58	2.65	0.28	11.38	10.04	6.56	7.63	000
52276	.....	A	Cystoscopy and treatment	5.00	6.51	5.74	1.69	3.33	0.30	11.81	11.04	6.99	8.63	000
52277	.....	A	Cystoscopy and treatment	6.17	NA	NA	2.09	3.66	0.38	NA	NA	8.64	10.21	000
52281	.....	A	Cystoscopy and treatment	2.80	3.25	2.88	0.94	1.10	0.17	6.22	5.85	3.91	4.07	000
52282	.....	A	Cystoscopy, implant stent	6.40	6.77	5.87	2.16	3.57	0.38	13.55	12.65	8.94	10.35	000
52283	.....	A	Cystoscopy and treatment	3.74	5.84	3.74	1.27	1.46	0.22	9.80	7.70	5.23	5.42	000
52285	.....	A	Cystoscopy and treatment	3.61	6.04	4.62	1.22	1.41	0.22	9.87	8.45	5.05	5.24	000
52290	.....	A	Cystoscopy and treatment	4.59	NA	NA	1.55	2.05	0.27	NA	NA	6.41	6.91	000
52300	.....	A	Cystoscopy and treatment	5.31	NA	NA	1.79	2.78	0.32	NA	NA	7.42	8.41	000
52301	.....	A	Cystoscopy and treatment	5.51	NA	NA	1.76	2.77	0.43	NA	NA	7.70	8.71	000
52305	.....	A	Cystoscopy and treatment	5.31	NA	NA	1.79	2.80	0.32	NA	NA	7.42	8.43	000
52310	.....	A	Cystoscopy and treatment	2.81	13.28	8.26	0.95	2.10	0.17	16.26	11.24	3.93	5.08	000
52315	.....	A	Cystoscopy and treatment	5.21	14.26	9.34	1.76	3.09	0.31	19.78	14.86	7.28	8.61	000
52317	.....	A	Remove bladder stone	6.72	20.88	13.80	2.27	4.50	0.40	28.00	20.92	9.39	11.62	000
52318	.....	A	Remove bladder stone	9.19	NA	NA	3.10	5.83	0.55	NA	NA	12.84	15.57	000
52320	.....	A	Cystoscopy and treatment	4.70	NA	NA	1.56	3.42	0.28	NA	NA	6.54	8.40	000
52325	.....	A	Cystoscopy, stone removal	6.16	NA	NA	2.08	4.72	0.37	NA	NA	8.61	11.25	000
52327	.....	A	Cystoscopy, inject material	5.19	NA	NA	1.74	2.87	0.31	NA	NA	7.24	8.37	000
52330	.....	A	Cystoscopy and treatment	5.04	17.88	10.83	1.70	2.74	0.30	23.22	16.17	7.04	8.08	000

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT[1]/ HCPCS[2]	MOD	Status	Description	Physician work RVUs[3,5]	Fully implemented non-facility PE RVUs	Year 2000 transitional non-facility PE RVUs	Fully implemented facility PE RVUs	Year 2000 transitional facility PE RVUs	Malpractice RVUs	Fully implemented non-facility total	Year 2000 transitional non-facility total	Fully implemented facility total	Year 2000 transitional facility total	Global
52332	.....	A	Cystoscopy and treatment	2.83	26.08	14.78	0.95	2.17	0.17	29.08	17.78	3.95	5.17	000
52334	.....	A	Create passage to kidney	4.83	NA	NA	1.61	2.61	0.29	NA	NA	6.73	7.73	000
52335	.....	A	Endoscopy of urinary tract	5.86	NA	NA	1.97	3.53	0.35	NA	NA	8.18	9.74	000
52336	.....	A	Cystoscopy, stone removal	6.88	NA	NA	2.32	5.27	0.41	NA	NA	9.61	12.56	000
52337	.....	A	Cystoscopy, stone removal	7.97	NA	NA	2.69	6.11	0.48	NA	NA	11.14	14.56	000
52338	.....	A	Cystoscopy and treatment	7.34	NA	NA	2.47	4.45	0.44	NA	NA	10.25	12.23	000
52339	.....	A	Cystoscopy and treatment	8.82	NA	NA	2.95	4.69	0.53	NA	NA	12.30	14.04	000
52340	.....	A	Cystoscopy and treatment	9.68	NA	NA	5.03	5.31	0.58	NA	NA	15.29	15.57	090
52450	.....	A	Incision of prostate	7.64	NA	NA	5.72	5.57	0.46	NA	NA	13.82	13.67	090
52500	.....	A	Revision of bladder neck	8.47	NA	NA	5.98	7.03	0.51	NA	NA	14.96	16.01	090
52510	.....	A	Dilation prostatic urethra	6.72	NA	NA	5.06	6.54	0.40	NA	NA	12.18	13.66	090
52601	.....	A	Prostatectomy (TURP)	12.37	NA	NA	7.30	10.09	0.74	NA	NA	20.41	23.20	090
52606	.....	A	Control postop bleeding	8.13	NA	NA	6.39	5.00	0.49	NA	NA	15.01	13.62	090
52612	.....	A	Prostatectomy, first stage	7.98	NA	NA	6.75	8.14	0.48	NA	NA	15.21	16.60	090
52614	.....	A	Prostatectomy, second stage	6.84	NA	NA	5.44	6.57	0.41	NA	NA	12.69	13.82	090
52620	.....	A	Remove residual prostate	6.61	NA	NA	5.35	5.57	0.39	NA	NA	12.35	12.57	090
52630	.....	A	Remove prostate regrowth	7.26	NA	NA	5.58	7.13	0.43	NA	NA	13.27	14.82	090
52640	.....	A	Relieve bladder contracture	6.62	NA	NA	5.03	6.01	0.40	NA	NA	12.05	13.03	090
52647	.....	A	Laser surgery of prostate	10.36	NA	NA	6.64	9.51	0.62	NA	NA	17.62	20.49	090
52648	.....	A	Laser surgery of prostate	11.21	NA	NA	6.90	9.89	0.67	NA	NA	18.78	21.77	090
52700	.....	A	Drainage of prostate abscess	6.80	NA	NA	5.41	4.50	0.42	NA	NA	12.63	11.72	090
53000	.....	A	Incision of urethra	2.28	6.24	4.08	2.18	2.05	0.15	8.67	6.51	4.61	4.48	010
53010	.....	A	Incision of urethra	3.64	NA	NA	4.59	4.21	0.31	NA	NA	8.54	8.16	090
53020	.....	A	Incision of urethra	1.77	3.70	2.30	0.60	0.75	0.11	5.58	4.18	2.48	2.63	000
53025	.....	A	Incision of urethra	1.13	2.98	1.93	0.38	0.63	0.07	4.18	3.13	1.58	1.83	000
53040	.....	A	Drainage of urethra abscess	6.40	8.22	5.12	8.22	5.12	0.40	15.02	11.92	15.02	11.92	090
53060	.....	A	Drainage of urethra abscess	2.63	5.63	3.09	2.46	1.51	0.20	8.46	5.92	5.29	4.34	010
53080	.....	A	Drainage of urinary leakage	6.29	NA	NA	7.34	5.83	0.38	NA	NA	14.01	12.50	090
53085	.....	A	Drainage of urinary leakage	10.27	NA	NA	8.60	7.97	0.64	NA	NA	19.51	18.88	090
53200	.....	A	Biopsy of urethra	2.59	4.66	2.93	0.88	1.04	0.16	7.41	5.68	3.63	3.79	000
53210	.....	A	Removal of urethra	12.57	NA	NA	7.31	7.26	0.85	NA	NA	20.73	20.68	090
53215	.....	A	Removal of urethra	15.58	NA	NA	8.02	9.44	0.99	NA	NA	24.59	26.01	090
53220	.....	A	Treatment of urethra lesion	7.00	NA	NA	4.74	4.96	0.43	NA	NA	12.17	12.39	090
53230	.....	A	Removal of urethra lesion	9.58	NA	NA	5.62	7.12	0.59	NA	NA	15.79	17.29	090
53235	.....	A	Removal of urethra lesion	10.14	NA	NA	6.04	5.75	0.63	NA	NA	16.81	16.52	090
53240	.....	A	Surgery for urethra pouch	6.45	NA	NA	4.78	4.74	0.44	NA	NA	11.67	11.63	090
53250	.....	A	Removal of urethra gland	5.89	NA	NA	3.97	4.19	0.40	NA	NA	10.26	10.48	090
53260	.....	A	Treatment of urethra lesion	2.98	5.19	3.21	2.09	1.66	0.20	8.37	6.39	5.27	4.84	010
53265	.....	A	Treatment of urethra lesion	3.12	5.61	3.83	2.05	2.05	0.20	8.93	7.15	5.37	5.37	010
53270	.....	A	Removal of urethra gland	3.09	5.37	3.14	2.18	1.32	0.22	8.68	6.45	5.49	4.63	010
53275	.....	A	Repair of urethra defect	4.53	NA	NA	3.13	2.85	0.27	NA	NA	7.93	7.65	010
53400	.....	A	Revise urethra, 1st stage	12.77	NA	NA	6.95	7.53	0.79	NA	NA	20.51	21.09	090
53405	.....	A	Revise urethra, 2nd stage	14.48	NA	NA	7.84	9.55	0.86	NA	NA	23.18	24.89	090
53410	.....	A	Reconstruction of urethra	16.44	NA	NA	8.25	8.77	1.01	NA	NA	25.70	26.22	090
53415	.....	A	Reconstruction of urethra	19.41	NA	NA	16.31	14.60	1.21	NA	NA	36.93	35.22	090
53420	.....	A	Reconstruct urethra, stage 1	14.08	NA	NA	7.81	9.81	0.89	NA	NA	22.78	24.78	090
53425	.....	A	Reconstruct urethra, stage 2	15.98	NA	NA	8.25	9.15	0.96	NA	NA	25.19	26.09	090
53430	.....	A	Reconstruction of urethra	16.34	NA	NA	8.32	8.05	1.03	NA	NA	25.69	25.42	090
53440	.....	A	Correct bladder function	12.34	NA	NA	7.12	10.69	0.76	NA	NA	20.22	23.79	090
53442	.....	A	Remove perineal prosthesis	8.27	NA	NA	5.17	5.76	0.50	NA	NA	13.94	14.53	090
53443	.....	A	Reconstruction of urethra	19.89	NA	NA	9.12	10.01	1.32	NA	NA	30.33	31.22	090
53445	.....	A	Correct urine flow control	14.06	NA	NA	7.79	12.29	0.86	NA	NA	22.71	27.21	090
53447	.....	A	Remove artificial sphincter	13.17	NA	NA	7.24	8.59	0.80	NA	NA	21.21	22.56	090
53449	.....	A	Correct artificial sphincter	9.70	NA	NA	5.87	7.50	0.58	NA	NA	16.15	17.78	090
53450	.....	A	Revision of urethra	6.14	NA	NA	4.29	3.63	0.37	NA	NA	10.80	10.14	090
53460	.....	A	Revision of urethra	7.12	NA	NA	4.71	3.68	0.44	NA	NA	12.27	11.24	090
53502	.....	A	Repair of urethra injury	7.63	NA	NA	5.05	5.22	0.50	NA	NA	13.18	13.35	090
53505	.....	A	Repair of urethra injury	7.63	NA	NA	4.87	5.25	0.47	NA	NA	12.97	13.35	090
53510	.....	A	Repair of urethra injury	10.11	NA	NA	6.10	6.84	0.72	NA	NA	16.93	17.67	090
53515	.....	A	Repair of urethra injury	13.31	NA	NA	6.93	8.37	0.83	NA	NA	21.07	22.51	090
53520	.....	A	Repair of urethra defect	8.68	NA	NA	5.36	5.88	0.55	NA	NA	14.59	15.11	090
53600	.....	A	Dilate urethra stricture	1.21	3.62	1.99	0.41	0.30	0.07	4.90	3.27	1.69	1.58	000
53601	.....	A	Dilate urethra stricture	0.98	3.54	1.93	0.33	0.25	0.06	4.58	2.97	1.37	1.29	000
53605	.....	A	Dilate urethra stricture	1.28	NA	NA	0.43	0.47	0.08	NA	NA	1.79	1.83	000
53620	.....	A	Dilate urethra stricture	1.62	5.37	2.94	0.55	0.41	0.10	7.09	4.66	2.27	2.13	000
53621	.....	A	Dilate urethra stricture	1.35	5.35	2.88	0.46	0.34	0.08	6.78	4.31	1.89	1.77	000
53660	.....	A	Dilation of urethra	0.71	3.37	1.84	0.24	0.20	0.04	4.12	2.59	0.99	0.95	000
53661	.....	A	Dilation of urethra	0.72	3.43	1.85	0.24	0.19	0.04	4.19	2.61	1.00	0.95	000
53665	.....	A	Dilation of urethra	0.76	NA	NA	0.26	0.33	0.05	NA	NA	1.07	1.14	000
53670	.....	A	Insert urinary catheter	0.50	3.27	1.76	0.14	0.13	0.03	3.80	2.29	0.67	0.66	000
53675	.....	A	Insert urinary catheter	1.47	4.35	2.43	0.47	0.49	0.09	5.91	3.99	2.03	2.05	000
53850	.....	A	Prostatic microwave thermotx	9.45	NA	NA	6.32	6.80	0.57	NA	NA	16.34	16.82	090
53852	.....	A	Prostatic rf thermotx	9.88	NA	NA	6.46	7.04	0.59	NA	NA	16.93	17.51	090
53899	.....	C	Urology surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
54000	.....	A	Slitting of prepuce	1.54	5.00	2.84	1.31	1.00	0.10	6.64	4.48	2.95	2.64	010
54001	.....	A	Slitting of prepuce	2.19	5.41	3.16	1.84	1.38	0.14	7.74	5.49	4.17	3.71	010
54015	.....	A	Drain penis lesion	5.32	6.52	3.71	2.94	1.92	0.34	12.18	9.37	8.60	7.58	010
54050	.....	A	Destruction, penis lesion(s)	1.24	2.05	1.23	0.52	0.37	0.07	3.36	2.54	1.83	1.68	010
54055	.....	A	Destruction, penis lesion(s)	1.22	5.25	2.96	1.23	0.78	0.07	6.54	4.25	2.52	2.07	010
54056	.....	A	Cryosurgery, penis lesion(s)	1.24	2.27	1.43	0.55	0.42	0.06	3.57	2.73	1.85	1.72	010
54057	.....	A	Laser surg, penis lesion(s)	1.24	2.24	1.95	1.23	1.36	0.07	3.55	3.26	2.54	2.67	010
54060	.....	A	Excision of penis lesion(s)	1.93	4.48	2.88	1.46	1.37	0.12	6.53	4.93	3.51	3.42	010
54065	.....	A	Destruction, penis lesion(s)	2.42	4.46	3.57	1.93	1.64	0.14	7.02	6.13	4.49	4.20	010
54100	.....	A	Biopsy of penis	1.90	2.98	1.85	0.65	0.68	0.10	4.98	3.85	2.65	2.68	000

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT[1]/ HCPCS[2]	MOD	Status	Description	Physician work RVUs[3,5]	Fully implemented non-facility PE RVUs	Year 2000 transitional non-facility PE RVUs	Fully implemented facility PE RVUs	Year 2000 transitional facility PE RVUs	Malpractice RVUs	Fully implemented non-facility total	Year 2000 transitional non-facility total	Fully implemented facility total	Year 2000 transitional facility total	Global
54105	.....	A	Biopsy of penis	3.50	5.65	3.38	1.99	1.55	0.21	9.36	7.09	5.70	5.26	010
54110	.....	A	Treatment of penis lesion	10.13	NA	NA	7.36	6.95	0.63	NA	NA	18.12	17.71	090
54111	.....	A	Treat penis lesion, graft	13.57	NA	NA	8.52	9.24	0.82	NA	NA	22.91	23.63	090
54112	.....	A	Treat penis lesion, graft	15.86	NA	NA	9.63	10.70	1.02	NA	NA	26.51	27.58	090
54115	.....	A	Treatment of penis lesion	6.15	9.98	7.26	6.08	5.31	0.38	16.51	13.79	12.61	11.84	090
54120	.....	A	Partial removal of penis	9.97	NA	NA	7.45	7.24	0.61	NA	NA	18.03	17.82	090
54125	.....	A	Removal of penis	13.53	NA	NA	8.53	10.54	0.83	NA	NA	22.89	24.90	090
54130	.....	A	Remove penis & nodes	20.14	NA	NA	11.08	13.50	1.26	NA	NA	32.48	34.90	090
54135	.....	A	Remove penis & nodes	26.36	NA	NA	13.15	16.21	1.62	NA	NA	41.13	44.19	090
54150	.....	A	Circumcision	1.81	4.93	2.76	1.69	1.14	0.13	6.87	4.70	3.63	3.08	010
54152	.....	A	Circumcision	2.31	NA	NA	1.62	1.80	0.16	NA	NA	4.09	4.27	010
54160	.....	A	Circumcision	2.48	4.76	3.28	1.68	1.74	0.18	7.42	5.94	4.34	4.40	010
54161	.....	A	Circumcision	3.27	NA	NA	1.91	2.14	0.20	NA	NA	5.38	5.61	010
54200	.....	A	Treatment of penis lesion	1.06	2.21	1.28	0.37	0.28	0.06	3.33	2.40	1.49	1.40	010
54205	.....	A	Treatment of penis lesion	7.93	NA	NA	8.51	7.03	0.47	NA	NA	16.91	15.43	090
54220	.....	A	Treatment of penis lesion	2.42	2.12	1.92	0.82	1.27	0.15	4.69	4.49	3.39	3.84	000
54230	.....	A	Prepare penis study	1.34	NA	NA	0.45	0.59	0.08	NA	NA	1.87	2.01	000
54231	.....	A	Dynamic cavernosometry	2.04	2.00	1.78	0.69	1.13	0.15	4.19	3.97	2.88	3.32	000
54235	.....	A	Penile injection	1.19	1.07	0.77	0.40	0.32	0.07	2.33	2.03	1.66	1.58	000
54240	.....	A	Penis study	1.31	0.97	1.02	0.97	1.02	0.15	2.43	2.48	2.43	2.48	000
54240	26	A	Penis study	1.31	0.45	0.50	0.45	0.50	0.10	1.86	1.91	1.86	1.91	000
54240	TC	A	Penis study	0.00	0.52	0.52	0.52	0.52	0.05	0.57	0.57	0.57	0.57	000
54250	.....	A	Penis study	2.22	1.08	0.98	1.08	0.98	0.16	3.46	3.36	3.46	3.36	000
54250	26	A	Penis study	2.22	0.75	0.65	0.75	0.65	0.14	3.11	3.01	3.11	3.01	000
54250	TC	A	Penis study	0.00	0.33	0.33	0.33	0.33	0.02	0.35	0.35	0.35	0.35	000
54300	.....	A	Revision of penis	10.41	NA	NA	7.92	7.70	0.64	NA	NA	18.97	18.75	090
54304	.....	A	Revision of penis	12.49	NA	NA	9.13	9.27	0.83	NA	NA	22.45	22.59	090
54308	.....	A	Reconstruction of urethra	11.83	NA	NA	12.43	9.39	0.82	NA	NA	25.08	22.04	090
54312	.....	A	Reconstruction of urethra	13.57	NA	NA	10.82	10.50	0.72	NA	NA	25.11	24.79	090
54316	.....	A	Reconstruction of urethra	16.82	NA	NA	11.29	11.80	1.01	NA	NA	29.12	29.63	090
54318	.....	A	Reconstruction of urethra	11.25	NA	NA	9.16	8.67	0.68	NA	NA	21.09	20.60	090
54322	.....	A	Reconstruction of urethra	13.01	NA	NA	8.42	8.34	0.78	NA	NA	22.21	22.13	090
54324	.....	A	Reconstruction of urethra	16.31	NA	NA	10.80	11.36	1.24	NA	NA	28.35	28.91	090
54326	.....	A	Reconstruction of urethra	15.72	NA	NA	10.84	11.13	1.18	NA	NA	27.74	28.03	090
54328	.....	A	Revise penis, urethra	15.65	NA	NA	10.06	10.85	0.93	NA	NA	26.64	27.43	090
54332	.....	A	Revise penis, urethra	17.08	NA	NA	10.54	12.07	1.08	NA	NA	28.70	30.23	090
54336	.....	A	Revise penis, urethra	20.04	NA	NA	13.55	16.97	1.56	NA	NA	35.15	38.57	090
54340	.....	A	Secondary urethral surgery	8.91	NA	NA	7.09	6.84	0.66	NA	NA	16.66	16.41	090
54344	.....	A	Secondary urethral surgery	15.94	NA	NA	10.54	14.29	1.09	NA	NA	27.57	31.32	090
54348	.....	A	Secondary urethral surgery	17.15	NA	NA	11.47	12.04	1.21	NA	NA	29.83	30.40	090
54352	.....	A	Reconstruct urethra, penis	24.74	NA	NA	14.01	15.79	1.19	NA	NA	39.94	41.72	090
54360	.....	A	Penis plastic surgery	11.93	NA	NA	8.17	7.90	0.74	NA	NA	20.84	20.57	090
54380	.....	A	Repair penis	13.18	NA	NA	9.01	9.62	0.91	NA	NA	23.10	23.71	090
54385	.....	A	Repair penis	15.39	NA	NA	10.40	10.88	1.07	NA	NA	26.86	27.34	090
54390	.....	A	Repair penis and bladder	21.61	NA	NA	13.12	13.93	1.50	NA	NA	36.23	37.04	090
54400	.....	A	Insert semi-rigid prosthesis	8.99	NA	NA	5.97	8.35	0.56	NA	NA	15.52	17.90	090
54401	.....	A	Insert self-contd prosthesis	10.28	NA	NA	6.61	9.44	0.64	NA	NA	17.53	20.36	090
54402	.....	A	Remove penis prosthesis	9.21	NA	NA	5.82	6.17	0.57	NA	NA	15.60	15.95	090
54405	.....	A	Insert multi-comp prosthesis	13.43	NA	NA	7.52	11.78	0.83	NA	NA	21.78	26.04	090
54407	.....	A	Remove multi-comp prosthesis	13.34	NA	NA	7.24	9.71	0.82	NA	NA	21.40	23.87	090
54409	.....	A	Revise penis prosthesis	12.20	NA	NA	6.76	8.25	0.75	NA	NA	19.71	21.20	090
54420	.....	A	Revision of penis	11.42	NA	NA	7.83	8.12	0.70	NA	NA	19.95	20.24	090
54430	.....	A	Revision of penis	10.15	NA	NA	7.37	7.48	0.63	NA	NA	18.15	18.26	090
54435	.....	A	Revision of penis	6.12	NA	NA	5.67	5.09	0.36	NA	NA	12.15	11.57	090
54440	.....	C	Repair of penis	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	090
54450	.....	A	Preputial stretching	1.12	0.97	0.86	0.38	0.56	0.07	2.16	2.05	1.57	1.75	000
54500	.....	A	Biopsy of testis	1.31	5.64	3.06	0.44	0.46	0.08	7.03	4.45	1.83	1.85	000
54505	.....	A	Biopsy of testis	3.46	NA	NA	2.41	2.22	0.22	NA	NA	6.09	5.90	010
54510	.....	A	Removal of testis lesion	5.45	NA	NA	3.23	3.26	0.36	NA	NA	9.04	9.07	090
54520	.....	A	Removal of testis	5.23	NA	NA	3.30	4.53	0.33	NA	NA	8.86	10.09	090
54530	.....	A	Removal of testis	8.58	NA	NA	4.86	6.40	0.55	NA	NA	13.99	15.53	090
54535	.....	A	Extensive testis surgery	12.16	NA	NA	6.61	7.94	0.83	NA	NA	19.60	20.93	090
54550	.....	A	Exploration for testis	7.78	NA	NA	4.54	5.12	0.49	NA	NA	12.81	13.39	090
54560	.....	A	Exploration for testis	11.13	NA	NA	6.25	7.05	0.80	NA	NA	18.18	18.98	090
54600	.....	A	Reduce testis torsion	7.01	NA	NA	3.92	4.47	0.44	NA	NA	11.37	11.92	090
54620	.....	A	Suspension of testis	4.90	NA	NA	2.90	3.25	0.30	NA	NA	8.10	8.45	010
54640	.....	A	Suspension of testis	6.90	NA	NA	3.94	6.09	0.49	NA	NA	11.33	13.48	090
54650	.....	A	Orchiopexy (Fowler-Stephens)	11.45	NA	NA	6.43	7.46	0.66	NA	NA	18.54	19.57	090
54660	.....	A	Revision of testis	5.11	NA	NA	3.10	3.40	0.30	NA	NA	8.51	8.81	090
54670	.....	A	Repair testis injury	6.41	NA	NA	3.98	4.33	0.44	NA	NA	10.83	11.18	090
54680	.....	A	Relocation of testis(es)	12.65	NA	NA	6.39	7.64	0.90	NA	NA	19.94	21.19	090
54700	.....	A	Drainage of scrotum	3.43	7.98	4.48	3.05	2.02	0.24	11.65	8.15	6.72	5.69	010
54800	.....	A	Biopsy of epididymis	2.33	4.68	3.41	0.79	1.47	0.16	7.17	5.90	3.28	3.96	000
54820	.....	A	Exploration of epididymis	5.14	NA	NA	3.28	3.06	0.38	NA	NA	8.80	8.58	090
54830	.....	A	Remove epididymis lesion	5.38	NA	NA	3.37	3.59	0.35	NA	NA	9.10	9.32	090
54840	.....	A	Remove epididymis lesion	5.20	NA	NA	3.45	4.35	0.32	NA	NA	8.97	9.87	090
54860	.....	A	Removal of epididymis	6.32	NA	NA	3.86	4.74	0.38	NA	NA	10.56	11.44	090
54861	.....	A	Removal of epididymis	8.90	NA	NA	4.71	6.32	0.53	NA	NA	14.14	15.75	090
54900	.....	A	Fusion of spermatic ducts	13.20	NA	NA	6.34	8.03	0.78	NA	NA	20.32	22.01	090
54901	.....	A	Fusion of spermatic ducts	17.94	NA	NA	8.30	10.82	1.26	NA	NA	27.50	30.02	090
55000	.....	A	Drainage of hydrocele	1.43	1.73	1.08	0.50	0.36	0.10	3.26	2.61	2.03	1.89	000
55040	.....	A	Removal of hydrocele	5.36	NA	NA	3.18	4.24	0.37	NA	NA	8.91	9.97	090
55041	.....	A	Removal of hydroceles	7.74	NA	NA	4.20	6.16	0.52	NA	NA	12.46	14.42	090
55060	.....	A	Repair of hydrocele	5.52	NA	NA	3.25	3.87	0.40	NA	NA	9.17	9.79	090

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT[1]/ HCPCS[2]	MOD	Status	Description	Physician work RVUs[3,5]	Fully implemented non-facility PE RVUs	Year 2000 transitional non-facility PE RVUs	Fully implemented facility PE RVUs	Year 2000 transitional facility PE RVUs	Malpractice RVUs	Fully implemented non-facility total	Year 2000 transitional non-facility total	Fully implemented facility total	Year 2000 transitional facility total	Global
55100	.....	A	Drainage of scrotum abscess	2.13	9.23	4.96	3.22	1.95	0.14	11.50	7.23	5.49	4.22	010
55110	.....	A	Explore scrotum	5.70	NA	NA	3.32	3.55	0.37	NA	NA	9.39	9.62	090
55120	.....	A	Removal of scrotum lesion	5.09	NA	NA	3.10	2.52	0.32	NA	NA	8.51	7.93	090
55150	.....	A	Removal of scrotum	7.22	NA	NA	4.22	5.07	0.49	NA	NA	11.93	12.78	090
55175	.....	A	Revision of scrotum	5.24	NA	NA	3.33	4.10	0.32	NA	NA	8.89	9.66	090
55180	.....	A	Revision of scrotum	10.72	NA	NA	5.93	6.67	0.75	NA	NA	17.40	18.14	090
55200	.....	A	Incision of sperm duct	4.24	NA	NA	2.85	2.50	0.28	NA	NA	7.37	7.02	090
55250	.....	A	Removal of sperm duct(s)	3.29	8.49	5.67	2.75	2.09	0.21	11.99	9.17	6.25	5.59	090
55300	.....	A	Preparation,sperm duct x-ray	3.51	NA	NA	1.31	2.13	0.20	NA	NA	5.02	5.84	000
55400	.....	A	Repair of sperm duct	8.49	NA	NA	5.63	6.38	0.55	NA	NA	14.67	15.42	090
55450	.....	A	Ligation of sperm duct	4.12	4.40	3.62	2.27	2.55	0.32	8.84	8.06	6.71	6.99	010
55500	.....	A	Removal of hydrocele	5.59	NA	NA	3.46	4.08	0.45	NA	NA	9.50	10.12	090
55520	.....	A	Removal of sperm cord lesion	6.03	NA	NA	3.56	3.48	0.60	NA	NA	10.19	10.11	090
55530	.....	A	Revise spermatic cord veins	5.66	NA	NA	3.47	4.56	0.38	NA	NA	9.51	10.60	090
55535	.....	A	Revise spermatic cord veins	6.56	NA	NA	4.07	4.43	0.43	NA	NA	11.06	11.42	090
55540	.....	A	Revise hernia & sperm veins	7.67	NA	NA	4.17	4.55	0.76	NA	NA	12.60	12.98	090
55600	.....	A	Incise sperm duct pouch	6.38	NA	NA	3.91	4.30	0.38	NA	NA	10.67	11.06	090
55605	.....	A	Incise sperm duct pouch	7.96	NA	NA	4.79	5.44	0.55	NA	NA	13.30	13.95	090
55650	.....	A	Remove sperm duct pouch	11.80	NA	NA	5.86	6.85	0.73	NA	NA	18.39	19.38	090
55680	.....	A	Remove sperm pouch lesion	5.19	NA	NA	3.30	4.06	0.31	NA	NA	8.80	9.56	090
55700	.....	A	Biopsy of prostate	1.57	3.30	2.47	0.52	0.67	0.09	4.96	4.13	2.18	2.33	000
55705	.....	A	Biopsy of prostate	4.57	NA	NA	3.42	3.54	0.26	NA	NA	8.25	8.37	010
55720	.....	A	Drainage of prostate abscess	7.64	NA	NA	5.19	4.50	0.47	NA	NA	13.30	12.61	090
55725	.....	A	Drainage of prostate abscess	8.68	NA	NA	5.67	5.89	0.54	NA	NA	14.89	15.11	090
55801	.....	A	Removal of prostate	17.80	NA	NA	8.94	11.40	1.14	NA	NA	27.88	30.34	090
55810	.....	A	Extensive prostate surgery	22.58	NA	NA	10.80	15.10	1.40	NA	NA	34.78	39.08	090
55812	.....	A	Extensive prostate surgery	27.51	NA	NA	12.71	15.95	1.74	NA	NA	41.96	45.20	090
55815	.....	A	Extensive prostate surgery	30.46	NA	NA	13.90	20.63	1.98	NA	NA	46.34	53.07	090
55821	.....	A	Removal of prostate	14.25	NA	NA	7.42	11.09	0.89	NA	NA	22.56	26.23	090
55831	.....	A	Removal of prostate	15.62	NA	NA	7.90	11.85	0.99	NA	NA	24.51	28.46	090
55840	.....	A	Extensive prostate surgery	22.69	NA	NA	11.52	14.77	1.44	NA	NA	35.65	38.90	090
55842	.....	A	Extensive prostate surgery	24.38	NA	NA	12.19	16.49	1.58	NA	NA	38.15	42.45	090
55845	.....	A	Extensive prostate surgery	28.55	NA	NA	13.23	20.24	1.78	NA	NA	43.56	50.57	090
55859	.....	A	Percut/needle insert, pros	12.52	NA	NA	7.53	6.96	0.73	NA	NA	20.78	20.21	090
55860	.....	A	Surgical exposure, prostate	14.45	NA	NA	7.75	7.75	0.82	NA	NA	23.02	23.02	090
55862	.....	A	Extensive prostate surgery	18.39	NA	NA	8.96	10.83	1.26	NA	NA	28.61	30.48	090
55865	.....	A	Extensive prostate surgery	22.87	NA	NA	10.55	18.58	1.48	NA	NA	34.90	42.93	090
55870	.....	A	Electroejaculation	2.58	1.76	1.88	0.88	1.44	0.16	4.50	4.62	3.62	4.18	000
55899	.....	C	Genital surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
55970	.....	N	Sex transformation, M to F	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
55980	.....	N	Sex transformation, F to M	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
56300	.....	A	Laparoscopy; diagnostic	5.10	NA	NA	3.67	4.25	0.49	NA	NA	9.26	9.84	010
56301	.....	A	Laparoscopy; tubal cautery	5.60	NA	NA	3.33	4.22	0.45	NA	NA	9.38	10.27	010
56302	.....	A	Laparoscopy; tubal block	5.60	NA	NA	3.35	4.53	0.45	NA	NA	9.40	10.58	010
56303	.....	A	Laparoscopy; excise lesions	11.79	NA	NA	15.77	10.89	0.98	NA	NA	28.54	23.66	090
56304	.....	A	Laparoscopy; lysis	11.29	NA	NA	5.30	5.69	1.09	NA	NA	17.68	18.07	090
56305	.....	A	Laparoscopy; biopsy	5.40	NA	NA	3.16	4.24	0.51	NA	NA	9.07	10.15	010
56306	.....	A	Laparoscopy; aspiration	5.70	NA	NA	3.25	4.27	0.51	NA	NA	9.46	10.48	010
56307	.....	A	Laparoscopy; remove adnexa	11.05	NA	NA	4.95	6.36	0.91	NA	NA	16.91	18.32	010
56308	.....	A	Laparoscopy; hysterectomy	14.19	NA	NA	6.39	8.29	1.16	NA	NA	21.74	23.64	010
56309	.....	A	Laparoscopy; remove myoma	14.21	NA	NA	6.37	5.77	1.20	NA	NA	21.78	21.18	010
56310	.....	A	Laparoscopic enterolysis	14.44	NA	NA	6.85	7.92	1.48	NA	NA	22.77	23.84	090
56311	.....	A	Laparoscopic lymph node biop	9.25	NA	NA	4.62	5.77	0.85	NA	NA	14.72	15.87	010
56312	.....	A	Laparoscopic lymphadenectomy	12.38	NA	NA	5.36	7.33	0.82	NA	NA	18.56	20.53	010
56313	.....	A	Laparoscopic lymphadenectomy	14.32	NA	NA	6.09	8.48	1.09	NA	NA	21.50	23.89	010
56314	.....	A	Lapar; drain lymphocele	9.48	NA	NA	4.30	5.80	0.94	NA	NA	14.72	16.22	090
56315	.....	A	Laparoscopic appendectomy	8.70	NA	NA	4.28	4.80	0.90	NA	NA	13.88	14.40	090
56316	.....	A	Laparoscopic hernia repair	6.27	NA	NA	3.42	4.16	0.65	NA	NA	10.34	11.08	090
56317	.....	A	Laparoscopic hernia repair	8.24	NA	NA	4.47	5.07	0.86	NA	NA	13.57	14.17	090
56318	.....	A	Laparoscopic orchiectomy	10.96	NA	NA	6.75	7.30	0.72	NA	NA	18.43	18.98	090
56320	.....	A	Laparoscopy, spermatic veins	6.57	NA	NA	3.64	4.21	0.43	NA	NA	10.64	11.21	090
56321	.....	C	Laparoscopy; adrenalectomy	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
56322	.....	A	Laparoscopy, vagus nerves	10.15	NA	NA	4.75	5.13	1.06	NA	NA	15.96	16.34	090
56323	.....	A	Laparoscopy, vagus nerves	12.15	NA	NA	5.73	6.17	1.08	NA	NA	18.96	19.40	090
56324	.....	A	Laparoscopy, cholecystoenter	12.58	NA	NA	6.08	8.01	1.33	NA	NA	19.99	21.92	090
56340	.....	A	Laparoscopic cholecystectomy	11.09	NA	NA	5.20	6.94	1.14	NA	NA	17.43	19.17	090
56341	.....	A	Laparoscopic cholecystectomy	11.94	NA	NA	5.55	7.35	1.23	NA	NA	18.72	20.52	090
56342	.....	A	Laparoscopic cholecystectomy	14.23	NA	NA	7.42	8.80	1.44	NA	NA	23.09	24.47	090
56343	.....	A	Laparoscopic salpingostomy	13.74	NA	NA	6.64	6.19	1.17	NA	NA	21.55	21.10	090
56344	.....	A	Laparoscopic fimbrioplasty	12.88	NA	NA	6.35	5.95	1.15	NA	NA	20.38	19.98	090
56345	.....	C	Laparoscopic splenectomy	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
56346	.....	A	Laparoscopic gastrostomy	7.73	NA	NA	4.34	5.53	0.77	NA	NA	12.84	14.03	090
56347	.....	C	Laparoscopic jejunostomy	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
56348	.....	A	Laparo; resect intestine	22.04	NA	NA	10.18	12.28	2.27	NA	NA	34.49	36.59	090
56349	.....	A	Laparoscopy; fundoplasty	17.25	NA	NA	8.95	10.92	1.80	NA	NA	28.00	29.97	090
56350	.....	A	Hysteroscopy; diagnostic	3.33	2.83	2.50	1.28	1.72	0.27	6.43	6.10	4.88	5.32	000
56351	.....	A	Hysteroscopy; biopsy	4.75	3.37	2.77	1.82	1.99	0.38	8.50	7.90	6.95	7.12	000
56352	.....	A	Hysteroscopy; lysis	6.17	NA	NA	2.35	3.22	0.50	NA	NA	9.02	9.89	000
56353	.....	A	Hysteroscopy; resect septum	7.00	NA	NA	2.68	3.39	0.57	NA	NA	10.25	10.96	000
56354	.....	A	Hysteroscopy; remove myoma	10.00	NA	NA	3.85	4.60	0.81	NA	NA	14.66	15.41	000
56355	.....	A	Hysteroscopy; remove impact	5.21	NA	NA	1.96	2.06	0.42	NA	NA	7.59	7.69	000
56356	.....	A	Hysteroscopy; ablation	6.17	NA	NA	2.37	3.57	0.50	NA	NA	9.04	10.24	000
56362	.....	A	Laparoscopy w/cholangio	4.89	NA	NA	2.59	2.80	0.48	NA	NA	7.96	8.17	000
56363	.....	A	Laparoscopy w/biopsy	5.18	NA	NA	2.07	3.17	0.49	NA	NA	7.74	8.84	000

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[5] # Indicates new CPT/HCPCS codes which were not factored into budget neutrality adjustments.

ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT[1]/ HCPCS[2]	MOD	Status	Description	Physician work RVUs[3,5]	Fully implemented non-facility PE RVUs	Year 2000 transitional non-facility PE RVUs	Fully implemented facility PE RVUs	Year 2000 transitional facility PE RVUs	Malpractice RVUs	Fully implemented non-facility total	Year 2000 transitional non-facility total	Fully implemented facility total	Year 2000 transitional facility total	Global
56399	.....	C	Laparoscopy procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
56405	.....	A	I & D of vulva/perineum	1.44	2.22	1.52	1.26	0.84	0.12	3.78	3.08	2.82	2.40	010
56420	.....	A	Drainage of gland abscess	1.39	2.21	1.54	1.14	0.79	0.12	3.72	3.05	2.65	2.30	010
56440	.....	A	Surgery for vulva lesion	2.84	3.32	3.09	2.19	2.52	0.24	6.40	6.17	5.27	5.60	010
56441	.....	A	Lysis of labial lesion(s)	1.97	2.49	2.14	2.01	1.90	0.15	4.61	4.26	4.13	4.02	010
56501	.....	A	Destruction, vulva lesion(s)	1.53	2.16	1.38	1.29	0.80	0.12	3.81	3.03	2.94	2.45	010
56515	.....	A	Destruction, vulva lesion(s)	1.88	2.52	2.54	2.04	2.15	0.15	4.55	4.57	4.07	4.18	010
56605	.....	A	Biopsy of vulva/perineum	1.10	1.68	1.21	0.42	0.40	0.09	2.87	2.40	1.61	1.59	000
56606	.....	A	Biopsy of vulva/perineum	0.55	1.48	0.93	0.21	0.20	0.04	2.07	1.52	0.80	0.79	ZZZ
56620	.....	A	Partial removal of vulva	7.47	NA	NA	4.57	5.80	0.60	NA	NA	12.64	13.87	090
56625	.....	A	Complete removal of vulva	8.40	NA	NA	5.51	7.77	0.67	NA	NA	14.58	16.84	090
56630	.....	A	Extensive vulva surgery	12.36	NA	NA	7.08	10.85	1.00	NA	NA	20.44	24.21	090
56631	.....	A	Extensive vulva surgery	16.20	NA	NA	9.67	14.51	1.30	NA	NA	27.17	32.01	090
56632	.....	A	Extensive vulva surgery	20.29	NA	NA	11.15	17.15	1.63	NA	NA	33.07	39.07	090
56633	.....	A	Extensive vulva surgery	16.47	NA	NA	8.71	13.02	1.32	NA	NA	26.50	30.81	090
56634	.....	A	Extensive vulva surgery	17.88	NA	NA	10.34	15.85	1.43	NA	NA	29.65	35.16	090
56637	.....	A	Extensive vulva surgery	21.97	NA	NA	11.75	17.50	1.76	NA	NA	35.48	41.23	090
56640	.....	A	Extensive vulva surgery	22.17	NA	NA	11.67	16.66	1.75	NA	NA	35.59	40.58	090
56700	.....	A	Partial removal of hymen	2.52	2.80	2.39	2.04	2.01	0.20	5.52	5.11	4.76	4.73	010
56720	.....	A	Incision of hymen	0.68	1.53	1.03	0.66	0.59	0.06	2.27	1.77	1.40	1.33	000
56740	.....	A	Remove vagina gland lesion	3.76	3.22	3.17	2.51	2.81	0.32	7.30	7.25	6.59	6.89	010
56800	.....	A	Repair of vagina	3.89	NA	NA	2.73	2.95	0.30	NA	NA	6.92	7.14	010
56805	.....	A	Repair clitoris	18.86	NA	NA	8.41	10.58	1.16	NA	NA	28.43	30.60	090
56810	.....	A	Repair of perineum	4.13	NA	NA	2.67	2.76	0.34	NA	NA	7.14	7.23	010
57000	.....	A	Exploration of vagina	2.97	NA	NA	2.30	2.25	0.23	NA	NA	5.50	5.45	010
57010	.....	A	Drainage of pelvic abscess	6.03	NA	NA	3.71	3.30	0.51	NA	NA	10.25	9.84	090
57020	.....	A	Drainage of pelvic fluid	1.50	1.48	1.10	0.55	0.63	0.12	3.10	2.72	2.17	2.25	000
57061	.....	A	Destruction vagina lesion(s)	1.25	2.11	1.50	1.18	0.82	0.10	3.46	2.85	2.53	2.17	010
57065	.....	A	Destruction vagina lesion(s)	2.61	2.73	2.92	2.19	2.65	0.21	5.55	5.74	5.01	5.47	010
57100	.....	A	Biopsy of vagina	0.97	1.37	1.02	0.36	0.35	0.08	2.42	2.07	1.41	1.40	000
57105	.....	A	Biopsy of vagina	1.69	2.35	2.03	1.81	1.76	0.14	4.18	3.86	3.64	3.59	010
57106	.....	A	Remove vagina wall, partial	6.36	2.48	2.48	2.40	2.40	0.54	9.38	9.38	9.30	9.30	090
57107	.....	A	Remove vagina tissue/partial	23.00	8.81	8.81	8.63	8.63	1.87	33.68	33.68	33.50	33.50	090
57109	.....	A	Vaginectomy partial w/nodes	27.00	9.91	9.91	9.47	9.47	1.92	38.83	38.83	38.39	38.39	090
57110	.....	A	Remove vagina wall, complete	14.29	NA	NA	6.89	7.72	1.14	NA	NA	22.32	23.15	090
57111	.....	A	Remove vagina tissue/compl	27.00	9.70	9.70	9.70	9.70	2.17	38.87	38.87	38.87	38.87	090
57112	.....	A	Vaginectomy complete w/nodes	29.00	10.17	10.17	10.07	10.07	1.99	41.16	41.16	41.06	41.06	090
57120	.....	A	Closure of vagina	7.41	NA	NA	4.53	6.06	0.60	NA	NA	12.54	14.07	090
57130	.....	A	Remove vagina lesion	2.43	NA	NA	2.05	2.45	0.20	NA	NA	4.68	5.08	010
57135	.....	A	Remove vagina lesion	2.67	2.72	2.41	2.13	2.11	0.22	5.61	5.30	5.02	5.00	010
57150	.....	A	Treat vagina infection	0.55	0.95	0.58	0.21	0.16	0.04	1.54	1.17	0.80	0.75	000
57160	.....	A	Insertion of pessary/device	0.89	1.25	0.76	0.33	0.24	0.07	2.21	1.72	1.29	1.20	000
57170	.....	A	Fitting of diaphragm/cap	0.91	1.27	0.81	0.33	0.26	0.07	2.25	1.79	1.31	1.24	000
57180	.....	A	Treat vaginal bleeding	1.58	2.12	1.36	1.34	0.82	0.13	3.83	3.07	3.05	2.53	010
57200	.....	A	Repair of vagina	3.94	NA	NA	2.89	2.92	0.33	NA	NA	7.16	7.19	090
57210	.....	A	Repair vagina/perineum	5.17	NA	NA	3.36	3.46	0.42	NA	NA	8.95	9.05	090
57220	.....	A	Revision of urethra	4.31	NA	NA	3.27	4.05	0.34	NA	NA	7.92	8.70	090
57230	.....	A	Repair of urethral lesion	5.64	NA	NA	3.87	4.02	0.43	NA	NA	9.94	10.09	090
57240	.....	A	Repair bladder & vagina	6.07	NA	NA	4.12	5.69	0.47	NA	NA	10.66	12.23	090
57250	.....	A	Repair rectum & vagina	5.53	NA	NA	3.68	5.14	0.45	NA	NA	9.66	11.12	090
57260	.....	A	Repair of vagina	8.27	NA	NA	4.73	7.06	0.67	NA	NA	13.67	16.00	090
57265	.....	A	Extensive repair of vagina	11.34	NA	NA	6.38	8.30	0.92	NA	NA	18.64	20.56	090
57268	.....	A	Repair of bowel bulge	6.76	NA	NA	4.14	5.88	0.55	NA	NA	11.45	13.19	090
57270	.....	A	Repair of bowel pouch	12.11	NA	NA	6.06	6.74	0.98	NA	NA	19.15	19.83	090
57280	.....	A	Suspension of vagina	15.04	NA	NA	7.18	8.22	1.20	NA	NA	23.42	24.46	090
57282	.....	A	Repair of vaginal prolapse	8.86	NA	NA	4.97	7.22	0.71	NA	NA	14.54	16.79	090
57284	.....	A	Repair paravaginal defect	12.70	NA	NA	6.67	8.00	0.99	NA	NA	20.36	21.69	090
57288	.....	A	Repair bladder defect	13.02	NA	NA	6.68	9.16	0.84	NA	NA	20.54	23.02	090
57289	.....	A	Repair bladder & vagina	11.58	NA	NA	6.30	7.60	0.83	NA	NA	18.71	20.01	090
57291	.....	A	Construction of vagina	7.95	NA	NA	5.00	5.41	0.65	NA	NA	13.60	14.01	090
57292	.....	A	Construct vagina with graft	13.09	NA	NA	7.06	7.09	1.14	NA	NA	21.29	21.32	090
57300	.....	A	Repair rectum-vagina fistula	7.61	NA	NA	4.48	6.53	0.73	NA	NA	12.82	14.87	090
57305	.....	A	Repair rectum-vagina fistula	13.77	NA	NA	6.81	7.50	1.38	NA	NA	21.96	22.65	090
57307	.....	A	Fistula repair & colostomy	15.93	NA	NA	7.85	7.24	1.60	NA	NA	25.38	24.77	090
57308	.....	A	Fistula repair, transperine	9.94	NA	NA	4.66	6.26	0.91	NA	NA	15.51	17.11	090
57310	.....	A	Repair urethrovaginal lesion	6.78	NA	NA	4.44	4.57	0.46	NA	NA	11.68	11.81	090
57311	.....	A	Repair urethrovaginal lesion	7.98	NA	NA	4.75	5.41	0.43	NA	NA	13.16	13.82	090
57320	.....	A	Repair bladder-vagina lesion	8.01	NA	NA	4.95	7.26	0.54	NA	NA	13.50	15.81	090
57330	.....	A	Repair bladder-vagina lesion	12.35	NA	NA	6.60	7.80	0.83	NA	NA	19.78	20.98	090
57335	.....	A	Repair vagina	18.73	NA	NA	8.90	8.20	1.46	NA	NA	29.09	28.39	090
57400	.....	A	Dilation of vagina	2.27	NA	NA	1.45	0.91	0.17	NA	NA	3.89	3.35	000
57410	.....	A	Pelvic examination	1.75	2.50	1.45	1.14	0.77	0.12	4.37	3.32	3.01	2.64	000
57415	.....	A	Removal vaginal foreign body	2.17	3.24	1.82	1.98	1.19	0.17	5.58	4.16	4.32	3.53	010
57452	.....	A	Examination of vagina	0.99	1.56	1.14	0.36	0.36	0.08	2.63	2.21	1.43	1.43	000
57454	.....	A	Vagina examination & biopsy	1.27	1.64	1.48	0.48	0.57	0.10	3.01	2.85	1.85	1.94	000
57460	.....	A	Cervix excision	2.83	1.94	2.07	1.08	1.09	0.23	5.00	5.13	4.14	4.15	000
57500	.....	A	Biopsy of cervix	0.97	1.37	1.00	0.37	0.34	0.08	2.42	2.05	1.42	1.39	000
57505	.....	A	Endocervical curettage	1.14	1.83	1.26	1.19	0.77	0.09	3.06	2.49	2.42	2.00	010
57510	.....	A	Cauterization of cervix	1.90	2.89	1.73	1.49	0.89	0.15	4.94	3.78	3.54	2.94	010
57511	.....	A	Cryocautery of cervix	1.90	2.27	1.60	0.71	0.59	0.15	4.32	3.65	2.76	2.64	010
57513	.....	A	Laser surgery of cervix	1.90	2.40	2.34	1.46	1.87	0.15	4.45	4.39	3.51	3.92	010
57520	.....	A	Conization of cervix	4.04	3.90	3.82	2.69	3.22	0.33	8.27	8.19	7.06	7.59	090
57522	.....	A	Conization of cervix	3.36	3.54	3.64	2.43	3.09	0.27	7.17	7.27	6.06	6.72	090
57530	.....	A	Removal of cervix	4.79	NA	NA	3.39	3.66	0.39	NA	NA	8.57	8.84	090

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT[1]/ HCPCS[2]	MOD	Status	Description	Physician work RVUs[3,5]	Fully implemented non-facility PE RVUs	Year 2000 transitional non-facility PE RVUs	Fully implemented facility PE RVUs	Year 2000 transitional facility PE RVUs	Malpractice RVUs	Fully implemented non-facility total	Year 2000 transitional non-facility total	Fully implemented facility total	Year 2000 transitional facility total	Global
57531	.....	A	Removal of cervix, radical	28.00	NA	NA	12.26	15.78	2.29	NA	NA	42.55	46.07	090
57540	.....	A	Removal of residual cervix	12.22	NA	NA	5.99	6.65	1.06	NA	NA	19.27	19.93	090
57545	.....	A	Remove cervix, repair pelvis	13.03	NA	NA	6.38	5.68	1.09	NA	NA	20.50	19.80	090
57550	.....	A	Removal of residual cervix	5.53	NA	NA	3.66	5.13	0.45	NA	NA	9.64	11.11	090
57555	.....	A	Remove cervix, repair vagina	8.95	NA	NA	5.20	7.95	0.74	NA	NA	14.89	17.64	090
57556	.....	A	Remove cervix, repair bowel	8.37	NA	NA	5.19	7.60	0.68	NA	NA	14.24	16.65	090
57700	.....	A	Revision of cervix	3.55	NA	NA	2.50	2.55	0.27	NA	NA	6.32	6.37	090
57720	.....	A	Revision of cervix	4.13	NA	NA	3.16	3.08	0.33	NA	NA	7.62	7.54	090
57800	.....	A	Dilation of cervical canal	0.77	1.15	0.84	0.28	0.27	0.06	1.98	1.67	1.11	1.10	000
57820	.....	A	D&c of residual cervix	1.67	2.28	2.27	2.15	2.21	0.14	4.09	4.08	3.96	4.02	010
58100	.....	A	Biopsy of uterus lining	0.71	1.09	0.91	0.27	0.32	0.06	1.86	1.68	1.04	1.09	000
58120	.....	A	Dilation and curettage (D&C)	3.27	3.52	3.23	2.34	2.64	0.27	7.06	6.77	5.88	6.18	010
58140	.....	A	Removal of uterus lesion	14.60	NA	NA	6.83	7.94	1.31	NA	NA	22.74	23.85	090
58145	.....	A	Removal of uterus lesion	8.04	NA	NA	4.69	6.82	0.65	NA	NA	13.38	15.51	090
58150	.....	A	Total hysterectomy	15.24	NA	NA	7.25	8.82	1.26	NA	NA	23.75	25.32	090
58152	.....	A	Total hysterectomy	15.09	NA	NA	7.21	10.11	1.25	NA	NA	23.55	26.45	090
58180	.....	A	Partial hysterectomy	15.29	NA	NA	7.23	8.91	1.30	NA	NA	23.82	25.50	090
58200	.....	A	Extensive hysterectomy	21.59	NA	NA	10.54	12.32	1.76	NA	NA	33.89	35.67	090
58210	.....	A	Extensive hysterectomy	28.85	NA	NA	13.30	16.30	2.32	NA	NA	44.47	47.47	090
58240	.....	A	Removal of pelvis contents	38.39	NA	NA	17.87	24.53	3.16	NA	NA	59.42	66.08	090
58260	.....	A	Vaginal hysterectomy	12.20	NA	NA	5.72	7.96	0.99	NA	NA	18.91	21.15	090
58262	.....	A	Vaginal hysterectomy	13.99	NA	NA	6.42	8.31	1.13	NA	NA	21.54	23.43	090
58263	.....	A	Vaginal hysterectomy	15.28	NA	NA	6.91	9.06	1.24	NA	NA	23.43	25.58	090
58267	.....	A	Hysterectomy & vagina repair	15.00	NA	NA	6.80	9.66	1.22	NA	NA	23.02	25.88	090
58270	.....	A	Hysterectomy & vagina repair	13.48	NA	NA	6.26	8.73	1.10	NA	NA	20.84	23.31	090
58275	.....	A	Hysterectomy, revise vagina	14.98	NA	NA	6.72	9.34	1.25	NA	NA	22.95	25.57	090
58280	.....	A	Hysterectomy, revise vagina	15.41	NA	NA	6.89	9.15	1.26	NA	NA	23.56	25.82	090
58285	.....	A	Extensive hysterectomy	18.57	NA	NA	9.34	10.97	1.53	NA	NA	29.44	31.07	090
58300	.....	N	Insert intrauterine device	+1.01	1.24	1.04	0.39	0.62	0.08	2.33	2.13	1.48	1.71	XXX
58301	.....	A	Remove intrauterine device	1.27	1.40	0.95	0.47	0.36	0.10	2.77	2.32	1.84	1.73	000
58321	.....	A	Artificial insemination	0.92	0.91	0.84	0.36	0.57	0.07	1.90	1.83	1.35	1.56	000
58322	.....	A	Artificial insemination	1.10	1.00	0.89	0.42	0.60	0.09	2.19	2.08	1.61	1.79	000
58323	.....	A	Sperm washing	0.23	0.47	0.32	0.09	0.13	0.02	0.72	0.57	0.34	0.38	000
58340	.....	A	Catheter for hysterography	0.88	14.10	7.36	0.27	0.45	0.06	15.04	8.30	1.21	1.39	000
58345	.....	A	Reopen fallopian tube	4.66	NA	NA	1.50	2.65	0.28	NA	NA	6.44	7.59	010
58350	.....	A	Reopen fallopian tube	1.01	1.85	1.30	1.06	0.91	0.08	2.94	2.39	2.15	2.00	010
58400	.....	A	Suspension of uterus	6.36	NA	NA	3.85	4.99	0.52	NA	NA	10.73	11.87	090
58410	.....	A	Suspension of uterus	12.73	NA	NA	6.64	6.32	0.99	NA	NA	20.36	20.04	090
58520	.....	A	Repair of ruptured uterus	11.92	NA	NA	6.00	5.30	1.10	NA	NA	19.02	18.32	090
58540	.....	A	Revision of uterus	14.64	NA	NA	7.08	6.87	1.19	NA	NA	22.91	22.70	090
58600	.....	A	Division of fallopian tube	3.84	NA	NA	2.52	3.55	0.32	NA	NA	6.68	7.71	090
58605	.....	A	Division of fallopian tube	3.34	NA	NA	2.38	3.18	0.27	NA	NA	5.99	6.79	090
58611	.....	A	Ligate oviduct(s) add-on	0.63	NA	NA	0.24	0.38	0.05	NA	NA	0.92	1.06	ZZZ
58615	.....	A	Occlude fallopian tube(s)	3.90	NA	NA	2.53	2.85	0.32	NA	NA	6.75	7.07	010
58700	.....	A	Removal of fallopian tube	6.49	NA	NA	3.62	5.25	0.61	NA	NA	10.72	12.35	090
58720	.....	A	Removal of ovary/tube(s)	11.36	NA	NA	5.67	6.91	1.00	NA	NA	18.03	19.27	090
58740	.....	A	Revise fallopian tube(s)	5.83	NA	NA	3.62	5.29	0.49	NA	NA	9.94	11.61	090
58750	.....	A	Repair oviduct	14.84	NA	NA	7.36	7.11	1.26	NA	NA	23.46	23.21	090
58752	.....	A	Revise ovarian tube(s)	14.84	NA	NA	7.10	7.21	1.17	NA	NA	23.11	23.22	090
58760	.....	A	Remove tubal obstruction	13.13	NA	NA	6.50	6.03	1.05	NA	NA	20.68	20.21	090
58770	.....	A	Create new tubal opening	13.97	NA	NA	6.70	6.22	1.20	NA	NA	21.87	21.39	090
58800	.....	A	Drainage of ovarian cyst(s)	4.14	3.94	3.43	3.78	3.35	0.30	8.38	7.87	8.22	7.79	090
58805	.....	A	Drainage of ovarian cyst(s)	5.88	NA	NA	3.39	5.16	0.54	NA	NA	9.81	11.58	090
58820	.....	A	Open drain ovary abscess	4.22	NA	NA	3.12	3.06	0.26	NA	NA	7.60	7.54	090
58822	.....	A	Percut drain ovary abscess	10.13	NA	NA	4.82	4.34	0.89	NA	NA	15.84	15.36	090
58823	.....	A	Percut drain pelvic abscess	3.38	NA	NA	2.71	2.75	0.25	NA	NA	6.34	6.38	000
58825	.....	A	Transposition, ovary(s)	6.13	NA	NA	3.69	4.03	0.51	NA	NA	10.33	10.67	090
58900	.....	A	Biopsy of ovary(s)	5.99	NA	NA	3.50	4.57	0.53	NA	NA	10.02	11.09	090
58920	.....	A	Partial removal of ovary(s)	6.78	NA	NA	4.02	5.69	0.63	NA	NA	11.43	13.10	090
58925	.....	A	Removal of ovarian cyst(s)	11.36	NA	NA	5.59	6.36	1.06	NA	NA	18.01	18.78	090
58940	.....	A	Removal of ovary(s)	7.29	NA	NA	3.99	5.52	0.69	NA	NA	11.97	13.50	090
58943	.....	A	Removal of ovary(s)	18.43	NA	NA	9.16	11.15	1.62	NA	NA	29.21	31.20	090
58950	.....	A	Resect ovarian malignancy	15.27	NA	NA	8.02	10.11	1.31	NA	NA	24.60	26.69	090
58951	.....	A	Resect ovarian malignancy	21.81	NA	NA	10.54	15.22	1.81	NA	NA	34.16	38.84	090
58952	.....	A	Resect ovarian malignancy	25.01	NA	NA	11.81	15.73	2.05	NA	NA	38.87	42.79	090
58960	.....	A	Exploration of abdomen	14.65	NA	NA	7.75	10.92	1.24	NA	NA	23.64	26.81	090
58970	.....	A	Retrieval of oocyte	3.53	7.19	4.96	0.90	1.82	0.25	10.97	8.74	4.68	5.60	000
58974	.....	C	Transfer of embryo	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	000
58976	.....	A	Transfer of embryo	3.83	2.16	2.56	1.48	2.22	0.31	6.30	6.70	5.62	6.36	000
58999	.....	C	Genital surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
59000	.....	A	Amniocentesis	1.30	1.53	1.29	0.49	0.77	0.21	3.04	2.80	2.00	2.28	000
59012	.....	A	Fetal cord puncture,prenatal	3.45	NA	NA	1.33	2.09	0.57	NA	NA	5.35	6.11	000
59015	.....	A	Chorion biopsy	2.20	1.26	1.28	0.85	1.08	0.36	3.82	3.84	3.41	3.64	000
59020	.....	A	Fetal contract stress test	0.66	0.81	1.07	0.81	1.07	0.19	1.66	1.92	1.66	1.92	000
59020	26	A	Fetal contract stress test	0.66	NA	NA	0.25	0.52	0.11	NA	NA	1.02	1.29	000
59020	TC	A	Fetal contract stress test	0.00	0.55	0.55	0.55	0.55	0.08	0.63	0.63	0.63	0.63	000
59025	.....	A	Fetal non-stress test	0.53	0.44	0.55	0.44	0.55	0.12	1.09	1.20	1.09	1.20	000
59025	26	A	Fetal non-stress test	0.53	NA	NA	0.20	0.31	0.09	NA	NA	0.82	0.93	000
59025	TC	A	Fetal non-stress test	0.00	0.24	0.24	0.24	0.24	0.03	0.27	0.27	0.27	0.27	000
59030	.....	A	Fetal scalp blood sample	1.99	NA	NA	0.75	1.23	0.33	NA	NA	3.07	3.55	000
59050	.....	A	Fetal monitor w/report	0.89	NA	NA	0.34	0.61	0.15	NA	NA	1.38	1.65	XXX
59051	.....	A	Fetal monitor/interpret only	0.74	NA	NA	0.29	0.59	0.12	NA	NA	1.15	1.45	XXX
59100	.....	A	Remove uterus lesion	12.35	NA	NA	6.06	5.28	2.02	NA	NA	20.43	19.65	090
59120	.....	A	Treat ectopic pregnancy	11.49	NA	NA	5.81	7.17	1.88	NA	NA	19.18	20.54	090

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[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.
[4] PE RVUs = Practice Expense Relative Value Units.
[5] # Indicates new CPT/HCPCS codes which were not factored into budget neutrality adjustments.

ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT[1]/ HCPCS[2]	MOD	Status	Description	Physician work RVUs[3,5]	Fully implemented non-facility PE RVUs	Year 2000 transitional non-facility PE RVUs	Fully implemented facility PE RVUs	Year 2000 transitional facility PE RVUs	Malpractice RVUs	Fully implemented non-facility total	Year 2000 transitional non-facility total	Fully implemented facility total	Year 2000 transitional facility total	Global
59121	.....	A	Treat ectopic pregnancy	11.67	NA	NA	5.92	5.88	1.91	NA	NA	19.50	19.46	090
59130	.....	A	Treat ectopic pregnancy	14.22	NA	NA	5.44	5.96	2.33	NA	NA	21.99	22.51	090
59135	.....	A	Treat ectopic pregnancy	13.88	NA	NA	6.61	8.65	2.27	NA	NA	22.76	24.80	090
59136	.....	A	Treat ectopic pregnancy	13.18	NA	NA	6.35	6.55	2.16	NA	NA	21.69	21.89	090
59140	.....	A	Treat ectopic pregnancy	5.46	NA	NA	3.38	4.22	0.89	NA	NA	9.73	10.57	090
59150	.....	A	Treat ectopic pregnancy	6.89	NA	NA	4.38	4.65	1.13	NA	NA	12.40	12.67	090
59151	.....	A	Treat ectopic pregnancy	7.86	NA	NA	4.05	6.70	1.29	NA	NA	13.20	15.85	090
59160	.....	A	D&C after delivery	2.71	3.23	3.21	2.15	2.67	0.44	6.38	6.36	5.30	5.82	010
59200	.....	A	Insert cervical dilator	0.79	1.22	0.91	0.28	0.29	0.13	2.14	1.83	1.20	1.21	000
59300	.....	A	Episiotomy or vaginal repair	2.41	1.86	1.47	0.88	0.71	0.39	4.66	4.27	3.68	3.51	000
59320	.....	A	Revision of cervix	2.48	NA	NA	1.35	1.64	0.41	NA	NA	4.24	4.53	000
59325	.....	A	Revision of cervix	4.07	NA	NA	1.96	2.55	0.67	NA	NA	6.70	7.29	000
59350	.....	A	Repair of uterus	4.95	NA	NA	1.81	2.83	0.81	NA	NA	7.57	8.59	000
59400	.....	A	Obstetrical care	23.06	NA	NA	13.42	14.85	3.78	NA	NA	40.26	41.69	MMM
59409	.....	A	Obstetrical care	13.50	NA	NA	5.09	7.69	2.21	NA	NA	20.80	23.40	MMM
59410	.....	A	Obstetrical care	14.78	NA	NA	6.32	8.76	2.42	NA	NA	23.52	25.96	MMM
59412	.....	A	Antepartum manipulation	1.71	1.38	1.35	0.65	0.99	0.28	3.37	3.34	2.64	2.98	MMM
59414	.....	A	Deliver placenta	1.61	NA	NA	1.14	1.20	0.26	NA	NA	3.01	3.07	MMM
59425	.....	A	Antepartum care only	4.81	4.58	3.86	4.58	3.08	0.79	10.18	9.46	10.18	8.68	MMM
59426	.....	A	Antepartum care only	8.28	7.80	6.58	7.80	5.24	1.36	17.44	16.22	17.44	14.88	MMM
59430	.....	A	Care after delivery	2.13	1.13	0.77	1.13	0.67	0.35	3.61	3.25	3.61	3.15	MMM
59510	.....	A	Cesarean delivery	26.22	NA	NA	15.33	16.84	4.29	NA	NA	45.84	47.35	MMM
59514	.....	A	Cesarean delivery only	15.97	NA	NA	5.99	8.96	2.62	NA	NA	24.58	27.55	MMM
59515	.....	A	Cesarean delivery	17.37	NA	NA	7.66	10.25	2.85	NA	NA	27.88	30.47	MMM
59525	.....	A	Remove uterus after cesarean	8.54	NA	NA	3.23	3.68	1.40	NA	NA	13.17	13.62	ZZZ
59610	.....	A	Vbac delivery	24.62	NA	NA	9.27	12.77	4.03	NA	NA	37.92	41.42	MMM
59612	.....	A	Vbac delivery only	15.06	NA	NA	5.74	8.02	2.47	NA	NA	23.27	25.55	MMM
59614	.....	A	Vbac care after delivery	16.34	NA	NA	6.20	8.70	2.68	NA	NA	25.22	27.72	MMM
59618	.....	A	Attempted vbac delivery	27.78	NA	NA	10.69	14.52	4.55	NA	NA	43.02	46.85	MMM
59620	.....	A	Attempted vbac delivery only	17.53	NA	NA	6.65	9.29	2.87	NA	NA	27.05	29.69	MMM
59622	.....	A	Attempted vbac after care	18.93	NA	NA	7.31	10.07	3.10	NA	NA	29.34	32.10	MMM
59812	.....	A	Treatment of miscarriage	3.25	4.25	4.09	2.30	3.10	0.53	8.03	7.87	6.08	6.88	090
59820	.....	A	Care of miscarriage	4.01	4.55	4.31	2.61	3.34	0.66	9.22	8.98	7.28	8.01	090
59821	.....	A	Treatment of miscarriage	4.47	4.70	3.83	2.77	2.86	0.73	9.90	9.03	7.97	8.06	090
59830	.....	A	Treat uterus infection	6.11	NA	NA	3.83	4.38	1.00	NA	NA	10.94	11.49	090
59840	.....	R	Abortion	3.01	4.65	4.07	2.22	2.86	0.49	8.15	7.57	5.72	6.36	010
59841	.....	R	Abortion	5.24	7.06	5.57	3.45	3.76	0.86	13.16	11.67	9.55	9.86	010
59850	.....	R	Abortion	5.91	NA	NA	2.64	3.49	0.97	NA	NA	9.52	10.37	090
59851	.....	R	Abortion	5.93	NA	NA	3.02	3.83	0.97	NA	NA	9.92	10.73	090
59852	.....	R	Abortion	8.24	NA	NA	4.28	5.13	1.35	NA	NA	13.87	14.72	090
59855	.....	R	Abortion	6.12	NA	NA	3.01	3.75	1.00	NA	NA	10.13	10.87	090
59856	.....	R	Abortion	7.48	NA	NA	3.63	4.59	1.23	NA	NA	12.34	13.30	090
59857	.....	R	Abortion	9.29	NA	NA	4.25	5.50	1.52	NA	NA	15.06	16.31	090
59866	.....	R	Abortion	4.00	NA	NA	1.87	2.49	0.66	NA	NA	6.53	7.15	000
59870	.....	A	Evacuate mole of uterus	4.28	NA	NA	3.17	3.17	0.70	NA	NA	8.15	8.15	090
59871	.....	A	Remove cerclage suture	2.13	1.78	1.86	0.81	1.37	0.35	4.26	4.34	3.29	3.85	000
59899	.....	C	Maternity care procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
60000	.....	A	Drain thyroid/tongue cyst	1.76	2.13	1.39	1.81	1.07	0.12	4.01	3.27	3.69	2.95	010
60001	.....	A	Aspirate/inject thyriod cyst	0.97	1.93	1.54	0.33	0.74	0.08	2.98	2.59	1.38	1.79	000
60100	.....	A	Biopsy of thyroid	0.97	2.50	1.82	0.30	0.44	0.06	3.53	2.85	1.33	1.47	000
60200	.....	A	Remove thyroid lesion	9.55	NA	NA	6.28	6.41	0.91	NA	NA	16.74	16.87	090
60210	.....	A	Partial excision thyroid	10.88	NA	NA	6.43	7.93	1.05	NA	NA	18.36	19.86	090
60212	.....	A	Parital thyroid excision	16.03	NA	NA	8.25	9.03	1.61	NA	NA	25.89	26.67	090
60220	.....	A	Partial removal of thyroid	10.53	NA	NA	6.37	7.82	1.01	NA	NA	17.91	19.36	090
60225	.....	A	Partial removal of thyroid	14.19	NA	NA	7.92	9.65	1.36	NA	NA	23.47	25.20	090
60240	.....	A	Removal of thyroid	16.06	NA	NA	9.08	10.28	1.54	NA	NA	26.68	27.88	090
60252	.....	A	Removal of thyroid	18.20	NA	NA	10.45	12.63	1.71	NA	NA	30.36	32.54	090
60254	.....	A	Extensive thyroid surgery	23.88	NA	NA	14.12	17.49	2.07	NA	NA	40.07	43.44	090
60260	.....	A	Repeat thyroid surgery	15.46	NA	NA	9.26	6.34	1.48	NA	NA	26.20	23.28	090
60270	.....	A	Removal of thyroid	17.94	NA	NA	10.99	13.08	1.93	NA	NA	30.86	32.95	090
60271	.....	A	Removal of thyroid	14.89	NA	NA	8.99	11.09	1.45	NA	NA	25.33	27.43	090
60280	.....	A	Remove thyroid duct lesion	6.08	NA	NA	4.93	6.10	0.49	NA	NA	11.50	12.67	090
60281	.....	A	Remove thyroid duct lesion	8.53	NA	NA	5.38	5.43	0.75	NA	NA	14.66	14.71	090
60500	.....	A	Explore parathyroid glands	16.23	NA	NA	7.98	10.16	1.63	NA	NA	25.84	28.02	090
60502	.....	A	Re-explore parathyroids	20.35	NA	NA	9.90	11.13	2.04	NA	NA	32.29	33.52	090
60505	.....	A	Explore parathyroid glands	21.49	NA	NA	12.06	13.16	2.28	NA	NA	35.83	36.93	090
60512	.....	A	Autotransplant, parathyroid	4.45	NA	NA	1.77	2.15	0.45	NA	NA	6.67	7.05	ZZZ
60520	.....	A	Removal of thymus gland	16.81	NA	NA	11.35	13.02	1.97	NA	NA	30.13	31.80	090
60521	.....	A	Removal thymus gland	18.87	NA	NA	14.37	14.53	2.54	NA	NA	35.78	35.94	090
60522	.....	A	Removal of thymus gland	23.09	NA	NA	15.13	14.91	2.98	NA	NA	41.20	40.98	090
60540	.....	A	Explore adrenal gland	17.03	NA	NA	7.85	10.47	1.47	NA	NA	26.35	28.97	090
60545	.....	A	Explore adrenal gland	19.88	NA	NA	9.51	12.50	1.75	NA	NA	31.14	34.13	090
60600	.....	A	Remove carotid body lesion	17.93	NA	NA	13.86	13.15	2.03	NA	NA	33.82	33.11	090
60605	.....	A	Remove carotid body lesion	20.24	NA	NA	18.28	14.95	1.88	NA	NA	40.40	37.07	090
60699	.....	C	Endocrine surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
61000	.....	A	Remove cranial cavity fluid	1.58	1.52	1.34	1.48	1.32	0.14	3.24	3.06	3.20	3.04	000
61001	.....	A	Remove cranial cavity fluid	1.49	1.41	1.19	1.19	0.84	0.13	3.03	2.81	2.81	2.46	000
61020	.....	A	Remove brain cavity fluid	1.51	1.98	1.68	1.33	1.35	0.29	3.78	3.48	3.13	3.15	000
61026	.....	A	Injection into brain canal	1.69	2.11	2.07	1.37	1.70	0.25	4.05	4.01	3.31	3.64	000
61050	.....	A	Remove brain canal fluid	1.51	NA	NA	1.18	1.26	0.17	NA	NA	2.86	2.94	000
61055	.....	A	Injection into brain canal	2.10	NA	NA	1.72	1.88	0.14	NA	NA	3.96	4.12	000
61070	.....	A	Brain canal shunt procedure	0.89	7.07	3.80	1.38	0.83	0.09	8.05	4.78	2.36	1.81	000
61105	.....	A	Twist drill hole	5.14	NA	NA	3.65	4.89	1.08	NA	NA	9.87	11.11	090
61107	.....	A	Drill skull for implantation	5.00	NA	NA	3.00	4.49	1.04	NA	NA	9.04	10.53	000

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT[1]/ HCPCS[2]	MOD	Status	Description	Physician work RVUs[3,5]	Fully implemented non-facility PE RVUs	Year 2000 transitional non-facility PE RVUs	Fully implemented facility PE RVUs	Year 2000 transitional facility PE RVUs	Malpractice RVUs	Fully implemented non-facility total	Year 2000 transitional non-facility total	Fully implemented facility total	Year 2000 transitional facility total	Global
61108	.....	A	Drill skull for drainage	10.19	NA	NA	7.05	9.61	2.12	NA	NA	19.36	21.92	090
61120	.....	A	Burr hole for puncture	8.76	NA	NA	5.86	6.16	1.82	NA	NA	16.44	16.74	090
61140	.....	A	Pierce skull for biopsy	15.90	NA	NA	10.06	12.70	3.11	NA	NA	29.07	31.71	090
61150	.....	A	Pierce skull for drainage	17.57	NA	NA	10.73	13.32	3.54	NA	NA	31.84	34.43	090
61151	.....	A	Pierce skull for drainage	12.42	NA	NA	8.09	5.20	2.40	NA	NA	22.91	20.02	090
61154	.....	A	Pierce skull, remove clot	14.99	NA	NA	9.68	13.79	3.06	NA	NA	27.73	31.84	090
61156	.....	A	Pierce skull for drainage	16.32	NA	NA	10.33	13.95	3.40	NA	NA	30.05	33.67	090
61210	.....	A	Pierce skull; implant device	5.84	NA	NA	3.42	4.99	1.18	NA	NA	10.44	12.01	000
61215	.....	A	Insert brain-fluid device	4.89	NA	NA	4.27	5.06	0.99	NA	NA	10.15	10.94	090
61250	.....	A	Pierce skull & explore	10.42	NA	NA	6.66	7.69	2.19	NA	NA	19.27	20.30	090
61253	.....	A	Pierce skull & explore	12.36	NA	NA	8.23	9.34	2.54	NA	NA	23.13	24.24	090
61304	.....	A	Open skull for exploration	21.96	NA	NA	12.86	19.54	4.39	NA	NA	39.21	45.89	090
61305	.....	A	Open skull for exploration	26.61	NA	NA	15.10	23.35	5.10	NA	NA	46.81	55.06	090
61312	.....	A	Open skull for drainage	24.57	NA	NA	14.72	20.46	4.97	NA	NA	44.26	50.00	090
61313	.....	A	Open skull for drainage	24.93	NA	NA	14.85	20.47	4.99	NA	NA	44.77	50.39	090
61314	.....	A	Open skull for drainage	24.23	NA	NA	14.27	21.04	4.95	NA	NA	43.45	50.22	090
61315	.....	A	Open skull for drainage	27.68	NA	NA	16.29	21.39	5.56	NA	NA	49.53	54.63	090
61320	.....	A	Open skull for drainage	25.62	NA	NA	15.24	17.77	5.15	NA	NA	46.01	48.54	090
61321	.....	A	Open skull for drainage	28.50	NA	NA	15.97	18.75	5.58	NA	NA	50.05	52.83	090
61330	.....	A	Decompress eye socket	23.32	NA	NA	18.51	16.30	2.88	NA	NA	44.71	42.50	090
61332	.....	A	Explore/biopsy eye socket	27.28	NA	NA	19.54	21.02	4.57	NA	NA	51.39	52.87	090
61333	.....	A	Explore orbit; remove lesion	27.95	NA	NA	16.94	19.57	3.22	NA	NA	48.11	50.74	090
61334	.....	A	Explore orbit; remove object	18.27	NA	NA	10.70	13.30	2.64	NA	NA	31.61	34.21	090
61340	.....	A	Relieve cranial pressure	18.66	NA	NA	11.45	13.76	3.64	NA	NA	33.75	36.06	090
61343	.....	A	Incise skull,pressure relief	29.77	NA	NA	18.19	25.40	6.00	NA	NA	53.96	61.17	090
61345	.....	A	Relieve cranial pressure	27.20	NA	NA	16.44	18.63	5.60	NA	NA	49.24	51.43	090
61440	.....	A	Incise skull for surgery	26.63	NA	NA	13.76	18.14	3.13	NA	NA	43.52	47.90	090
61450	.....	A	Incise skull for surgery	25.95	NA	NA	15.55	18.86	5.20	NA	NA	46.70	50.01	090
61458	.....	A	Incise skull for brain wound	27.29	NA	NA	16.24	22.93	5.37	NA	NA	48.90	55.59	090
61460	.....	A	Incise skull for surgery	28.39	NA	NA	17.29	22.24	4.94	NA	NA	50.62	55.57	090
61470	.....	A	Incise skull for surgery	26.06	NA	NA	14.36	14.70	4.56	NA	NA	44.98	45.32	090
61480	.....	A	Incise skull for surgery	26.49	NA	NA	11.66	14.01	5.10	NA	NA	43.25	45.60	090
61490	.....	A	Incise skull for surgery	25.66	NA	NA	14.62	13.67	4.94	NA	NA	45.22	44.27	090
61500	.....	A	Removal of skull lesion	17.92	NA	NA	11.30	16.35	3.28	NA	NA	32.50	37.55	090
61501	.....	A	Remove infected skull bone	14.84	NA	NA	9.59	13.65	2.67	NA	NA	27.10	31.16	090
61510	.....	A	Removal of brain lesion	28.45	NA	NA	16.77	23.06	5.74	NA	NA	50.96	57.25	090
61512	.....	A	Remove brain lining lesion	35.09	NA	NA	20.42	25.96	7.07	NA	NA	62.58	68.12	090
61514	.....	A	Removal of brain abscess	25.26	NA	NA	14.68	21.19	4.89	NA	NA	44.83	51.34	090
61516	.....	A	Removal of brain lesion	24.61	NA	NA	14.83	21.79	4.89	NA	NA	44.33	51.29	090
61518	.....	A	Removal of brain lesion	37.32	NA	NA	22.51	27.55	7.46	NA	NA	67.29	72.33	090
61519	.....	A	Remove brain lining lesion	41.39	NA	NA	24.38	29.13	8.32	NA	NA	74.09	78.84	090
61520	.....	A	Removal of brain lesion	54.84	NA	NA	32.31	34.53	9.99	NA	NA	97.14	99.36	090
61521	.....	A	Removal of brain lesion	44.48	NA	NA	25.89	30.84	8.59	NA	NA	78.96	83.91	090
61522	.....	A	Removal of brain abscess	29.45	NA	NA	17.53	19.60	6.14	NA	NA	53.12	55.19	090
61524	.....	A	Removal of brain lesion	27.86	NA	NA	16.68	23.24	5.46	NA	NA	50.00	56.56	090
61526	.....	A	Removal of brain lesion	52.17	NA	NA	31.56	34.24	6.63	NA	NA	90.36	93.04	090
61530	.....	A	Removal of brain lesion	43.86	NA	NA	27.17	32.04	6.44	NA	NA	77.47	82.34	090
61531	.....	A	Implant brain electrodes	14.63	NA	NA	9.63	12.95	2.90	NA	NA	27.16	30.48	090
61533	.....	A	Implant brain electrodes	19.71	NA	NA	12.32	15.40	4.05	NA	NA	36.08	39.16	090
61534	.....	A	Removal of brain lesion	20.97	NA	NA	12.88	9.90	3.92	NA	NA	37.77	34.79	090
61535	.....	A	Remove brain electrodes	11.63	NA	NA	8.04	8.18	2.21	NA	NA	21.88	22.02	090
61536	.....	A	Removal of brain lesion	35.52	NA	NA	21.34	22.59	7.46	NA	NA	64.32	65.57	090
61538	.....	A	Removal of brain tissue	26.81	NA	NA	16.37	23.97	5.27	NA	NA	48.45	56.05	090
61539	.....	A	Removal of brain tissue	32.08	NA	NA	18.69	21.81	5.80	NA	NA	56.57	59.69	090
61541	.....	A	Incision of brain tissue	28.85	NA	NA	16.83	19.16	5.44	NA	NA	51.12	53.45	090
61542	.....	A	Removal of brain tissue	31.02	NA	NA	16.58	19.10	6.64	NA	NA	54.24	56.76	090
61543	.....	A	Removal of brain tissue	29.22	NA	NA	17.61	18.16	5.30	NA	NA	52.13	52.68	090
61544	.....	A	Remove & treat brain lesion	25.50	NA	NA	12.74	21.59	4.06	NA	NA	42.30	51.15	090
61545	.....	A	Excision of brain tumor	43.80	NA	NA	25.09	26.47	8.43	NA	NA	77.32	78.70	090
61546	.....	A	Removal of pituitary gland	31.30	NA	NA	18.92	24.12	6.15	NA	NA	56.37	61.57	090
61548	.....	A	Removal of pituitary gland	21.53	NA	NA	13.66	19.68	3.62	NA	NA	38.81	44.83	090
61550	.....	A	Release of skull seams	14.65	NA	NA	6.64	9.73	0.61	NA	NA	21.90	24.99	090
61552	.....	A	Release of skull seams	19.56	NA	NA	8.58	11.80	1.59	NA	NA	29.73	32.95	090
61556	.....	A	Incise skull/sutures	22.26	NA	NA	12.48	14.67	2.86	NA	NA	37.60	39.79	090
61557	.....	A	Incise skull/sutures	22.38	NA	NA	14.47	15.71	4.36	NA	NA	41.21	42.45	090
61558	.....	A	Excision of skull/sutures	25.58	NA	NA	14.05	16.65	5.48	NA	NA	45.11	47.71	090
61559	.....	A	Excision of skull/sutures	32.79	NA	NA	17.40	21.19	7.02	NA	NA	57.21	61.00	090
61563	.....	A	Excision of skull tumor	26.83	NA	NA	15.93	18.17	4.56	NA	NA	47.32	49.56	090
61564	.....	A	Excision of skull tumor	33.83	NA	NA	19.46	22.61	5.28	NA	NA	58.57	61.72	090
61570	.....	A	Remove brain foreign body	24.60	NA	NA	13.93	15.92	4.71	NA	NA	43.24	45.23	090
61571	.....	A	Incise skull for brain wound	26.39	NA	NA	15.18	17.53	4.79	NA	NA	46.36	48.71	090
61575	.....	A	Skull base/brainstem surgery	34.36	NA	NA	21.57	28.69	5.34	NA	NA	61.27	68.39	090
61576	.....	A	Skull base/brainstem surgery	52.43	NA	NA	31.05	30.85	6.91	NA	NA	90.39	90.19	090
61580	.....	A	Craniofacial approach, skull	30.35	NA	NA	18.93	20.87	3.10	NA	NA	52.38	54.32	090
61581	.....	A	Craniofacial approach, skull	34.60	NA	NA	20.76	23.32	2.47	NA	NA	57.83	60.39	090
61582	.....	A	Craniofacial approach, skull	31.66	NA	NA	19.04	21.27	5.44	NA	NA	56.14	58.37	090
61583	.....	A	Craniofacial approach, skull	36.21	NA	NA	22.48	24.65	7.12	NA	NA	65.81	67.98	090
61584	.....	A	Orbitocranial approach/skull	34.65	NA	NA	20.74	23.35	6.50	NA	NA	61.89	64.50	090
61585	.....	A	Orbitocranial approach/skull	38.61	NA	NA	21.90	25.47	6.67	NA	NA	67.18	70.75	090
61586	.....	A	Resect nasopharynx, skull	25.10	NA	NA	16.12	19.66	3.11	NA	NA	44.33	47.87	090
61590	.....	A	Infratemporal approach/skull	41.78	NA	NA	26.11	28.85	4.98	NA	NA	72.87	75.61	090
61591	.....	A	Infratemporal approach/skull	43.68	NA	NA	25.43	29.28	5.39	NA	NA	74.50	78.35	090
61592	.....	A	Orbitocranial approach/skull	39.64	NA	NA	23.98	27.01	7.72	NA	NA	71.34	74.37	090
61595	.....	A	Transtemporal approach/skull	29.57	NA	NA	19.23	20.71	3.10	NA	NA	51.90	53.38	090

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT[1]/ HCPCS[2]	MOD	Status	Description	Physician work RVUs[3,5]	Fully implemented non-facility PE RVUs	Year 2000 transitional non-facility PE RVUs	Fully implemented facility PE RVUs	Year 2000 transitional facility PE RVUs	Malpractice RVUs	Fully implemented non-facility total	Year 2000 transitional non-facility total	Fully implemented facility total	Year 2000 transitional facility total	Global
61596	.....	A	Transcochlear approach/skull	35.63	NA	NA	22.55	24.76	4.20	NA	NA	62.38	64.59	090
61597	.....	A	Transcondylar approach/skull	37.96	NA	NA	21.92	25.21	5.86	NA	NA	65.74	69.03	090
61598	.....	A	Transpetrosal approach/skull	33.41	NA	NA	20.66	22.88	5.32	NA	NA	59.39	61.61	090
61600	.....	A	Resect/excise cranial lesion	25.85	NA	NA	16.33	17.79	2.87	NA	NA	45.05	46.51	090
61601	.....	A	Resect/excise cranial lesion	27.89	NA	NA	17.35	19.00	5.30	NA	NA	50.54	52.19	090
61605	.....	A	Resect/excise cranial lesion	29.33	NA	NA	18.51	20.16	2.76	NA	NA	50.60	52.25	090
61606	.....	A	Resect/excise cranial lesion	38.83	NA	NA	23.14	26.17	7.24	NA	NA	69.21	72.24	090
61607	.....	A	Resect/excise cranial lesion	36.27	NA	NA	22.47	24.87	6.89	NA	NA	65.63	68.03	090
61608	.....	A	Resect/excise cranial lesion	42.10	NA	NA	24.84	28.29	8.47	NA	NA	75.41	78.86	090
61609	.....	A	Transect, artery, sinus	9.89	NA	NA	5.00	6.40	2.12	NA	NA	17.01	18.41	ZZZ
61610	.....	A	Transect, artery, sinus	29.67	NA	NA	12.09	17.75	4.84	NA	NA	46.60	52.26	ZZZ
61611	.....	A	Transect, artery, sinus	7.42	NA	NA	2.83	4.34	1.59	NA	NA	11.84	13.35	ZZZ
61612	.....	A	Transect, artery, sinus	27.88	NA	NA	12.16	17.08	4.44	NA	NA	44.48	49.40	ZZZ
61613	.....	A	Remove aneurysm, sinus	40.86	NA	NA	24.17	27.64	8.58	NA	NA	73.61	77.08	090
61615	.....	A	Resect/excise lesion, skull	32.07	NA	NA	20.95	22.45	4.65	NA	NA	57.67	59.17	090
61616	.....	A	Resect/excise lesion, skull	43.33	NA	NA	26.56	29.58	7.40	NA	NA	77.29	80.31	090
61618	.....	A	Repair dura	16.99	NA	NA	11.27	11.80	2.89	NA	NA	31.15	31.68	090
61619	.....	A	Repair dura	20.71	NA	NA	13.15	14.28	3.46	NA	NA	37.32	38.45	090
61624	.....	A	Occlusion/embolization cath	20.15	NA	NA	5.92	11.25	1.13	NA	NA	27.20	32.53	000
61626	.....	A	Occlusion/embolization cath	16.62	NA	NA	4.60	9.14	0.79	NA	NA	22.01	26.55	000
61680	.....	A	Intracranial vessel surgery	30.71	NA	NA	18.51	26.11	6.09	NA	NA	55.31	62.91	090
61682	.....	A	Intracranial vessel surgery	61.57	NA	NA	34.37	36.35	12.04	NA	NA	107.98	109.96	090
61684	.....	A	Intracranial vessel surgery	39.81	NA	NA	23.74	28.02	8.53	NA	NA	72.08	76.36	090
61686	.....	A	Intracranial vessel surgery	64.49	NA	NA	36.28	37.67	13.09	NA	NA	113.86	115.25	090
61690	.....	A	Intracranial vessel surgery	29.31	NA	NA	18.03	23.92	5.79	NA	NA	53.13	59.02	090
61692	.....	A	Intracranial vessel surgery	51.87	NA	NA	27.48	29.36	9.03	NA	NA	88.38	90.26	090
61700	.....	A	Inner skull vessel surgery	50.52	NA	NA	28.46	31.43	10.20	NA	NA	89.18	92.15	090
61702	.....	A	Inner skull vessel surgery	48.41	NA	NA	27.29	33.35	9.70	NA	NA	85.40	91.46	090
61703	.....	A	Clamp neck artery	17.47	NA	NA	11.25	12.25	3.48	NA	NA	32.20	33.20	090
61705	.....	A	Revise circulation to head	36.20	NA	NA	19.64	26.32	7.06	NA	NA	62.90	69.58	090
61708	.....	A	Revise circulation to head	35.30	NA	NA	13.75	20.55	2.56	NA	NA	51.61	58.41	090
61710	.....	A	Revise circulation to head	29.67	NA	NA	14.29	16.17	3.75	NA	NA	47.71	49.59	090
61711	.....	A	Fusion of skull arteries	36.33	NA	NA	21.15	28.51	7.35	NA	NA	64.83	72.19	090
61720	.....	A	Incise skull/brain surgery	16.77	NA	NA	10.70	15.36	3.36	NA	NA	30.83	35.49	090
61735	.....	A	Incise skull/brain surgery	20.43	NA	NA	12.57	13.32	3.93	NA	NA	36.93	37.68	090
61750	.....	A	Incise skull; brain biopsy	18.20	NA	NA	11.24	12.97	3.59	NA	NA	33.03	34.76	090
61751	.....	A	Brain biopsy with cat scan	17.62	NA	NA	10.98	16.01	3.58	NA	NA	32.18	37.21	090
61760	.....	A	Implant brain electrodes	22.27	NA	NA	13.12	14.69	4.12	NA	NA	39.51	41.08	090
61770	.....	A	Incise skull for treatment	21.44	NA	NA	12.75	16.89	4.00	NA	NA	38.19	42.33	090
61790	.....	A	Treat trigeminal nerve	10.86	NA	NA	7.37	10.17	1.80	NA	NA	20.03	22.83	090
61791	.....	A	Treat trigeminal tract	14.61	NA	NA	9.23	9.92	2.92	NA	NA	26.76	27.45	090
61793	.....	A	Focus radiation beam	17.24	NA	NA	10.98	15.78	3.38	NA	NA	31.60	36.40	090
61795	.....	A	Brain surgery using computer	4.04	NA	NA	2.14	3.48	0.81	NA	NA	6.99	8.33	ZZZ
61850	.....	A	Implant neuroelectrodes	12.39	NA	NA	7.97	10.30	2.22	NA	NA	22.58	24.91	090
61855	.....	A	Implant neuroelectrodes	13.39	NA	NA	9.32	10.30	2.77	NA	NA	25.48	26.46	090
61860	.....	A	Implant neuroelectrodes	20.87	NA	NA	12.50	10.67	4.47	NA	NA	37.84	36.01	090
61865	.....	A	Implant neuroelectrodes	22.97	NA	NA	13.80	15.47	4.92	NA	NA	41.69	43.36	090
61870	.....	A	Implant neuroelectrodes	14.94	NA	NA	8.70	6.63	3.20	NA	NA	26.84	24.77	090
61875	.....	A	Implant neuroelectrodes	15.06	NA	NA	7.48	7.37	3.22	NA	NA	25.76	25.65	090
61880	.....	A	Revise/remove neuroelectrode	6.29	NA	NA	5.36	5.28	1.27	NA	NA	12.92	12.84	090
61885	.....	A	Implant neuroreceiver	5.85	NA	NA	4.98	3.56	1.25	NA	NA	12.08	10.66	090
61888	.....	A	Revise/remove neuroreceiver	5.07	NA	NA	3.85	3.15	1.09	NA	NA	10.01	9.31	010
62000	.....	A	Repair of skull fracture	12.53	NA	NA	5.36	5.79	0.94	NA	NA	18.83	19.26	090
62005	.....	A	Repair of skull fracture	16.17	NA	NA	9.11	10.57	2.58	NA	NA	27.86	29.32	090
62010	.....	A	Treatment of head injury	19.81	NA	NA	11.72	16.28	3.91	NA	NA	35.44	40.00	090
62100	.....	A	Repair brain fluid leakage	22.03	NA	NA	13.87	18.67	3.78	NA	NA	39.68	44.48	090
62115	.....	A	Reduction of skull defect	21.66	NA	NA	12.80	14.82	3.12	NA	NA	37.58	39.60	090
62116	.....	A	Reduction of skull defect	23.59	NA	NA	14.17	16.30	4.73	NA	NA	42.49	44.62	090
62117	.....	A	Reduction of skull defect	26.60	NA	NA	15.28	18.06	5.70	NA	NA	47.58	50.36	090
62120	.....	A	Repair skull cavity lesion	23.35	NA	NA	14.21	16.28	3.34	NA	NA	40.90	42.97	090
62121	.....	A	Incise skull repair	21.58	NA	NA	14.12	16.56	3.73	NA	NA	39.43	41.87	090
62140	.....	A	Repair of skull defect	13.51	NA	NA	8.87	11.73	2.65	NA	NA	25.03	27.89	090
62141	.....	A	Repair of skull defect	14.91	NA	NA	9.82	13.81	2.93	NA	NA	27.66	31.65	090
62142	.....	A	Remove skull plate/flap	10.79	NA	NA	7.35	10.12	2.14	NA	NA	20.28	23.05	090
62143	.....	A	Replace skull plate/flap	13.05	NA	NA	8.68	9.32	2.59	NA	NA	24.32	24.96	090
62145	.....	A	Repair of skull & brain	18.82	NA	NA	11.96	13.12	3.98	NA	NA	34.76	35.92	090
62146	.....	A	Repair of skull with graft	16.12	NA	NA	10.48	11.21	3.02	NA	NA	29.62	30.35	090
62147	.....	A	Repair of skull with graft	19.34	NA	NA	12.22	13.26	3.37	NA	NA	34.93	35.97	090
62180	.....	A	Establish brain cavity shunt	21.06	NA	NA	13.17	14.30	4.21	NA	NA	38.44	39.57	090
62190	.....	A	Establish brain cavity shunt	11.07	NA	NA	7.80	10.51	2.30	NA	NA	21.17	23.88	090
62192	.....	A	Establish brain cavity shunt	12.25	NA	NA	8.26	11.45	2.35	NA	NA	22.86	26.05	090
62194	.....	A	Replace/irrigate catheter	5.03	NA	NA	2.75	2.40	0.49	NA	NA	8.27	7.92	010
62200	.....	A	Establish brain cavity shunt	18.32	NA	NA	11.78	15.09	3.86	NA	NA	33.96	37.27	090
62201	.....	A	Establish brain cavity shunt	14.86	NA	NA	9.61	9.57	2.87	NA	NA	27.34	27.30	090
62220	.....	A	Establish brain cavity shunt	13.00	NA	NA	8.77	12.15	2.63	NA	NA	24.40	27.78	090
62223	.....	A	Establish brain cavity shunt	12.87	NA	NA	8.57	11.97	2.52	NA	NA	23.96	27.36	090
62225	.....	A	Replace/irrigate catheter	5.41	NA	NA	4.12	4.67	1.10	NA	NA	10.63	11.18	090
62230	.....	A	Replace/revise brain shunt	10.54	NA	NA	6.77	8.72	2.08	NA	NA	19.39	21.34	090
62256	.....	A	Remove brain cavity shunt	6.60	NA	NA	5.41	6.17	1.34	NA	NA	13.35	14.11	090
62258	.....	A	Replace brain cavity shunt	14.54	NA	NA	8.81	12.43	2.84	NA	NA	26.19	29.81	090
62268	.....	A	Drain spinal cord cyst	4.74	NA	NA	2.80	3.02	0.73	NA	NA	8.27	8.49	000
62269	.....	A	Needle biopsy spinal cord	5.02	NA	NA	2.71	2.31	0.77	NA	NA	8.50	8.10	000
62270	.....	A	Spinal fluid tap, diagnostic	1.13	0.79	0.78	0.37	0.57	0.17	2.09	2.08	1.67	1.87	000
62272	.....	A	Drain spinal fluid	1.35	1.84	1.47	0.53	0.82	0.21	3.40	3.03	2.09	2.38	000

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT[1]/ HCPCS[2]	MOD	Status	Description	Physician work RVUs[3,5]	Fully implemented non-facility PE RVUs	Year 2000 transitional non-facility PE RVUs	Fully implemented facility PE RVUs	Year 2000 transitional facility PE RVUs	Malpractice RVUs	Fully implemented non-facility total	Year 2000 transitional non-facility total	Fully implemented facility total	Year 2000 transitional facility total	Global
62273	.....	A	Treat lumbar spine lesion	2.15	2.99	2.11	2.99	2.11	0.33	5.47	4.59	5.47	4.59	000
62274	.....	A	Inject spinal anesthetic	1.78	9.63	5.22	0.32	0.56	0.27	11.68	7.27	2.37	2.61	000
62275	.....	A	Inject spinal anesthetic	1.79	10.01	5.33	0.32	0.48	0.27	12.07	7.39	2.38	2.54	000
62276	.....	A	Inject spinal anesthetic	2.04	11.04	6.19	0.39	0.86	0.31	13.39	8.54	2.74	3.21	000
62277	.....	A	Inject spinal anesthetic	2.15	7.57	4.24	0.37	0.64	0.33	10.05	6.72	2.85	3.12	000
62278	.....	A	Inject spinal anesthetic	1.51	9.19	5.13	0.30	0.68	0.23	10.93	6.87	2.04	2.42	000
62279	.....	A	Inject spinal anesthetic	1.58	12.54	6.72	0.26	0.58	0.24	14.36	8.54	2.08	2.40	000
62280	.....	A	Treat spinal cord lesion	2.63	8.67	4.72	0.56	0.67	0.40	11.70	7.75	3.59	3.70	010
62281	.....	A	Treat spinal cord lesion	2.66	9.57	5.26	0.48	0.71	0.41	12.64	8.33	3.55	3.78	010
62282	.....	A	Treat spinal canal lesion	2.33	7.83	4.84	0.49	1.17	0.36	10.52	7.53	3.18	3.86	010
62284	.....	A	Injection for myelogram	1.54	5.23	3.69	0.44	1.14	0.24	7.01	5.47	2.22	2.92	000
62287	.....	A	Percutaneous diskectomy	8.08	NA	NA	5.14	6.35	1.24	NA	NA	14.46	15.67	090
62288	.....	A	Injection into spinal canal	1.74	5.86	3.54	0.38	0.80	0.27	7.87	5.55	2.39	2.81	000
62289	.....	A	Injection into spinal canal	1.64	13.23	7.20	0.30	0.73	0.25	15.12	9.09	2.19	2.62	000
62290	.....	A	Inject for spine disk x-ray	3.00	5.05	3.54	1.02	1.52	0.46	8.51	7.00	4.48	4.98	000
62291	.....	A	Inject for spine disk x-ray	2.91	7.04	4.49	0.81	1.37	0.45	10.40	7.85	4.17	4.73	000
62292	.....	A	Injection into disk lesion	7.86	NA	NA	7.79	8.59	1.20	NA	NA	16.85	17.65	090
62294	.....	A	Injection into spinal artery	11.83	NA	NA	7.58	6.96	1.81	NA	NA	21.22	20.60	090
62298	.....	A	Injection into spinal canal	2.20	11.75	6.44	0.38	0.76	0.34	14.29	8.98	2.92	3.30	000
62350	.....	A	Implant spinal catheter	6.87	NA	NA	7.80	5.80	1.05	NA	NA	15.72	13.72	090
62351	.....	A	Implant spinal catheter	10.00	NA	NA	7.47	6.54	1.53	NA	NA	19.00	18.07	090
62355	.....	A	Remove spinal canal catheter	5.45	NA	NA	6.15	4.97	0.84	NA	NA	12.44	11.26	090
62360	.....	A	Insert spine infusion device	2.62	NA	NA	6.90	4.06	0.40	NA	NA	9.92	7.08	090
62361	.....	A	Implant spine infusion pump	5.42	NA	NA	7.00	4.96	0.83	NA	NA	13.25	11.21	090
62362	.....	A	Implant spine infusion pump	7.04	NA	NA	7.09	5.45	1.08	NA	NA	15.21	13.57	090
62365	.....	A	Remove spine infusion device	5.42	NA	NA	5.04	4.41	0.83	NA	NA	11.29	10.66	090
62367	.....	C	Analyze spine infusion pump	0.00	0.00	0.00	0.00	0.00	0.07	0.07	0.07	0.07	0.07	XXX
62367	26	A	Analyze spine infusion pump	0.48	0.12	0.25	0.12	0.25	0.07	0.67	0.80	0.67	0.80	XXX
62367	TC	C	Analyze spine infusion pump	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
62368	.....	C	Analyze spine infusion pump	0.00	0.00	0.00	0.00	0.00	0.11	0.11	0.11	0.11	0.11	XXX
62368	26	A	Analyze spine infusion pump	0.75	0.16	0.38	0.16	0.38	0.11	1.02	1.24	1.02	1.24	XXX
62368	TC	C	Analyze spine infusion pump	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
63001	.....	A	Removal of spinal lamina	15.82	NA	NA	12.31	15.60	2.43	NA	NA	30.56	33.85	090
63003	.....	A	Removal of spinal lamina	15.95	NA	NA	11.73	15.39	2.45	NA	NA	30.13	33.79	090
63005	.....	A	Removal of spinal lamina	14.92	NA	NA	11.07	14.44	2.29	NA	NA	28.28	31.65	090
63011	.....	A	Removal of spinal lamina	14.52	NA	NA	13.93	12.39	2.23	NA	NA	30.68	29.14	090
63012	.....	A	Removal of spinal lamina	15.40	NA	NA	10.26	14.32	2.36	NA	NA	28.02	32.08	090
63015	.....	A	Removal of spinal lamina	19.35	NA	NA	13.40	18.22	2.97	NA	NA	35.72	40.54	090
63016	.....	A	Removal of spinal lamina	19.20	NA	NA	13.27	18.10	2.94	NA	NA	35.41	40.24	090
63017	.....	A	Removal of spinal lamina	15.94	NA	NA	11.70	15.36	2.44	NA	NA	30.08	33.74	090
63020	.....	A	Neck spine disk surgery	14.81	NA	NA	11.05	14.23	2.27	NA	NA	28.13	31.31	090
63030	.....	A	Low back disk surgery	12.00	NA	NA	9.75	12.04	1.84	NA	NA	23.59	25.88	090
63035	.....	A	Spinal disk surgery add-on	3.15	NA	NA	1.65	2.71	0.48	NA	NA	5.28	6.34	ZZZ
63040	.....	A	Neck spine disk surgery	18.81	NA	NA	13.04	17.75	2.88	NA	NA	34.73	39.44	090
63042	.....	A	Low back disk surgery	17.47	NA	NA	12.56	16.71	2.68	NA	NA	32.71	36.86	090
63045	.....	A	Removal of spinal lamina	16.50	NA	NA	11.94	15.82	2.53	NA	NA	30.97	34.85	090
63046	.....	A	Removal of spinal lamina	15.80	NA	NA	11.46	15.16	2.42	NA	NA	29.68	33.38	090
63047	.....	A	Removal of spinal lamina	14.61	NA	NA	11.04	14.24	2.24	NA	NA	27.89	31.09	090
63048	.....	A	Remove spinal lamina add-on	3.26	NA	NA	1.73	2.82	0.50	NA	NA	5.49	6.58	ZZZ
63055	.....	A	Decompress spinal cord	21.99	NA	NA	15.01	20.38	3.37	NA	NA	40.37	45.74	090
63056	.....	A	Decompress spinal cord	20.36	NA	NA	13.82	18.76	3.12	NA	NA	37.30	42.24	090
63057	.....	A	Decompress spine cord add-on	5.26	NA	NA	2.79	3.48	0.81	NA	NA	8.86	9.55	ZZZ
63064	.....	A	Decompress spinal cord	24.61	NA	NA	16.50	21.18	3.77	NA	NA	44.88	49.56	090
63066	.....	A	Decompress spine cord add-on	3.26	NA	NA	1.73	2.21	0.50	NA	NA	5.49	5.97	ZZZ
63075	.....	A	Neck spine disk surgery	19.41	NA	NA	13.66	16.37	2.98	NA	NA	36.05	38.76	090
63076	.....	A	Neck spine disk surgery	4.05	NA	NA	2.14	3.49	0.62	NA	NA	6.81	8.16	ZZZ
63077	.....	A	Spine disk surgery, thorax	21.44	NA	NA	14.76	17.38	3.29	NA	NA	39.49	42.11	090
63078	.....	A	Spine disk surgery, thorax	3.28	NA	NA	1.71	2.27	0.50	NA	NA	5.49	6.05	ZZZ
63081	.....	A	Removal of vertebral body	23.73	NA	NA	16.27	22.30	3.64	NA	NA	43.64	49.67	090
63082	.....	A	Remove vertebral body add-on	4.37	NA	NA	2.33	3.78	0.67	NA	NA	7.37	8.82	ZZZ
63085	.....	A	Removal of vertebral body	26.92	NA	NA	17.96	23.85	4.13	NA	NA	49.01	54.90	090
63086	.....	A	Remove vertebral body add-on	3.19	NA	NA	1.68	2.75	0.49	NA	NA	5.36	6.43	ZZZ
63087	.....	A	Removal of vertebral body	35.57	NA	NA	22.78	26.72	5.45	NA	NA	63.80	67.74	090
63088	.....	A	Remove vertebral body add-on	4.33	NA	NA	2.26	3.72	0.66	NA	NA	7.25	8.71	ZZZ
63090	.....	A	Removal of vertebral body	28.16	NA	NA	18.05	24.88	4.32	NA	NA	50.53	57.36	090
63091	.....	A	Remove vertebral body add-on	3.03	NA	NA	1.55	2.26	0.46	NA	NA	5.04	5.75	ZZZ
63170	.....	A	Incise spinal cord tract(s)	19.83	NA	NA	13.62	17.06	3.04	NA	NA	36.49	39.93	090
63172	.....	A	Drainage of spinal cyst	17.66	NA	NA	13.29	17.19	2.71	NA	NA	33.66	37.56	090
63173	.....	A	Drainage of spinal cyst	21.99	NA	NA	15.43	16.11	3.37	NA	NA	40.79	41.47	090
63180	.....	A	Revise spinal cord ligaments	18.27	NA	NA	11.32	11.96	2.80	NA	NA	32.39	33.03	090
63182	.....	A	Revise spinal cord ligaments	20.50	NA	NA	12.47	15.16	3.14	NA	NA	36.11	38.80	090
63185	.....	A	Incise spinal column/nerves	15.04	NA	NA	13.05	14.97	2.31	NA	NA	30.40	32.32	090
63190	.....	A	Incise spinal column/nerves	17.45	NA	NA	12.97	16.91	2.68	NA	NA	33.10	37.04	090
63191	.....	A	Incise spinal column/nerves	17.54	NA	NA	11.37	12.76	2.69	NA	NA	31.60	32.99	090
63194	.....	A	Incise spinal column & cord	19.19	NA	NA	11.91	13.02	2.94	NA	NA	34.04	35.15	090
63195	.....	A	Incise spinal column & cord	18.84	NA	NA	12.91	13.98	2.89	NA	NA	34.64	35.71	090
63196	.....	A	Incise spinal column & cord	22.30	NA	NA	11.47	14.20	3.42	NA	NA	37.19	39.92	090
63197	.....	A	Incise spinal column & cord	21.11	NA	NA	13.87	14.73	3.24	NA	NA	38.22	39.08	090
63198	.....	A	Incise spinal column & cord	25.38	NA	NA	12.65	15.18	3.89	NA	NA	41.92	44.45	090
63199	.....	A	Incise spinal column & cord	26.89	NA	NA	15.23	19.23	4.12	NA	NA	46.24	50.24	090
63200	.....	A	Release of spinal cord	19.18	NA	NA	12.93	13.24	2.94	NA	NA	35.05	35.36	090
63250	.....	A	Revise spinal cord vessels	40.76	NA	NA	20.31	25.35	6.25	NA	NA	67.32	72.36	090
63251	.....	A	Revise spinal cord vessels	41.20	NA	NA	22.83	23.76	6.32	NA	NA	70.35	71.28	090
63252	.....	A	Revise spinal cord vessels	41.19	NA	NA	23.19	26.93	6.31	NA	NA	70.69	74.43	090

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT[1]/ HCPCS[2]	MOD	Status	Description	Physician work RVUs[3,5]	Fully implemented non-facility PE RVUs	Year 2000 transitional non-facility PE RVUs	Fully implemented facility PE RVUs	Year 2000 transitional facility PE RVUs	Malpractice RVUs	Fully implemented non-facility total	Year 2000 transitional non-facility total	Fully implemented facility total	Year 2000 transitional facility total	Global
63265	.....	A	Excise intraspinal lesion	21.56	NA	NA	13.38	18.64	3.31	NA	NA	38.25	43.51	090
63266	.....	A	Excise intraspinal lesion	22.30	NA	NA	13.81	20.22	3.42	NA	NA	39.53	45.94	090
63267	.....	A	Excise intraspinal lesion	17.95	NA	NA	11.42	16.43	2.75	NA	NA	32.12	37.13	090
63268	.....	A	Excise intraspinal lesion	18.52	NA	NA	11.81	12.72	2.84	NA	NA	33.17	34.08	090
63270	.....	A	Excise intraspinal lesion	26.80	NA	NA	16.21	17.95	4.11	NA	NA	47.12	48.86	090
63271	.....	A	Excise intraspinal lesion	26.92	NA	NA	16.46	22.67	4.13	NA	NA	47.51	53.72	090
63272	.....	A	Excise intraspinal lesion	25.32	NA	NA	15.32	20.22	3.88	NA	NA	44.52	49.42	090
63273	.....	A	Excise intraspinal lesion	24.29	NA	NA	14.43	16.75	3.72	NA	NA	42.44	44.76	090
63275	.....	A	Biopsy/excise spinal tumor	23.68	NA	NA	14.36	21.32	3.63	NA	NA	41.67	48.63	090
63276	.....	A	Biopsy/excise spinal tumor	23.45	NA	NA	14.23	20.85	3.59	NA	NA	41.27	47.89	090
63277	.....	A	Biopsy/excise spinal tumor	20.83	NA	NA	12.97	18.92	3.19	NA	NA	36.99	42.94	090
63278	.....	A	Biopsy/excise spinal tumor	20.56	NA	NA	12.95	18.75	3.15	NA	NA	36.66	42.46	090
63280	.....	A	Biopsy/excise spinal tumor	28.35	NA	NA	17.01	23.74	4.35	NA	NA	49.71	56.44	090
63281	.....	A	Biopsy/excise spinal tumor	28.05	NA	NA	16.92	23.48	4.30	NA	NA	49.27	55.83	090
63282	.....	A	Biopsy/excise spinal tumor	26.39	NA	NA	15.72	20.95	4.05	NA	NA	46.16	51.39	090
63283	.....	A	Biopsy/excise spinal tumor	25.00	NA	NA	15.06	17.72	3.83	NA	NA	43.89	46.55	090
63285	.....	A	Biopsy/excise spinal tumor	36.00	NA	NA	20.52	23.55	5.52	NA	NA	62.04	65.07	090
63286	.....	A	Biopsy/excise spinal tumor	35.63	NA	NA	21.00	26.11	5.46	NA	NA	62.09	67.20	090
63287	.....	A	Biopsy/excise spinal tumor	36.70	NA	NA	21.23	24.57	5.63	NA	NA	63.56	66.90	090
63290	.....	A	Biopsy/excise spinal tumor	37.38	NA	NA	20.55	25.02	5.73	NA	NA	63.66	68.13	090
63300	.....	A	Removal of vertebral body	24.43	NA	NA	14.87	16.81	3.74	NA	NA	43.04	44.98	090
63301	.....	A	Removal of vertebral body	27.60	NA	NA	16.34	18.18	4.23	NA	NA	48.17	50.01	090
63302	.....	A	Removal of vertebral body	27.81	NA	NA	16.14	19.66	4.26	NA	NA	48.21	51.73	090
63303	.....	A	Removal of vertebral body	30.50	NA	NA	17.35	18.72	4.68	NA	NA	52.53	53.90	090
63304	.....	A	Removal of vertebral body	30.33	NA	NA	17.75	20.44	4.65	NA	NA	52.73	55.42	090
63305	.....	A	Removal of vertebral body	32.03	NA	NA	18.46	21.44	4.91	NA	NA	55.40	58.38	090
63306	.....	A	Removal of vertebral body	32.22	NA	NA	17.80	21.25	4.94	NA	NA	54.96	58.41	090
63307	.....	A	Removal of vertebral body	31.63	NA	NA	16.87	21.69	4.85	NA	NA	53.35	58.17	090
63308	.....	A	Remove vertebral body add-on	5.25	NA	NA	2.75	3.58	0.80	NA	NA	8.80	9.63	ZZZ
63600	.....	A	Remove spinal cord lesion	14.02	NA	NA	11.98	11.80	2.15	NA	NA	28.15	27.97	090
63610	.....	A	Stimulation of spinal cord	8.73	NA	NA	5.35	6.33	1.34	NA	NA	15.42	16.40	000
63615	.....	A	Remove lesion of spinal cord	16.28	NA	NA	10.71	11.62	2.50	NA	NA	29.49	30.40	090
63650	.....	A	Implant neuroelectrodes	6.74	NA	NA	6.63	7.34	1.03	NA	NA	14.40	15.11	090
63655	.....	A	Implant neuroelectrodes	10.29	NA	NA	7.74	10.02	1.58	NA	NA	19.61	21.89	090
63660	.....	A	Revise/remove neuroelectrode	6.16	NA	NA	6.76	7.06	0.94	NA	NA	13.86	14.16	090
63685	.....	A	Implant neuroreceiver	7.04	NA	NA	6.67	7.35	1.08	NA	NA	14.79	15.47	090
63688	.....	A	Revise/remove neuroreceiver	5.39	NA	NA	5.79	6.12	0.83	NA	NA	12.01	12.34	090
63700	.....	A	Repair of spinal herniation	16.53	NA	NA	10.40	11.36	2.53	NA	NA	29.46	30.42	090
63702	.....	A	Repair of spinal herniation	18.48	NA	NA	11.47	12.67	2.83	NA	NA	32.78	33.98	090
63704	.....	A	Repair of spinal herniation	21.18	NA	NA	12.84	14.12	3.25	NA	NA	37.27	38.55	090
63706	.....	A	Repair of spinal herniation	24.11	NA	NA	13.95	15.84	3.70	NA	NA	41.76	43.65	090
63707	.....	A	Repair spinal fluid leakage	11.26	NA	NA	8.09	10.77	1.73	NA	NA	21.08	23.76	090
63709	.....	A	Repair spinal fluid leakage	14.32	NA	NA	9.59	13.34	2.20	NA	NA	26.11	29.86	090
63710	.....	A	Graft repair of spine defect	14.07	NA	NA	9.49	10.04	2.16	NA	NA	25.72	26.27	090
63740	.....	A	Install spinal shunt	11.36	NA	NA	7.99	10.78	1.74	NA	NA	21.09	23.88	090
63741	.....	A	Install spinal shunt	8.25	NA	NA	6.34	8.10	1.26	NA	NA	15.85	17.61	090
63744	.....	A	Revision of spinal shunt	8.10	NA	NA	6.15	7.50	1.24	NA	NA	15.49	16.84	090
63746	.....	A	Removal of spinal shunt	6.43	NA	NA	7.52	6.76	0.99	NA	NA	14.94	14.18	090
64400	.....	A	Injection for nerve block	1.11	3.18	1.85	0.25	0.26	0.09	4.38	3.05	1.45	1.46	000
64402	.....	A	Injection for nerve block	1.25	5.02	2.85	0.47	0.57	0.08	6.35	4.18	1.80	1.90	000
64405	.....	A	Injection for nerve block	1.32	4.36	2.53	0.24	0.30	0.13	5.81	3.98	1.69	1.75	000
64408	.....	A	Injection for nerve block	1.41	2.50	1.82	0.43	0.50	0.14	4.05	3.37	1.98	2.05	000
64410	.....	A	Injection for nerve block	1.43	5.34	3.06	0.29	0.53	0.09	6.86	4.58	1.81	2.05	000
64412	.....	A	Injection for nerve block	1.18	4.16	2.42	0.22	0.28	0.10	5.44	3.70	1.50	1.56	000
64413	.....	A	Injection for nerve block	1.40	3.79	2.30	0.30	0.35	0.12	5.31	3.82	1.82	1.87	000
64415	.....	A	Injection for nerve block	1.48	4.32	2.30	0.25	0.27	0.11	5.91	3.89	1.84	1.86	000
64417	.....	A	Injection for nerve block	1.44	10.05	5.37	0.28	0.48	0.11	11.60	6.92	1.83	2.03	000
64418	.....	A	Injection for nerve block	1.32	5.38	3.15	0.23	0.35	0.09	6.79	4.56	1.64	1.76	000
64420	.....	A	Injection for nerve block	1.18	4.01	2.35	0.22	0.46	0.08	5.27	3.61	1.48	1.72	000
64421	.....	A	Injection for nerve block	1.68	7.69	4.30	0.31	0.61	0.11	9.48	6.09	2.10	2.40	000
64425	.....	A	Injection for nerve block	1.75	6.52	3.57	0.32	0.47	0.13	8.40	5.45	2.20	2.35	000
64430	.....	A	Injection for nerve block	1.46	3.93	2.35	0.38	0.57	0.10	5.49	3.91	1.94	2.13	000
64435	.....	A	Injection for nerve block	1.45	3.17	1.84	0.52	0.39	0.11	4.73	3.40	2.08	1.95	000
64440	.....	A	Injection for nerve block	1.34	4.11	2.49	0.32	0.38	0.10	5.55	3.93	1.76	1.82	000
64441	.....	A	Injection for nerve block	1.79	4.46	2.78	0.36	0.46	0.13	6.38	4.70	2.28	2.38	000
64442	.....	A	Injection for nerve block	1.41	6.57	3.93	0.33	0.81	0.10	8.08	5.44	1.84	2.32	000
64443	.....	A	Inject, nerve block add-on	0.98	10.15	5.42	0.22	0.45	0.07	11.20	6.47	1.27	1.50	ZZZ
64445	.....	A	Injection for nerve block	1.48	4.73	2.63	0.28	0.28	0.10	6.31	4.21	1.86	1.86	000
64450	.....	A	Injection for nerve block	1.27	2.81	1.70	0.28	0.29	0.09	4.17	3.06	1.64	1.65	000
64505	.....	A	Injection for nerve block	1.36	3.14	1.91	0.32	0.33	0.09	4.59	3.36	1.77	1.78	000
64508	.....	A	Injection for nerve block	1.12	1.70	1.42	0.26	0.42	0.13	2.95	2.67	1.51	1.67	000
64510	.....	A	Injection for nerve block	1.22	10.92	5.85	0.20	0.49	0.08	12.22	7.15	1.50	1.79	000
64520	.....	A	Injection for nerve block	1.35	7.16	3.97	0.24	0.51	0.10	8.61	5.42	1.69	1.96	000
64530	.....	A	Injection for nerve block	1.58	10.91	6.09	0.28	0.78	0.10	12.59	7.77	1.96	2.46	000
64550	.....	A	Apply neurostimulator	0.18	0.53	0.51	0.05	0.15	0.01	0.72	0.70	0.24	0.34	000
64553	.....	A	Implant neuroelectrodes	2.31	1.49	1.30	1.38	0.97	0.07	3.87	3.68	3.76	3.35	010
64555	.....	A	Implant neuroelectrodes	2.27	2.94	1.70	0.46	0.35	0.17	5.38	4.14	2.90	2.79	010
64560	.....	A	Implant neuroelectrodes	2.36	2.87	2.22	0.48	0.64	0.18	5.41	4.76	3.02	3.18	010
64565	.....	A	Implant neuroelectrodes	1.76	3.39	2.11	0.72	0.57	0.14	5.29	4.01	2.62	2.47	010
64573	.....	A	Implant neuroelectrodes	4.43	NA	NA	3.85	3.64	0.89	NA	NA	9.17	8.96	090
64575	.....	A	Implant neuroelectrodes	4.35	NA	NA	3.91	3.62	0.68	NA	NA	8.94	8.65	090
64577	.....	A	Implant neuroelectrodes	4.62	NA	NA	4.11	3.56	0.66	NA	NA	9.39	8.84	090
64580	.....	A	Implant neuroelectrodes	4.12	NA	NA	5.49	4.33	0.40	NA	NA	10.01	8.85	090
64585	.....	A	Revise/remove neuroelectrode	2.06	5.45	3.25	3.81	2.43	0.27	7.78	5.58	6.14	4.76	010

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT[1]/ HCPCS[2]	MOD	Status	Description	Physician work RVUs[3,5]	Fully implemented non-facility PE RVUs	Year 2000 transitional non-facility PE RVUs	Fully implemented facility PE RVUs	Year 2000 transitional facility PE RVUs	Malpractice RVUs	Fully implemented non-facility total	Year 2000 transitional non-facility total	Fully implemented facility total	Year 2000 transitional facility total	Global
64590	.....	A	Implant neuroreceiver	2.40	NA	NA	2.70	2.35	0.38	NA	NA	5.48	5.13	010
64595	.....	A	Revise/remove neuroreceiver	1.73	NA	NA	5.25	3.24	0.15	NA	NA	7.13	5.12	010
64600	.....	A	Injection treatment of nerve	3.45	3.91	2.87	3.91	2.87	0.35	7.71	6.67	7.71	6.67	010
64605	.....	A	Injection treatment of nerve	5.61	9.81	5.75	5.85	3.77	0.43	15.85	11.79	11.89	9.81	010
64610	.....	A	Injection treatment of nerve	7.16	NA	NA	5.20	6.54	1.33	NA	NA	13.69	15.03	010
64612	.....	A	Destroy nerve, face muscle	1.96	2.69	2.13	1.71	1.25	0.15	4.80	4.24	3.82	3.36	010
64613	.....	A	Destroy nerve, spine muscle	1.96	1.42	1.50	1.42	1.11	0.37	3.75	3.83	3.75	3.44	010
64620	.....	A	Injection treatment of nerve	2.84	9.82	5.46	0.55	0.82	0.20	12.86	8.50	3.59	3.86	010
64622	.....	A	Injection treatment of nerve	3.00	10.51	6.25	0.60	1.29	0.21	13.72	9.46	3.81	4.50	010
64623	.....	A	Inject, tx of nerve add-on	0.99	10.68	5.80	0.20	0.56	0.07	11.74	6.86	1.26	1.62	ZZZ
64630	.....	A	Injection treatment of nerve	3.00	3.53	2.71	0.57	1.23	0.25	6.78	5.96	3.82	4.48	010
64640	.....	A	Injection treatment of nerve	2.76	5.64	3.32	0.85	0.93	0.21	8.61	6.29	3.82	3.90	010
64680	.....	A	Injection treatment of nerve	2.62	11.74	6.71	0.60	1.14	0.17	14.53	9.50	3.39	3.93	010
64702	.....	A	Revise finger/toe nerve	4.23	NA	NA	3.50	4.04	0.47	NA	NA	8.20	8.74	090
64704	.....	A	Revise hand/foot nerve	4.57	NA	NA	2.92	4.19	0.39	NA	NA	7.88	9.15	090
64708	.....	A	Revise arm/leg nerve	6.12	NA	NA	5.12	6.21	0.69	NA	NA	11.93	13.02	090
64712	.....	A	Revision of sciatic nerve	7.75	NA	NA	7.46	8.36	0.78	NA	NA	15.99	16.89	090
64713	.....	A	Revision of arm nerve(s)	11.00	NA	NA	8.53	9.37	1.18	NA	NA	20.71	21.55	090
64714	.....	A	Revise low back nerve(s)	10.33	NA	NA	9.41	8.03	0.79	NA	NA	20.53	19.15	090
64716	.....	A	Revision of cranial nerve	6.31	NA	NA	4.51	4.88	0.62	NA	NA	11.44	11.81	090
64718	.....	A	Revise ulnar nerve at elbow	5.99	NA	NA	4.83	5.99	0.78	NA	NA	11.60	12.76	090
64719	.....	A	Revise ulnar nerve at wrist	4.85	NA	NA	4.21	4.79	0.56	NA	NA	9.62	10.20	090
64721	.....	A	Carpal tunnel surgery	4.29	5.50	5.31	5.27	5.20	0.52	10.31	10.12	10.08	10.01	090
64722	.....	A	Relieve pressure on nerve(s)	4.70	NA	NA	6.26	5.94	0.41	NA	NA	11.37	11.05	090
64726	.....	A	Release foot/toe nerve	4.18	NA	NA	5.34	3.06	0.31	NA	NA	9.83	7.55	090
64727	.....	A	Internal nerve revision	3.10	NA	NA	1.46	2.49	0.35	NA	NA	4.91	5.94	ZZZ
64732	.....	A	Incision of brow nerve	4.41	NA	NA	3.97	4.33	0.78	NA	NA	9.16	9.52	090
64734	.....	A	Incision of cheek nerve	4.92	NA	NA	3.52	4.26	0.75	NA	NA	9.19	9.93	090
64736	.....	A	Incision of chin nerve	4.60	NA	NA	2.68	3.76	0.41	NA	NA	7.69	8.77	090
64738	.....	A	Incision of jaw nerve	5.73	NA	NA	3.42	4.46	0.62	NA	NA	9.77	10.81	090
64740	.....	A	Incision of tongue nerve	5.59	NA	NA	3.31	4.47	0.41	NA	NA	9.31	10.47	090
64742	.....	A	Incision of facial nerve	6.22	NA	NA	4.55	4.99	0.57	NA	NA	11.34	11.78	090
64744	.....	A	Incise nerve, back of head	5.24	NA	NA	4.54	5.40	0.97	NA	NA	10.75	11.61	090
64746	.....	A	Incise diaphragm nerve	5.93	NA	NA	4.41	4.25	0.64	NA	NA	10.98	10.82	090
64752	.....	A	Incision of vagus nerve	7.06	NA	NA	4.40	4.34	0.70	NA	NA	12.16	12.10	090
64755	.....	A	Incision of stomach nerves	13.52	NA	NA	6.60	8.98	1.28	NA	NA	21.40	23.78	090
64760	.....	A	Incision of vagus nerve	6.96	NA	NA	4.28	5.75	0.67	NA	NA	11.91	13.38	090
64761	.....	A	Incision of pelvis nerve	6.41	NA	NA	4.19	4.63	0.46	NA	NA	11.06	11.50	090
64763	.....	A	Incise hip/thigh nerve	6.93	NA	NA	6.00	5.61	0.76	NA	NA	13.69	13.30	090
64766	.....	A	Incise hip/thigh nerve	8.67	NA	NA	5.93	6.59	1.42	NA	NA	16.02	16.68	090
64771	.....	A	Sever cranial nerve	7.35	NA	NA	5.52	6.25	0.91	NA	NA	13.78	14.51	090
64772	.....	A	Incision of spinal nerve	7.21	NA	NA	5.22	6.29	1.20	NA	NA	13.63	14.70	090
64774	.....	A	Remove skin nerve lesion	5.17	NA	NA	4.00	3.49	0.54	NA	NA	9.71	9.20	090
64776	.....	A	Remove digit nerve lesion	5.12	NA	NA	4.27	3.65	0.46	NA	NA	9.85	9.23	090
64778	.....	A	Digit nerve surgery add-on	3.11	NA	NA	1.58	2.27	0.37	NA	NA	5.06	5.75	ZZZ
64782	.....	A	Remove limb nerve lesion	6.23	NA	NA	3.38	4.24	0.48	NA	NA	10.09	10.95	090
64783	.....	A	Limb nerve surgery add-on	3.72	NA	NA	1.85	2.70	0.39	NA	NA	5.96	6.81	ZZZ
64784	.....	A	Remove nerve lesion	9.82	NA	NA	6.41	6.27	1.12	NA	NA	17.35	17.21	090
64786	.....	A	Remove sciatic nerve lesion	15.46	NA	NA	9.81	11.78	1.99	NA	NA	27.26	29.23	090
64787	.....	A	Implant nerve end	4.30	NA	NA	2.16	2.97	0.45	NA	NA	6.91	7.72	ZZZ
64788	.....	A	Remove skin nerve lesion	4.61	NA	NA	3.37	3.66	0.51	NA	NA	8.49	8.78	090
64790	.....	A	Removal of nerve lesion	11.31	NA	NA	7.16	7.44	1.54	NA	NA	20.01	20.29	090
64792	.....	A	Removal of nerve lesion	14.92	NA	NA	8.73	9.25	2.01	NA	NA	25.66	26.18	090
64795	.....	A	Biopsy of nerve	3.01	NA	NA	1.80	2.19	0.44	NA	NA	5.25	5.64	000
64802	.....	A	Remove sympathetic nerves	9.15	NA	NA	7.49	6.68	1.04	NA	NA	17.68	16.87	090
64804	.....	A	Remove sympathetic nerves	14.64	NA	NA	9.70	11.78	1.92	NA	NA	26.26	28.34	090
64809	.....	A	Remove sympathetic nerves	13.67	NA	NA	9.16	10.31	1.77	NA	NA	24.60	25.75	090
64818	.....	A	Remove sympathetic nerves	10.30	NA	NA	7.49	8.40	1.21	NA	NA	19.00	19.91	090
64820	.....	A	Remove sympathetic nerves	10.37	NA	NA	7.36	7.63	1.11	NA	NA	18.84	19.11	090
64831	.....	A	Repair of digit nerve	9.44	NA	NA	6.64	5.16	1.05	NA	NA	17.13	15.65	090
64832	.....	A	Repair nerve add-on	5.66	NA	NA	2.99	2.26	0.62	NA	NA	9.27	8.54	ZZZ
64834	.....	A	Repair of hand or foot nerve	10.19	NA	NA	6.67	5.24	1.13	NA	NA	17.99	16.56	090
64835	.....	A	Repair of hand or foot nerve	10.94	NA	NA	7.33	6.90	1.20	NA	NA	19.47	19.04	090
64836	.....	A	Repair of hand or foot nerve	10.94	NA	NA	7.56	7.42	1.25	NA	NA	19.75	19.61	090
64837	.....	A	Repair nerve add-on	6.26	NA	NA	3.27	4.05	0.69	NA	NA	10.22	11.00	ZZZ
64840	.....	A	Repair of leg nerve	13.02	NA	NA	8.66	9.95	1.09	NA	NA	22.77	24.06	090
64856	.....	A	Repair/transpose nerve	13.80	NA	NA	8.86	8.89	1.59	NA	NA	24.25	24.28	090
64857	.....	A	Repair arm/leg nerve	14.49	NA	NA	9.37	9.86	1.62	NA	NA	25.48	25.97	090
64858	.....	A	Repair sciatic nerve	16.49	NA	NA	10.09	11.01	2.53	NA	NA	29.11	30.03	090
64859	.....	A	Nerve surgery	4.26	NA	NA	2.24	3.02	0.47	NA	NA	6.97	7.75	ZZZ
64861	.....	A	Repair of arm nerves	19.24	NA	NA	11.36	12.96	1.77	NA	NA	32.37	33.97	090
64862	.....	A	Repair of low back nerves	19.44	NA	NA	11.36	17.38	4.16	NA	NA	34.96	40.98	090
64864	.....	A	Repair of facial nerve	12.55	NA	NA	8.28	8.41	1.17	NA	NA	22.00	22.13	090
64865	.....	A	Repair of facial nerve	15.24	NA	NA	9.69	11.54	1.44	NA	NA	26.37	28.22	090
64866	.....	A	Fusion of facial/other nerve	15.74	NA	NA	10.04	11.09	1.50	NA	NA	27.28	28.33	090
64868	.....	A	Fusion of facial/other nerve	14.04	NA	NA	8.91	10.53	1.66	NA	NA	24.61	26.23	090
64870	.....	A	Fusion of facial/other nerve	15.99	NA	NA	8.91	12.01	1.83	NA	NA	26.73	29.83	090
64872	.....	A	Subsequent repair of nerve	1.99	NA	NA	1.07	1.32	0.23	NA	NA	3.29	3.54	ZZZ
64874	.....	A	Repair & revise nerve add-on	2.98	NA	NA	1.52	1.94	0.34	NA	NA	4.84	5.26	ZZZ
64876	.....	A	Repair nerve; shorten bone	3.38	NA	NA	1.29	1.98	0.39	NA	NA	5.06	5.75	ZZZ
64885	.....	A	Nerve graft, head or neck	17.53	NA	NA	11.07	12.42	1.51	NA	NA	30.11	31.46	090
64886	.....	A	Nerve graft, head or neck	20.75	NA	NA	13.02	14.72	1.82	NA	NA	35.59	37.29	090
64890	.....	A	Nerve graft, hand or foot	15.15	NA	NA	9.97	11.64	1.63	NA	NA	26.75	28.42	090
64891	.....	A	Nerve graft, hand or foot	16.14	NA	NA	8.89	10.10	1.62	NA	NA	26.65	27.86	090

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT[1]/ HCPCS[2]	MOD	Status	Description	Physician work RVUs[3,5]	Fully implemented non-facility PE RVUs	Year 2000 transitional non-facility PE RVUs	Fully implemented facility PE RVUs	Year 2000 transitional facility PE RVUs	Malpractice RVUs	Fully implemented non-facility total	Year 2000 transitional non-facility total	Fully implemented facility total	Year 2000 transitional facility total	Global
64892	.....	A	Nerve graft, arm or leg	14.65	NA	NA	8.79	10.39	1.77	NA	NA	25.21	26.81	090
64893	.....	A	Nerve graft, arm or leg	15.60	NA	NA	8.37	11.75	2.25	NA	NA	26.22	29.60	090
64895	.....	A	Nerve graft, hand or foot	19.25	NA	NA	11.09	12.69	1.93	NA	NA	32.27	33.87	090
64896	.....	A	Nerve graft, hand or foot	20.49	NA	NA	11.91	15.47	2.21	NA	NA	34.61	38.17	090
64897	.....	A	Nerve graft, arm or leg	18.24	NA	NA	10.47	12.09	1.97	NA	NA	30.68	32.30	090
64898	.....	A	Nerve graft, arm or leg	19.50	NA	NA	12.22	13.93	2.06	NA	NA	33.78	35.49	090
64901	.....	A	Nerve graft add-on	10.22	NA	NA	5.30	8.17	1.09	NA	NA	16.61	19.48	ZZZ
64902	.....	A	Nerve graft add-on	11.83	NA	NA	6.49	9.72	1.13	NA	NA	19.45	22.68	ZZZ
64905	.....	A	Nerve pedicle transfer	14.02	NA	NA	7.35	8.78	1.09	NA	NA	22.46	23.89	090
64907	.....	A	Nerve pedicle transfer	18.83	NA	NA	11.15	12.64	2.12	NA	NA	32.10	33.59	090
64999	.....	C	Nervous system surgery	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
65091	.....	A	Revise eye	6.46	NA	NA	8.36	8.04	0.28	NA	NA	15.10	14.78	090
65093	.....	A	Revise eye with implant	6.87	NA	NA	9.10	8.65	0.29	NA	NA	16.26	15.81	090
65101	.....	A	Removal of eye	7.03	NA	NA	9.29	8.84	0.31	NA	NA	16.63	16.18	090
65103	.....	A	Remove eye/insert implant	7.57	NA	NA	9.33	9.19	0.31	NA	NA	17.21	17.07	090
65105	.....	A	Remove eye/attach implant	8.49	NA	NA	9.87	10.01	0.35	NA	NA	18.71	18.85	090
65110	.....	A	Removal of eye	13.95	NA	NA	13.20	14.93	0.71	NA	NA	27.86	29.59	090
65112	.....	A	Remove eye, revise socket	16.38	NA	NA	15.84	14.52	1.26	NA	NA	33.48	32.16	090
65114	.....	A	Remove eye, revise socket	17.53	NA	NA	15.08	14.63	0.86	NA	NA	33.47	33.02	090
65125	.....	A	Revise ocular implant	3.12	4.24	3.46	1.59	2.14	0.17	7.53	6.75	4.88	5.43	090
65130	.....	A	Insert ocular implant	7.15	NA	NA	8.57	8.56	0.32	NA	NA	16.04	16.03	090
65135	.....	A	Insert ocular implant	7.33	NA	NA	8.76	7.32	0.33	NA	NA	16.42	14.98	090
65140	.....	A	Attach ocular implant	8.02	NA	NA	8.96	7.86	0.34	NA	NA	17.32	16.22	090
65150	.....	A	Revise ocular implant	6.26	NA	NA	7.96	7.72	0.26	NA	NA	14.48	14.24	090
65155	.....	A	Reinsert ocular implant	8.66	NA	NA	9.69	10.02	0.42	NA	NA	18.77	19.10	090
65175	.....	A	Removal of ocular implant	6.28	NA	NA	8.07	7.79	0.26	NA	NA	14.61	14.33	090
65205	.....	A	Remove foreign body from eye	0.71	3.76	2.08	0.19	0.20	0.04	4.51	2.83	0.94	0.95	000
65210	.....	A	Remove foreign body from eye	0.84	3.71	2.11	0.29	0.27	0.04	4.59	2.99	1.17	1.15	000
65220	.....	A	Remove foreign body from eye	0.71	5.82	3.19	0.18	0.23	0.06	6.59	3.96	0.95	1.00	000
65222	.....	A	Remove foreign body from eye	0.93	3.70	2.16	0.28	0.30	0.04	4.67	3.13	1.25	1.27	000
65235	.....	A	Remove foreign body from eye	7.57	NA	NA	6.48	6.29	0.33	NA	NA	14.38	14.19	090
65260	.....	A	Remove foreign body from eye	10.96	NA	NA	11.30	10.34	0.44	NA	NA	22.70	21.74	090
65265	.....	A	Remove foreign body from eye	12.59	NA	NA	12.58	11.74	0.52	NA	NA	25.69	24.85	090
65270	.....	A	Repair of eye wound	1.90	3.21	2.24	1.83	1.55	0.09	5.20	4.23	3.82	3.54	010
65272	.....	A	Repair of eye wound	3.82	4.52	3.15	3.82	2.80	0.16	8.50	7.13	7.80	6.78	090
65273	.....	A	Repair of eye wound	4.36	NA	NA	4.03	3.76	0.18	NA	NA	8.57	8.30	090
65275	.....	A	Repair of eye wound	5.34	4.68	2.70	4.40	2.56	0.28	10.30	8.32	10.02	8.18	090
65280	.....	A	Repair of eye wound	7.66	NA	NA	7.50	8.33	0.32	NA	NA	15.48	16.31	090
65285	.....	A	Repair of eye wound	12.90	NA	NA	13.18	13.25	0.53	NA	NA	26.61	26.68	090
65286	.....	A	Repair of eye wound	5.51	7.10	6.15	6.08	4.34	0.23	12.84	11.89	11.82	10.08	090
65290	.....	A	Repair of eye socket wound	5.41	NA	NA	5.87	6.17	0.23	NA	NA	11.51	11.81	090
65400	.....	A	Removal of eye lesion	6.06	7.99	7.50	6.70	6.86	0.25	14.30	13.81	13.01	13.17	090
65410	.....	A	Biopsy of cornea	1.47	1.62	1.68	0.72	1.23	0.06	3.15	3.21	2.25	2.76	000
65420	.....	A	Removal of eye lesion	4.17	6.31	5.48	5.43	5.04	0.17	10.65	9.82	9.77	9.38	090
65426	.....	A	Removal of eye lesion	5.25	7.42	6.85	6.29	6.28	0.21	12.88	12.31	11.75	11.74	090
65430	.....	A	Corneal smear	1.47	4.15	2.37	0.74	0.52	0.06	5.68	3.90	2.27	2.05	000
65435	.....	A	Curette/treat cornea	0.92	1.25	1.05	0.44	0.43	0.04	2.21	2.01	1.40	1.39	000
65436	.....	A	Curette/treat cornea	4.19	4.77	3.22	3.93	2.38	0.17	9.13	7.58	8.29	6.74	090
65450	.....	A	Treatment of corneal lesion	3.27	5.95	4.76	4.94	4.25	0.13	9.35	8.16	8.34	7.65	090
65600	.....	A	Revision of cornea	3.40	4.35	3.60	1.43	1.43	0.15	7.90	7.15	4.98	4.98	090
65710	.....	A	Corneal transplant	12.35	NA	NA	12.66	13.08	0.51	NA	NA	25.52	25.94	090
65730	.....	A	Corneal transplant	14.25	NA	NA	13.57	15.00	0.58	NA	NA	28.40	29.83	090
65750	.....	A	Corneal transplant	15.00	NA	NA	13.96	15.72	0.61	NA	NA	29.57	31.33	090
65755	.....	A	Corneal transplant	14.89	NA	NA	13.91	15.69	0.61	NA	NA	29.41	31.19	090
65760	.....	N	Revision of cornea	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
65765	.....	N	Revision of cornea	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
65767	.....	N	Corneal tissue transplant	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
65770	.....	A	Revise cornea with implant	17.56	NA	NA	15.13	15.06	0.71	NA	NA	33.40	33.33	090
65771	.....	N	Radial keratotomy	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
65772	.....	A	Correction of astigmatism	4.29	5.63	5.38	4.77	3.67	0.17	10.09	9.84	9.23	8.13	090
65775	.....	A	Correction of astigmatism	5.79	NA	NA	7.91	7.41	0.24	NA	NA	13.94	13.44	090
65800	.....	A	Drainage of eye	1.91	2.09	1.98	1.37	1.62	0.08	4.08	3.97	3.36	3.61	000
65805	.....	A	Drainage of eye	1.91	2.09	2.03	1.37	1.18	0.08	4.08	4.02	3.36	3.17	000
65810	.....	A	Drainage of eye	4.87	NA	NA	6.55	6.19	0.20	NA	NA	11.62	11.26	090
65815	.....	A	Drainage of eye	5.05	7.27	6.07	6.23	5.55	0.21	12.53	11.33	11.49	10.81	090
65820	.....	A	Relieve inner eye pressure	8.13	NA	NA	8.72	9.54	0.33	NA	NA	17.18	18.00	090
65850	.....	A	Incision of eye	10.52	NA	NA	9.76	11.16	0.43	NA	NA	20.71	22.11	090
65855	.....	A	Laser surgery of eye	4.30	4.88	5.70	3.99	3.63	0.18	9.36	10.18	8.47	8.11	090
65860	.....	A	Incise inner eye adhesions	3.55	3.71	3.98	2.92	2.52	0.15	7.41	7.68	6.62	6.22	090
65865	.....	A	Incise inner eye adhesions	5.60	NA	NA	6.48	6.59	0.23	NA	NA	12.31	12.42	090
65870	.....	A	Incise inner eye adhesions	6.27	NA	NA	6.81	6.59	0.26	NA	NA	13.34	13.12	090
65875	.....	A	Incise inner eye adhesions	6.54	NA	NA	6.94	6.88	0.27	NA	NA	13.75	13.69	090
65880	.....	A	Incise inner eye adhesions	7.09	NA	NA	7.23	7.33	0.29	NA	NA	14.61	14.71	090
65900	.....	A	Remove eye lesion	10.93	NA	NA	12.00	10.29	0.50	NA	NA	23.43	21.72	090
65920	.....	A	Remove implant from eye	8.40	NA	NA	7.88	8.48	0.35	NA	NA	16.63	17.23	090
65930	.....	A	Remove blood clot from eye	7.44	NA	NA	8.22	8.28	0.30	NA	NA	15.96	16.02	090
66020	.....	A	Injection treatment of eye	1.59	2.15	2.03	1.43	1.67	0.07	3.81	3.69	3.09	3.33	010
66030	.....	A	Injection treatment of eye	1.25	1.96	1.28	1.24	0.77	0.05	3.26	2.58	2.54	2.07	010
66130	.....	A	Remove eye lesion	7.69	6.54	6.14	5.70	5.72	0.32	14.55	14.15	13.71	13.73	090
66150	.....	A	Glaucoma surgery	8.30	NA	NA	8.66	9.29	0.34	NA	NA	17.30	17.93	090
66155	.....	A	Glaucoma surgery	8.29	NA	NA	8.64	9.27	0.35	NA	NA	17.28	17.91	090
66160	.....	A	Glaucoma surgery	10.17	NA	NA	9.57	10.63	0.44	NA	NA	20.18	21.24	090
66165	.....	A	Glaucoma surgery	8.01	NA	NA	8.53	9.05	0.32	NA	NA	16.86	17.38	090
66170	.....	A	Glaucoma surgery	12.16	11.11	12.15	10.63	11.91	0.50	23.77	24.81	23.29	24.57	090

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT[1]/ HCPCS[2]	MOD	Status	Description	Physician work RVUs[3,5]	Fully implemented non-facility PE RVUs	Year 2000 transitional non-facility PE RVUs	Fully implemented facility PE RVUs	Year 2000 transitional facility PE RVUs	Malpractice RVUs	Fully implemented non-facility total	Year 2000 transitional non-facility total	Fully implemented facility total	Year 2000 transitional facility total	Global
66172		A	Incision of eye	15.04	NA	NA	12.11	12.65	0.62	NA	NA	27.77	28.31	090
66180		A	Implant eye shunt	14.55	NA	NA	11.94	14.66	0.60	NA	NA	27.09	29.81	090
66185		A	Revise eye shunt	8.14	NA	NA	8.58	9.15	0.34	NA	NA	17.06	17.63	090
66220		A	Repair eye lesion	7.77	NA	NA	9.12	7.79	0.33	NA	NA	17.22	15.89	090
66225		A	Repair/graft eye lesion	11.05	NA	NA	9.42	11.31	0.45	NA	NA	20.92	22.81	090
66250		A	Follow-up surgery of eye	5.98	7.99	7.57	6.66	6.90	0.25	14.22	13.80	12.89	13.13	090
66500		A	Incision of iris	3.71	NA	NA	3.71	4.07	0.15	NA	NA	7.57	7.93	090
66505		A	Incision of iris	4.08	NA	NA	3.94	3.75	0.17	NA	NA	8.19	8.00	090
66600		A	Remove iris and lesion	8.68	NA	NA	8.46	9.31	0.36	NA	NA	17.50	18.35	090
66605		A	Removal of iris	12.79	NA	NA	12.78	12.83	0.54	NA	NA	26.11	26.16	090
66625		A	Removal of iris	5.13	7.26	6.69	6.28	6.20	0.21	12.60	12.03	11.62	11.54	090
66630		A	Removal of iris	6.16	NA	NA	7.19	7.28	0.25	NA	NA	13.60	13.69	090
66635		A	Removal of iris	6.25	NA	NA	6.80	7.14	0.25	NA	NA	13.30	13.64	090
66680		A	Repair iris & ciliary body	5.44	NA	NA	6.39	6.44	0.23	NA	NA	12.06	12.11	090
66682		A	Repair iris and ciliary body	6.21	NA	NA	7.26	7.34	0.25	NA	NA	13.72	13.80	090
66700		A	Destruction, ciliary body	4.78	7.00	6.36	5.72	5.72	0.21	11.99	11.35	10.71	10.71	090
66710		A	Destruction, ciliary body	4.78	6.92	6.32	5.71	5.71	0.20	11.90	11.30	10.69	10.69	090
66720		A	Destruction, ciliary body	4.78	6.65	6.18	5.74	5.73	0.21	11.64	11.17	10.73	10.72	090
66740		A	Destruction, ciliary body	4.78	NA	NA	6.05	5.88	0.19	NA	NA	11.02	10.85	090
66761		A	Revision of iris	4.07	3.95	4.41	3.17	2.80	0.17	8.19	8.65	7.41	7.04	090
66762		A	Revision of iris	4.58	4.20	4.84	3.40	3.07	0.19	8.97	9.61	8.17	7.84	090
66770		A	Removal of inner eye lesion	5.18	4.45	5.32	3.69	3.40	0.21	9.84	10.71	9.08	8.79	090
66820		A	Incision, secondary cataract	3.89	NA	NA	6.03	5.34	0.16	NA	NA	10.08	9.39	090
66821		A	After cataract laser surgery	2.35	3.01	2.91	2.30	2.56	0.10	5.46	5.36	4.75	5.01	090
66825		A	Reposition intraocular lens	8.23	NA	NA	8.24	8.10	0.34	NA	NA	16.81	16.67	090
66830		A	Removal of lens lesion	8.20	9.13	8.73	8.62	8.47	0.34	17.67	17.27	17.16	17.01	090
66840		A	Removal of lens material	7.91	NA	NA	7.68	8.56	0.33	NA	NA	15.92	16.80	090
66850		A	Removal of lens material	9.11	NA	NA	7.94	9.41	0.38	NA	NA	17.43	18.90	090
66852		A	Removal of lens material	9.97	NA	NA	8.47	10.19	0.41	NA	NA	18.85	20.57	090
66920		A	Extraction of lens	8.86	NA	NA	7.86	9.22	0.37	NA	NA	17.09	18.45	090
66930		A	Extraction of lens	10.18	NA	NA	8.48	9.93	0.42	NA	NA	19.08	20.53	090
66940		A	Extraction of lens	8.93	NA	NA	7.86	9.26	0.37	NA	NA	17.16	18.56	090
66983		A	Remove cataract, insert lens	8.99	NA	NA	5.95	8.34	0.51	NA	NA	15.45	17.84	090
66984		A	Remove cataract, insert lens	10.28	NA	NA	7.57	9.92	0.45	NA	NA	18.30	20.65	090
66985		A	Insert lens prosthesis	8.39	NA	NA	6.71	8.37	0.36	NA	NA	15.46	17.12	090
66986		A	Exchange lens prosthesis	12.28	NA	NA	9.40	11.32	0.51	NA	NA	22.19	24.11	090
66999		C	Eye surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
67005		A	Partial removal of eye fluid	5.70	NA	NA	2.87	4.84	0.24	NA	NA	8.81	10.78	090
67010		A	Partial removal of eye fluid	6.87	NA	NA	3.49	5.85	0.28	NA	NA	10.64	13.00	090
67015		A	Release of eye fluid	6.92	NA	NA	7.30	7.15	0.29	NA	NA	14.51	14.36	090
67025		A	Replace eye fluid	6.84	11.93	9.63	6.77	7.05	0.29	19.06	16.76	13.90	14.18	090
67027		A	Implant eye drug system	10.85	13.62	11.72	6.53	8.17	0.45	24.92	23.02	17.83	19.47	090
67028		A	Injection eye drug	2.52	5.88	4.69	1.27	2.14	0.10	8.50	7.31	3.89	4.76	000
67030		A	Incise inner eye strands	4.84	NA	NA	5.90	5.84	0.20	NA	NA	10.94	10.88	090
67031		A	Laser surgery, eye strands	3.67	3.77	4.08	2.97	2.58	0.15	7.59	7.90	6.79	6.40	090
67036		A	Removal of inner eye fluid	11.89	NA	NA	8.46	11.33	0.49	NA	NA	20.84	23.71	090
67038		A	Strip retinal membrane	21.24	NA	NA	14.87	20.11	0.87	NA	NA	36.98	42.22	090
67039		A	Laser treatment of retina	14.52	NA	NA	11.05	14.19	0.59	NA	NA	26.16	29.30	090
67040		A	Laser treatment of retina	17.23	NA	NA	12.84	16.71	0.71	NA	NA	30.78	34.65	090
67101		A	Repair, detached retina	7.53	9.96	9.48	8.21	6.36	0.31	17.80	17.32	16.05	14.20	090
67105		A	Repair, detached retina	7.41	7.39	8.66	5.55	5.26	0.30	15.10	16.37	13.26	12.97	090
67107		A	Repair detached retina	14.84	NA	NA	12.60	15.16	0.61	NA	NA	28.05	30.61	090
67108		A	Repair detached retina	20.82	NA	NA	16.74	20.80	0.86	NA	NA	38.42	42.48	090
67110		A	Repair detached retina	8.81	15.24	12.88	9.52	10.02	0.36	24.41	22.05	18.69	19.19	090
67112		A	Re-repair detached retina	16.86	NA	NA	14.76	16.34	0.69	NA	NA	32.31	33.89	090
67115		A	Release, encircling material	4.99	NA	NA	5.97	5.97	0.20	NA	NA	11.16	11.16	090
67120		A	Remove eye implant material	5.98	11.39	9.27	6.41	6.78	0.25	17.62	15.50	12.64	13.01	090
67121		A	Remove eye implant material	10.67	NA	NA	10.86	10.54	0.45	NA	NA	21.98	21.66	090
67141		A	Treatment of retina	5.20	7.03	6.62	6.13	4.62	0.21	12.44	12.03	11.54	10.03	090
67145		A	Treatment of retina	5.37	5.15	6.10	4.14	3.84	0.22	10.74	11.69	9.73	9.43	090
67208		A	Treatment of retinal lesion	6.70	7.50	7.75	6.53	5.27	0.27	14.47	14.72	13.50	12.24	090
67210		A	Treatment of retinal lesion	8.82	7.26	8.53	5.86	5.38	0.36	16.44	17.71	15.04	14.56	090
67218		A	Treatment of retinal lesion	13.52	NA	NA	12.36	13.40	0.55	NA	NA	26.43	27.47	090
67220		A	Treat choroid lesion	13.13	6.68	6.68	6.62	6.62	0.53	20.34	20.34	20.28	20.28	090
67227		A	Treatment of retinal lesion	6.58	7.79	7.83	6.46	7.16	0.28	14.65	14.69	13.32	14.02	090
67228		A	Treatment of retinal lesion	12.74	9.88	10.04	7.55	6.33	0.52	23.14	23.30	20.81	19.59	090
67250		A	Reinforce eye wall	8.66	NA	NA	9.56	8.58	0.41	NA	NA	18.63	17.65	090
67255		A	Reinforce/graft eye wall	8.90	NA	NA	9.30	9.96	0.37	NA	NA	18.57	19.23	090
67299		C	Eye surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
67311		A	Revise eye muscle	6.65	NA	NA	6.18	7.06	0.28	NA	NA	13.11	13.99	090
67312		A	Revise two eye muscles	8.54	NA	NA	7.15	8.67	0.35	NA	NA	16.04	17.56	090
67314		A	Revise eye muscle	7.52	NA	NA	6.62	7.80	0.31	NA	NA	14.45	15.63	090
67316		A	Revise two eye muscles	9.66	NA	NA	7.64	9.40	0.41	NA	NA	17.71	19.47	090
67318		A	Revise eye muscle(s)	7.85	NA	NA	7.12	6.93	0.32	NA	NA	15.29	15.10	090
67320		A	Revise eye muscle(s) add-on	4.33	NA	NA	6.46	8.40	0.18	NA	NA	10.97	12.91	ZZZ
67331		A	Eye surgery follow-up add-on	4.06	NA	NA	4.92	7.31	0.17	NA	NA	9.15	11.54	ZZZ
67332		A	Rerevise eye muscles add-on	4.49	NA	NA	5.59	8.16	0.19	NA	NA	10.27	12.84	ZZZ
67334		A	Revise eye muscle w/suture	3.98	NA	NA	5.09	5.97	0.16	NA	NA	9.23	10.11	ZZZ
67335		A	Eye suture during surgery	2.49	NA	NA	1.26	2.12	0.10	NA	NA	3.85	4.71	ZZZ
67340		A	Revise eye muscle add-on	4.93	NA	NA	6.64	7.60	0.21	NA	NA	11.78	12.74	ZZZ
67343		A	Release eye tissue	7.35	NA	NA	6.88	6.61	0.30	NA	NA	14.53	14.26	090
67345		A	Destroy nerve of eye muscle	2.96	3.66	3.04	1.45	1.33	0.28	6.90	6.28	4.69	4.57	010
67350		A	Biopsy eye muscle	2.87	NA	NA	2.31	2.45	0.12	NA	NA	5.30	5.44	000
67399		C	Eye muscle surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT[1]/ HCPCS[2]	MOD	Status	Description	Physician work RVUs[3,5]	Fully implemented non-facility PE RVUs	Year 2000 transitional non-facility PE RVUs	Fully implemented facility PE RVUs	Year 2000 transitional facility PE RVUs	Malpractice RVUs	Fully implemented non-facility total	Year 2000 transitional non-facility total	Fully implemented facility total	Year 2000 transitional facility total	Global
67400	.....	A	Explore/biopsy eye socket	9.76	NA	NA	10.99	11.33	0.45	NA	NA	21.20	21.54	090
67405	.....	A	Explore/drain eye socket	7.93	NA	NA	9.99	9.73	0.41	NA	NA	18.33	18.07	090
67412	.....	A	Explore/treat eye socket	9.50	NA	NA	12.17	11.76	0.43	NA	NA	22.10	21.69	090
67413	.....	A	Explore/treat eye socket	10.00	NA	NA	11.36	10.07	0.51	NA	NA	21.87	20.58	090
67414	.....	A	Explore/decompress eye socke	11.13	NA	NA	13.37	11.24	0.54	NA	NA	25.04	22.91	090
67415	.....	A	Aspiration orbital contents	1.76	NA	NA	0.82	1.47	0.09	NA	NA	2.67	3.32	000
67420	.....	A	Explore/treat eye socket	20.06	NA	NA	17.85	18.03	1.13	NA	NA	39.04	39.22	090
67430	.....	A	Explore/treat eye socket	13.39	NA	NA	13.29	12.43	0.62	NA	NA	27.30	26.44	090
67440	.....	A	Explore/drain eye socket	13.09	NA	NA	13.16	14.40	0.56	NA	NA	26.81	28.05	090
67445	.....	A	Explore/decompress eye socke	14.42	NA	NA	14.44	13.26	0.63	NA	NA	29.49	28.31	090
67450	.....	A	Explore/biopsy eye socket	13.51	NA	NA	13.94	15.04	0.69	NA	NA	28.14	29.24	090
67500	.....	A	Inject/treat eye socket	0.79	64.35	32.57	0.17	0.48	0.05	65.19	33.41	1.01	1.32	000
67505	.....	A	Inject/treat eye socket	0.82	3.76	2.45	0.22	0.36	0.04	4.62	3.31	1.08	1.22	000
67515	.....	A	Inject/treat eye socket	0.61	3.60	2.11	0.31	0.31	0.02	4.23	2.74	0.94	0.94	000
67550	.....	A	Insert eye socket implant	10.19	NA	NA	10.37	10.41	0.52	NA	NA	21.08	21.12	090
67560	.....	A	Revise eye socket implant	10.60	NA	NA	10.39	9.70	0.50	NA	NA	21.49	20.80	090
67570	.....	A	Decompress optic nerve	13.58	NA	NA	14.38	11.29	0.85	NA	NA	28.81	25.72	090
67599	.....	C	Orbit surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
67700	.....	A	Drainage of eyelid abscess	1.35	5.13	2.83	0.60	0.44	0.06	6.54	4.24	2.01	1.85	010
67710	.....	A	Incision of eyelid	1.02	5.17	3.14	1.35	0.95	0.04	6.23	4.20	2.41	2.01	010
67715	.....	A	Incision of eyelid fold	1.22	NA	NA	1.49	1.47	0.05	NA	NA	2.76	2.74	010
67800	.....	A	Remove eyelid lesion	1.38	5.26	3.14	0.70	0.61	0.06	6.70	4.58	2.14	2.05	010
67801	.....	A	Remove eyelid lesions	1.88	3.30	2.41	1.82	1.29	0.08	5.26	4.37	3.78	3.25	010
67805	.....	A	Remove eyelid lesions	2.22	7.23	4.37	1.96	1.36	0.09	9.54	6.68	4.27	3.67	010
67808	.....	A	Remove eyelid lesion(s)	3.80	NA	NA	3.54	2.93	0.17	NA	NA	7.51	6.90	090
67810	.....	A	Biopsy of eyelid	1.48	4.64	2.76	0.75	0.60	0.06	6.18	4.30	2.29	2.14	000
67820	.....	A	Revise eyelashes	0.89	3.81	2.11	0.41	0.31	0.04	4.74	3.04	1.34	1.24	000
67825	.....	A	Revise eyelashes	1.38	5.11	3.05	1.49	0.99	0.06	6.55	4.49	2.93	2.43	010
67830	.....	A	Revise eyelashes	1.70	6.12	4.21	1.68	1.86	0.07	7.89	5.98	3.45	3.63	010
67835	.....	A	Revise eyelashes	5.56	NA	NA	4.48	5.56	0.24	NA	NA	10.28	11.36	090
67840	.....	A	Remove eyelid lesion	2.04	6.83	4.08	2.44	1.55	0.09	8.96	6.21	4.57	3.68	010
67850	.....	A	Treat eyelid lesion	1.69	5.56	3.23	1.68	1.07	0.08	7.33	5.00	3.45	2.84	010
67875	.....	A	Closure of eyelid by suture	1.35	6.69	4.28	2.25	1.94	0.06	8.10	5.69	3.66	3.35	000
67880	.....	A	Revision of eyelid	3.80	7.90	6.09	3.36	3.82	0.16	11.86	10.05	7.32	7.78	090
67882	.....	A	Revision of eyelid	5.07	9.65	7.86	4.16	5.11	0.22	14.94	13.15	9.45	10.40	090
67900	.....	A	Repair brow defect	6.14	9.12	6.61	6.19	5.15	0.32	15.58	13.07	12.65	11.61	090
67901	.....	A	Repair eyelid defect	6.97	NA	NA	6.55	7.44	0.36	NA	NA	13.88	14.77	090
67902	.....	A	Repair eyelid defect	7.03	NA	NA	6.54	7.47	0.34	NA	NA	13.91	14.84	090
67903	.....	A	Repair eyelid defect	6.37	10.62	9.12	6.57	7.09	0.43	17.42	15.92	13.37	13.89	090
67904	.....	A	Repair eyelid defect	6.26	11.52	9.50	7.10	7.29	0.27	18.05	16.03	13.63	13.82	090
67906	.....	A	Repair eyelid defect	6.79	8.54	7.24	6.21	6.07	0.27	15.60	14.30	13.27	13.13	090
67908	.....	A	Repair eyelid defect	5.13	8.08	7.10	5.99	6.06	0.22	13.43	12.45	11.34	11.41	090
67909	.....	A	Revise eyelid defect	5.40	8.32	7.39	6.07	6.26	0.24	13.96	13.03	11.71	11.90	090
67911	.....	A	Revise eyelid defect	5.27	NA	NA	6.14	6.22	0.25	NA	NA	11.66	11.74	090
67914	.....	A	Repair eyelid defect	3.68	8.28	6.34	3.70	4.05	0.16	12.12	10.18	7.54	7.89	090
67915	.....	A	Repair eyelid defect	3.18	6.49	3.93	1.62	1.15	0.13	9.80	7.24	4.93	4.46	090
67916	.....	A	Repair eyelid defect	5.31	10.24	8.29	4.69	5.52	0.24	15.79	13.84	10.24	11.07	090
67917	.....	A	Repair eyelid defect	6.02	8.86	8.02	6.33	6.76	0.27	15.15	14.31	12.62	13.05	090
67921	.....	A	Repair eyelid defect	3.40	7.97	6.02	3.45	3.76	0.14	11.51	9.56	6.99	7.30	090
67922	.....	A	Repair eyelid defect	3.06	6.47	3.88	2.76	1.71	0.13	9.66	7.07	5.95	4.90	090
67923	.....	A	Repair eyelid defect	5.88	10.36	8.69	4.95	5.99	0.25	16.49	14.82	11.08	12.12	090
67924	.....	A	Repair eyelid defect	5.79	8.40	7.66	5.77	6.34	0.24	14.43	13.69	11.80	12.37	090
67930	.....	A	Repair eyelid wound	3.61	8.27	4.83	3.27	1.98	0.17	12.05	8.61	7.05	5.76	010
67935	.....	A	Repair eyelid wound	6.22	10.36	7.24	4.86	4.49	0.31	16.89	13.77	11.39	11.02	090
67938	.....	A	Remove eyelid foreign body	1.33	4.98	2.77	0.52	0.40	0.07	6.38	4.17	1.92	1.80	010
67950	.....	A	Revision of eyelid	5.82	7.05	7.00	6.48	6.72	0.29	13.16	13.11	12.59	12.83	090
67961	.....	A	Revision of eyelid	5.69	6.90	6.85	6.06	6.43	0.27	12.86	12.81	12.02	12.39	090
67966	.....	A	Revision of eyelid	6.57	7.34	7.60	5.68	6.77	0.32	14.23	14.49	12.57	13.66	090
67971	.....	A	Reconstruction of eyelid	9.79	NA	NA	7.74	9.67	0.43	NA	NA	17.96	19.89	090
67973	.....	A	Reconstruction of eyelid	12.87	NA	NA	9.59	12.14	0.61	NA	NA	23.07	25.62	090
67974	.....	A	Reconstruction of eyelid	12.84	NA	NA	9.36	12.32	0.62	NA	NA	22.82	25.78	090
67975	.....	A	Reconstruction of eyelid	9.13	NA	NA	7.40	5.95	0.39	NA	NA	16.92	15.47	090
67999	.....	C	Revision of eyelid	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
68020	.....	A	Incise/drain eyelid lining	1.37	5.14	2.85	0.68	0.48	0.06	6.57	4.28	2.11	1.91	010
68040	.....	A	Treatment of eyelid lesions	0.85	4.11	2.30	0.41	0.33	0.04	5.00	3.19	1.30	1.22	000
68100	.....	A	Biopsy of eyelid lining	1.35	4.78	2.93	0.67	0.61	0.06	6.19	4.34	2.08	2.02	000
68110	.....	A	Remove eyelid lining lesion	1.77	5.46	3.41	1.69	1.19	0.07	7.30	5.25	3.53	3.03	010
68115	.....	A	Remove eyelid lining lesion	2.36	6.47	4.28	2.01	2.05	0.10	8.93	6.74	4.47	4.51	010
68130	.....	A	Remove eyelid lining lesion	4.93	NA	NA	5.36	4.90	0.20	NA	NA	10.49	10.03	090
68135	.....	A	Remove eyelid lining lesion	1.84	5.46	3.13	1.73	1.07	0.08	7.38	5.05	3.65	2.99	010
68200	.....	A	Treat eyelid by injection	0.49	3.55	2.06	0.25	0.27	0.02	4.06	2.57	0.76	0.78	000
68320	.....	A	Revise/graft eyelid lining	5.37	5.00	5.71	5.00	5.71	0.22	10.59	11.30	10.59	11.30	090
68325	.....	A	Revise/graft eyelid lining	7.36	NA	NA	6.20	7.50	0.36	NA	NA	13.92	15.22	090
68326	.....	A	Revise/graft eyelid lining	7.15	NA	NA	6.11	7.33	0.32	NA	NA	13.58	14.80	090
68328	.....	A	Revise/graft eyelid lining	8.18	NA	NA	6.64	8.21	0.41	NA	NA	15.23	16.80	090
68330	.....	A	Revise eyelid lining	4.83	6.62	6.19	5.39	5.58	0.20	11.65	11.22	10.42	10.61	090
68335	.....	A	Revise/graft eyelid lining	7.19	NA	NA	5.10	6.84	0.31	NA	NA	12.60	14.34	090
68340	.....	A	Separate eyelid adhesions	4.17	9.07	6.24	3.68	3.55	0.18	13.42	10.59	8.03	7.90	090
68360	.....	A	Revise eyelid lining	4.37	6.29	5.76	5.08	5.15	0.18	10.84	10.31	9.63	9.70	090
68362	.....	A	Revise eyelid lining	7.34	NA	NA	7.37	8.03	0.30	NA	NA	15.01	15.67	090
68399	.....	C	Eyelid lining surgery	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
68400	.....	A	Incise/drain tear gland	1.69	6.89	3.99	2.18	1.37	0.07	8.65	5.75	3.94	3.13	010
68420	.....	A	Incise/drain tear sac	2.30	7.24	4.18	2.63	1.60	0.10	9.64	6.58	5.03	4.00	010
68440	.....	A	Incise tear duct opening	0.94	5.08	2.95	1.28	0.85	0.04	6.06	3.93	2.26	1.83	010

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[3] + Indicates RVUs are not used for Medicare payment.

[4] PE RVUs = Practice Expense Relative Value Units.

[5] # Indicates new CPT/HCPCS codes which were not factored into budget neutrality adjustments.

ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT[1]/ HCPCS[2]	MOD	Status	Description	Physician work RVUs[3,5]	Fully implemented non-facility PE RVUs	Year 2000 transitional non-facility PE RVUs	Fully implemented facility PE RVUs	Year 2000 transitional facility PE RVUs	Malpractice RVUs	Fully implemented non-facility total	Year 2000 transitional non-facility total	Fully implemented facility total	Year 2000 transitional facility total	Global
68500	.....	A	Removal of tear gland	11.02	NA	NA	9.24	8.75	0.54	NA	NA	20.80	20.31	090
68505	.....	A	Partial removal tear gland	10.94	NA	NA	10.20	9.82	0.69	NA	NA	21.83	21.45	090
68510	.....	A	Biopsy of tear gland	4.61	7.61	5.81	2.33	3.17	0.19	12.41	10.61	7.13	7.97	000
68520	.....	A	Removal of tear sac	7.51	NA	NA	6.87	7.92	0.34	NA	NA	14.72	15.77	090
68525	.....	A	Biopsy of tear sac	4.43	NA	NA	2.27	3.13	0.19	NA	NA	6.89	7.75	000
68530	.....	A	Clearance of tear duct	3.66	8.30	5.70	2.66	2.11	0.16	12.12	9.52	6.48	5.93	010
68540	.....	A	Remove tear gland lesion	10.60	NA	NA	8.90	8.96	0.55	NA	NA	20.05	20.11	090
68550	.....	A	Remove tear gland lesion	13.26	NA	NA	10.25	11.28	0.99	NA	NA	24.50	25.53	090
68700	.....	A	Repair tear ducts	6.60	NA	NA	6.37	4.65	0.29	NA	NA	13.26	11.54	090
68705	.....	A	Revise tear duct opening	2.06	5.69	3.40	1.85	1.21	0.09	7.84	5.55	4.00	3.36	010
68720	.....	A	Create tear sac drain	8.96	NA	NA	7.57	9.13	0.40	NA	NA	16.93	18.49	090
68745	.....	A	Create tear duct drain	8.63	NA	NA	7.41	7.27	0.37	NA	NA	16.41	16.27	090
68750	.....	A	Create tear duct drain	8.66	NA	NA	8.02	9.18	0.38	NA	NA	17.06	18.22	090
68760	.....	A	Close tear duct opening	1.73	5.35	3.18	0.88	0.69	0.07	7.15	4.98	2.68	2.49	010
68761	.....	A	Close tear duct opening	1.36	3.81	2.41	0.62	0.56	0.07	5.24	3.84	2.05	1.99	010
68770	.....	A	Close tear system fistula	7.02	10.97	7.79	5.49	3.90	0.32	18.31	15.13	12.83	11.24	090
68801	.....	A	Dilate tear duct opening	0.94	4.67	2.57	0.46	0.35	0.04	5.65	3.55	1.44	1.33	010
68810	.....	A	Probe nasolacrimal duct	1.90	6.19	3.40	1.75	1.03	0.08	8.17	5.38	3.73	3.01	010
68811	.....	A	Probe nasolacrimal duct	2.35	NA	NA	2.01	1.82	0.10	NA	NA	4.46	4.27	010
68815	.....	A	Probe nasolacrimal duct	3.20	6.44	4.27	2.46	1.76	0.15	9.79	7.62	5.81	5.11	010
68840	.....	A	Explore/irrigate tear ducts	1.25	5.17	2.85	0.61	0.44	0.05	6.47	4.15	1.91	1.74	010
68850	.....	A	Injection for tear sac x-ray	0.80	11.44	6.00	0.28	0.42	0.03	12.27	6.83	1.11	1.25	000
68899	.....	C	Tear duct system surgery	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
69000	.....	A	Drain external ear lesion	1.45	1.70	1.04	0.55	0.37	0.10	3.25	2.59	2.10	1.92	010
69005	.....	A	Drain external ear lesion	2.11	2.16	1.71	2.16	1.40	0.16	4.43	3.98	4.43	3.67	010
69020	.....	A	Drain outer ear canal lesion	1.48	1.82	1.16	0.71	0.48	0.11	3.41	2.75	2.30	2.07	010
69090	.....	N	Pierce earlobes	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
69100	.....	A	Biopsy of external ear	0.81	1.23	0.98	0.41	0.39	0.04	2.08	1.83	1.26	1.24	000
69105	.....	A	Biopsy of external ear canal	0.85	1.21	1.04	0.84	0.64	0.06	2.12	1.95	1.75	1.55	000
69110	.....	A	Partial removal external ear	3.44	2.93	2.89	2.48	2.67	0.26	6.63	6.59	6.18	6.37	090
69120	.....	A	Removal of external ear	4.05	NA	NA	3.77	2.31	0.33	NA	NA	8.15	6.69	090
69140	.....	A	Remove ear canal lesion(s)	7.97	NA	NA	7.01	7.85	0.59	NA	NA	15.57	16.41	090
69145	.....	A	Remove ear canal lesion(s)	2.62	2.88	2.80	2.21	2.47	0.20	5.70	5.62	5.03	5.29	090
69150	.....	A	Extensive ear canal surgery	13.43	NA	NA	10.35	10.85	1.06	NA	NA	24.84	25.34	090
69155	.....	A	Extensive ear/neck surgery	20.80	NA	NA	14.20	15.74	1.74	NA	NA	36.74	38.28	090
69200	.....	A	Clear outer ear canal	0.77	1.17	0.82	0.66	0.45	0.06	2.00	1.65	1.49	1.28	000
69205	.....	A	Clear outer ear canal	1.20	NA	NA	1.25	1.21	0.09	NA	NA	2.54	2.50	010
69210	.....	A	Remove impacted ear wax	0.61	1.06	0.66	0.24	0.19	0.04	1.71	1.31	0.89	0.84	000
69220	.....	A	Clean out mastoid cavity	0.83	1.23	0.89	0.48	0.38	0.06	2.12	1.78	1.37	1.27	000
69222	.....	A	Clean out mastoid cavity	1.40	1.82	1.31	1.41	0.91	0.10	3.32	2.81	2.91	2.41	010
69300	.....	R	Revise external ear	6.36	NA	NA	4.16	4.96	0.53	NA	NA	11.05	11.85	YYY
69310	.....	A	Rebuild outer ear canal	10.79	NA	NA	8.85	9.77	0.81	NA	NA	20.45	21.37	090
69320	.....	A	Rebuild outer ear canal	16.96	NA	NA	13.07	14.49	1.27	NA	NA	31.30	32.72	090
69399	.....	C	Outer ear surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
69400	.....	A	Inflate middle ear canal	0.83	1.23	0.86	0.28	0.27	0.06	2.12	1.75	1.17	1.16	000
69401	.....	A	Inflate middle ear canal	0.63	1.12	0.70	0.38	0.26	0.05	1.80	1.38	1.06	0.94	000
69405	.....	A	Catheterize middle ear canal	2.63	2.61	1.57	1.57	0.92	0.19	5.43	4.39	4.39	3.74	010
69410	.....	A	Inset middle ear baffle	0.33	1.00	0.83	0.18	0.26	0.02	1.35	1.18	0.53	0.61	000
69420	.....	A	Incision of eardrum	1.33	1.84	1.30	0.73	0.56	0.10	3.27	2.73	2.16	1.99	010
69421	.....	A	Incision of eardrum	1.73	2.10	1.67	1.62	1.43	0.13	3.96	3.53	3.48	3.29	010
69424	.....	A	Remove ventilating tube	0.85	1.30	0.98	0.75	0.54	0.06	2.21	1.89	1.66	1.45	000
69433	.....	A	Create eardrum opening	1.52	1.90	1.67	0.88	0.80	0.11	3.53	3.30	2.51	2.43	010
69436	.....	A	Create eardrum opening	1.96	NA	NA	1.75	2.03	0.15	NA	NA	3.86	4.14	010
69440	.....	A	Exploration of middle ear	7.57	NA	NA	6.58	7.81	0.56	NA	NA	14.71	15.94	090
69450	.....	A	Eardrum revision	5.57	NA	NA	5.31	5.98	0.42	NA	NA	11.30	11.97	090
69501	.....	A	Mastoidectomy	9.07	NA	NA	7.33	9.08	0.68	NA	NA	17.08	18.83	090
69502	.....	A	Mastoidectomy	12.38	NA	NA	9.77	12.14	0.93	NA	NA	23.08	25.45	090
69505	.....	A	Remove mastoid structures	12.99	NA	NA	10.12	12.82	0.98	NA	NA	24.09	26.79	090
69511	.....	A	Extensive mastoid surgery	13.52	NA	NA	10.40	13.27	1.00	NA	NA	24.92	27.79	090
69530	.....	A	Extensive mastoid surgery	19.19	NA	NA	14.16	16.15	1.50	NA	NA	34.85	36.84	090
69535	.....	A	Remove part of temporal bone	36.14	NA	NA	23.61	25.52	2.71	NA	NA	62.46	64.37	090
69540	.....	A	Remove ear lesion	1.20	1.76	1.57	1.31	1.00	0.09	3.05	2.86	2.60	2.29	010
69550	.....	A	Remove ear lesion	10.99	NA	NA	8.78	10.95	0.81	NA	NA	20.58	22.75	090
69552	.....	A	Remove ear lesion	19.46	NA	NA	13.05	15.61	1.44	NA	NA	33.95	36.51	090
69554	.....	A	Remove ear lesion	33.16	NA	NA	20.64	22.73	3.09	NA	NA	56.89	58.98	090
69601	.....	A	Mastoid surgery revision	13.24	NA	NA	10.78	13.00	0.99	NA	NA	25.01	27.23	090
69602	.....	A	Mastoid surgery revision	13.58	NA	NA	10.61	13.41	1.01	NA	NA	25.20	28.00	090
69603	.....	A	Mastoid surgery revision	14.02	NA	NA	10.68	13.71	1.05	NA	NA	25.75	28.78	090
69604	.....	A	Mastoid surgery revision	14.02	NA	NA	10.85	13.79	1.04	NA	NA	25.91	28.85	090
69605	.....	A	Mastoid surgery revision	18.49	NA	NA	13.35	14.79	1.30	NA	NA	33.14	34.58	090
69610	.....	A	Repair of eardrum	4.43	3.73	2.37	3.23	1.87	0.32	8.48	7.12	7.98	6.62	010
69620	.....	A	Repair of eardrum	5.89	5.89	6.46	3.47	5.25	0.44	12.22	12.79	9.80	11.58	090
69631	.....	A	Repair eardrum structures	9.86	NA	NA	8.76	10.27	0.72	NA	NA	19.34	20.85	090
69632	.....	A	Rebuild eardrum structures	12.75	NA	NA	10.48	12.86	0.95	NA	NA	24.18	26.56	090
69633	.....	A	Rebuild eardrum structures	12.10	NA	NA	10.11	12.28	0.90	NA	NA	23.11	25.28	090
69635	.....	A	Repair eardrum structures	13.33	NA	NA	10.38	13.15	0.99	NA	NA	24.70	27.47	090
69636	.....	A	Rebuild eardrum structures	15.22	NA	NA	12.01	15.09	1.13	NA	NA	28.36	31.44	090
69637	.....	A	Rebuild eardrum structures	15.11	NA	NA	11.88	14.96	1.13	NA	NA	28.12	31.20	090
69641	.....	A	Revise middle ear & mastoid	12.71	NA	NA	10.03	12.60	0.94	NA	NA	23.68	26.25	090
69642	.....	A	Revise middle ear & mastoid	16.84	NA	NA	12.84	16.47	1.25	NA	NA	30.93	34.56	090
69643	.....	A	Revise middle ear & mastoid	15.32	NA	NA	11.96	15.13	1.15	NA	NA	28.43	31.60	090
69644	.....	A	Revise middle ear & mastoid	16.97	NA	NA	12.99	16.63	1.26	NA	NA	31.22	34.86	090
69645	.....	A	Revise middle ear & mastoid	16.38	NA	NA	12.62	16.09	1.21	NA	NA	30.21	33.68	090
69646	.....	A	Revise middle ear & mastoid	17.99	NA	NA	13.70	17.59	1.35	NA	NA	33.04	36.93	090

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[3] + Indicates RVUs are not used for Medicare payment.
[4] PE RVUs = Practice Expense Relative Value Units.
[5] # Indicates new CPT/HCPCS codes which were not factored into budget neutrality adjustments.

ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT[1]/ HCPCS[2]	MOD	Status	Description	Physician work RVUs[3,5]	Fully implemented non-facility PE RVUs	Year 2000 transitional non-facility PE RVUs	Fully implemented facility PE RVUs	Year 2000 transitional facility PE RVUs	Malpractice RVUs	Fully implemented non-facility total	Year 2000 transitional non-facility total	Fully implemented facility total	Year 2000 transitional facility total	Global
69650	.....	A	Release middle ear bone	9.66	NA	NA	7.76	9.65	0.72	NA	NA	18.14	20.03	090
69660	.....	A	Revise middle ear bone	11.90	NA	NA	8.98	11.60	0.88	NA	NA	21.76	24.38	090
69661	.....	A	Revise middle ear bone	15.74	NA	NA	11.63	15.21	1.19	NA	NA	28.56	32.14	090
69662	.....	A	Revise middle ear bone	15.44	NA	NA	11.54	14.99	1.15	NA	NA	28.13	31.58	090
69666	.....	A	Repair middle ear structures	9.75	NA	NA	7.82	9.73	0.72	NA	NA	18.29	20.20	090
69667	.....	A	Repair middle ear structures	9.76	NA	NA	7.88	9.77	0.72	NA	NA	18.36	20.25	090
69670	.....	A	Remove mastoid air cells	11.51	NA	NA	9.28	10.17	0.83	NA	NA	21.62	22.51	090
69676	.....	A	Remove middle ear nerve	9.52	NA	NA	8.02	8.64	0.69	NA	NA	18.23	18.85	090
69700	.....	A	Close mastoid fistula	8.23	NA	NA	5.35	6.94	0.64	NA	NA	14.22	15.81	090
69710	.....	N	Implant/replace hearing aid	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
69711	.....	A	Remove/repair hearing aid	10.44	NA	NA	8.65	8.91	0.76	NA	NA	19.85	20.11	090
69720	.....	A	Release facial nerve	14.38	NA	NA	11.27	14.22	1.07	NA	NA	26.72	29.67	090
69725	.....	A	Release facial nerve	25.38	NA	NA	15.66	15.78	1.71	NA	NA	42.75	42.87	090
69740	.....	A	Repair facial nerve	15.96	NA	NA	10.81	11.83	1.17	NA	NA	27.94	28.96	090
69745	.....	A	Repair facial nerve	16.69	NA	NA	11.50	14.41	1.91	NA	NA	30.10	33.01	090
69799	.....	C	Middle ear surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
69801	.....	A	Incise inner ear	8.56	NA	NA	7.07	8.65	0.64	NA	NA	16.27	17.85	090
69802	.....	A	Incise inner ear	13.10	NA	NA	10.12	11.16	1.09	NA	NA	24.31	25.35	090
69805	.....	A	Explore inner ear	13.82	NA	NA	10.24	12.25	1.02	NA	NA	25.08	27.09	090
69806	.....	A	Explore inner ear	12.35	NA	NA	9.84	12.30	0.92	NA	NA	23.11	25.57	090
69820	.....	A	Establish inner ear window	10.34	NA	NA	8.70	9.15	0.58	NA	NA	19.62	20.07	090
69840	.....	A	Revise inner ear window	10.26	NA	NA	9.07	9.14	0.41	NA	NA	19.74	19.81	090
69905	.....	A	Remove inner ear	11.10	NA	NA	8.81	11.03	0.80	NA	NA	20.71	22.93	090
69910	.....	A	Remove inner ear & mastoid	13.63	NA	NA	10.44	13.36	1.02	NA	NA	25.09	28.01	090
69915	.....	A	Incise inner ear nerve	21.23	NA	NA	15.02	17.12	1.58	NA	NA	37.83	39.93	090
69930	.....	A	Implant cochlear device	16.81	NA	NA	12.23	16.15	1.26	NA	NA	30.30	34.22	090
69949	.....	C	Inner ear surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
69950	.....	A	Incise inner ear nerve	25.64	NA	NA	16.69	18.11	2.46	NA	NA	44.79	46.21	090
69955	.....	A	Release facial nerve	27.04	NA	NA	17.53	19.77	2.36	NA	NA	46.93	49.17	090
69960	.....	A	Release inner ear canal	27.04	NA	NA	17.64	18.51	2.60	NA	NA	47.28	48.15	090
69970	.....	A	Remove inner ear lesion	30.04	NA	NA	19.06	20.22	2.23	NA	NA	51.33	52.49	090
69979	.....	C	Temporal bone surgery	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
69990	.....	R	Microsurgery add-on	3.47	1.85	1.85	1.85	1.85	0.67	5.99	5.99	5.99	5.99	ZZZ
70010	.....	A	Contrast x-ray of brain	1.19	4.87	4.96	4.87	4.96	0.25	6.31	6.40	6.31	6.40	XXX
70010	26	A	Contrast x-ray of brain	1.19	0.34	0.45	0.34	0.45	0.05	1.58	1.69	1.58	1.69	XXX
70010	TC	A	Contrast x-ray of brain	0.00	4.53	4.51	4.53	4.51	0.20	4.73	4.71	4.73	4.71	XXX
70015	.....	A	Contrast x-ray of brain	1.19	1.76	1.86	1.76	1.86	0.12	3.07	3.17	3.07	3.17	XXX
70015	26	A	Contrast x-ray of brain	1.19	0.34	0.45	0.34	0.45	0.05	1.58	1.69	1.58	1.69	XXX
70015	TC	A	Contrast x-ray of brain	0.00	1.42	1.41	1.42	1.41	0.07	1.49	1.48	1.49	1.48	XXX
70030	.....	A	X-ray eye for foreign body	0.17	0.49	0.51	0.49	0.51	0.03	0.69	0.71	0.69	0.71	XXX
70030	26	A	X-ray eye for foreign body	0.17	0.05	0.07	0.05	0.07	0.01	0.23	0.25	0.23	0.25	XXX
70030	TC	A	X-ray eye for foreign body	0.00	0.44	0.44	0.44	0.44	0.02	0.46	0.46	0.46	0.46	XXX
70100	.....	A	X-ray exam of jaw	0.18	0.60	0.62	0.60	0.62	0.03	0.81	0.83	0.81	0.83	XXX
70100	26	A	X-ray exam of jaw	0.18	0.05	0.08	0.05	0.08	0.01	0.24	0.27	0.24	0.27	XXX
70100	TC	A	X-ray exam of jaw	0.00	0.55	0.55	0.55	0.55	0.02	0.57	0.57	0.57	0.57	XXX
70110	.....	A	X-ray exam of jaw	0.25	0.71	0.74	0.71	0.74	0.04	1.00	1.03	1.00	1.03	XXX
70110	26	A	X-ray exam of jaw	0.25	0.07	0.10	0.07	0.10	0.01	0.33	0.36	0.33	0.36	XXX
70110	TC	A	X-ray exam of jaw	0.00	0.64	0.64	0.64	0.64	0.03	0.67	0.67	0.67	0.67	XXX
70120	.....	A	X-ray exam of mastoids	0.18	0.69	0.72	0.69	0.72	0.04	0.91	0.94	0.91	0.94	XXX
70120	26	A	X-ray exam of mastoids	0.18	0.05	0.08	0.05	0.08	0.01	0.24	0.27	0.24	0.27	XXX
70120	TC	A	X-ray exam of mastoids	0.00	0.64	0.64	0.64	0.64	0.03	0.67	0.67	0.67	0.67	XXX
70130	.....	A	X-ray exam of mastoids	0.34	0.92	0.95	0.92	0.95	0.05	1.31	1.34	1.31	1.34	XXX
70130	26	A	X-ray exam of mastoids	0.34	0.09	0.13	0.09	0.13	0.01	0.44	0.48	0.44	0.48	XXX
70130	TC	A	X-ray exam of mastoids	0.00	0.82	0.82	0.82	0.82	0.04	0.86	0.86	0.86	0.86	XXX
70134	.....	A	X-ray exam of middle ear	0.34	0.86	0.90	0.86	0.90	0.05	1.25	1.29	1.25	1.29	XXX
70134	26	A	X-ray exam of middle ear	0.34	0.09	0.13	0.09	0.13	0.01	0.44	0.48	0.44	0.48	XXX
70134	TC	A	X-ray exam of middle ear	0.00	0.76	0.76	0.76	0.76	0.04	0.80	0.80	0.80	0.80	XXX
70140	.....	A	X-ray exam of facial bones	0.19	0.69	0.72	0.69	0.72	0.04	0.92	0.95	0.92	0.95	XXX
70140	26	A	X-ray exam of facial bones	0.19	0.05	0.08	0.05	0.08	0.01	0.25	0.28	0.25	0.28	XXX
70140	TC	A	X-ray exam of facial bones	0.00	0.64	0.64	0.64	0.64	0.03	0.67	0.67	0.67	0.67	XXX
70150	.....	A	X-ray exam of facial bones	0.26	0.89	0.92	0.89	0.92	0.05	1.20	1.23	1.20	1.23	XXX
70150	26	A	X-ray exam of facial bones	0.26	0.07	0.10	0.07	0.10	0.01	0.34	0.37	0.34	0.37	XXX
70150	TC	A	X-ray exam of facial bones	0.00	0.82	0.82	0.82	0.82	0.04	0.86	0.86	0.86	0.86	XXX
70160	.....	A	X-ray exam of nasal bones	0.17	0.60	0.62	0.60	0.62	0.03	0.80	0.82	0.80	0.82	XXX
70160	26	A	X-ray exam of nasal bones	0.17	0.05	0.07	0.05	0.07	0.01	0.23	0.25	0.23	0.25	XXX
70160	TC	A	X-ray exam of nasal bones	0.00	0.55	0.55	0.55	0.55	0.02	0.57	0.57	0.57	0.57	XXX
70170	.....	A	X-ray exam of tear duct	0.30	1.07	1.10	1.07	1.10	0.06	1.43	1.46	1.43	1.46	XXX
70170	26	A	X-ray exam of tear duct	0.30	0.08	0.12	0.08	0.12	0.01	0.39	0.43	0.39	0.43	XXX
70170	TC	A	X-ray exam of tear duct	0.00	0.99	0.99	0.99	0.99	0.05	1.04	1.04	1.04	1.04	XXX
70190	.....	A	X-ray exam of eye sockets	0.21	0.70	0.73	0.70	0.73	0.04	0.95	0.98	0.95	0.98	XXX
70190	26	A	X-ray exam of eye sockets	0.21	0.06	0.09	0.06	0.09	0.01	0.28	0.31	0.28	0.31	XXX
70190	TC	A	X-ray exam of eye sockets	0.00	0.64	0.64	0.64	0.64	0.03	0.67	0.67	0.67	0.67	XXX
70200	.....	A	X-ray exam of eye sockets	0.28	0.90	0.93	0.90	0.93	0.05	1.23	1.26	1.23	1.26	XXX
70200	26	A	X-ray exam of eye sockets	0.28	0.08	0.11	0.08	0.11	0.01	0.37	0.40	0.37	0.40	XXX
70200	TC	A	X-ray exam of eye sockets	0.00	0.82	0.82	0.82	0.82	0.04	0.86	0.86	0.86	0.86	XXX
70210	.....	A	X-ray exam of sinuses	0.17	0.69	0.71	0.69	0.71	0.04	0.90	0.92	0.90	0.92	XXX
70210	26	A	X-ray exam of sinuses	0.17	0.05	0.07	0.05	0.07	0.01	0.23	0.25	0.23	0.25	XXX
70210	TC	A	X-ray exam of sinuses	0.00	0.64	0.64	0.64	0.64	0.03	0.67	0.67	0.67	0.67	XXX
70220	.....	A	X-ray exam of sinuses	0.25	0.89	0.92	0.89	0.92	0.05	1.19	1.22	1.19	1.22	XXX
70220	26	A	X-ray exam of sinuses	0.25	0.07	0.10	0.07	0.10	0.01	0.33	0.36	0.33	0.36	XXX
70220	TC	A	X-ray exam of sinuses	0.00	0.82	0.82	0.82	0.82	0.04	0.86	0.86	0.86	0.86	XXX
70240	.....	A	X-ray exam pituitary saddle	0.19	0.49	0.51	0.49	0.51	0.03	0.71	0.73	0.71	0.73	XXX
70240	26	A	X-ray exam pituitary saddle	0.19	0.05	0.08	0.05	0.08	0.01	0.25	0.28	0.25	0.28	XXX
70240	TC	A	X-ray exam pituitary saddle	0.00	0.44	0.44	0.44	0.44	0.02	0.46	0.46	0.46	0.46	XXX

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT[1]/ HCPCS[2]	MOD	Status	Description	Physician work RVUs[3,5]	Fully implemented non-facility PE RVUs	Year 2000 transitional non-facility PE RVUs	Fully implemented facility PE RVUs	Year 2000 transitional facility PE RVUs	Malpractice RVUs	Fully implemented non-facility total	Year 2000 transitional non-facility total	Fully implemented facility total	Year 2000 transitional facility total	Global
70250	.....	A	X-ray exam of skull	0.24	0.71	0.74	0.71	0.74	0.04	0.99	1.02	0.99	1.02	XXX
70250	26	A	X-ray exam of skull	0.24	0.06	0.09	0.06	0.09	0.01	0.31	0.34	0.31	0.34	XXX
70250	TC	A	X-ray exam of skull	0.00	0.64	0.64	0.64	0.64	0.03	0.67	0.67	0.67	0.67	XXX
70260	.....	A	X-ray exam of skull	0.34	1.03	1.06	1.03	1.06	0.06	1.43	1.46	1.43	1.46	XXX
70260	26	A	X-ray exam of skull	0.34	0.09	0.13	0.09	0.13	0.01	0.44	0.48	0.44	0.48	XXX
70260	TC	A	X-ray exam of skull	0.00	0.94	0.93	0.94	0.93	0.05	0.99	0.98	0.99	0.98	XXX
70300	.....	A	X-ray exam of teeth	0.10	0.31	0.32	0.31	0.32	0.03	0.44	0.45	0.44	0.45	XXX
70300	26	A	X-ray exam of teeth	0.10	0.03	0.04	0.03	0.04	0.01	0.14	0.15	0.14	0.15	XXX
70300	TC	A	X-ray exam of teeth	0.00	0.27	0.27	0.27	0.27	0.02	0.29	0.29	0.29	0.29	XXX
70310	.....	A	X-ray exam of teeth	0.16	0.50	0.51	0.50	0.51	0.03	0.69	0.70	0.69	0.70	XXX
70310	26	A	X-ray exam of teeth	0.16	0.05	0.07	0.05	0.07	0.01	0.22	0.24	0.22	0.24	XXX
70310	TC	A	X-ray exam of teeth	0.00	0.44	0.44	0.44	0.44	0.02	0.46	0.46	0.46	0.46	XXX
70320	.....	A	Full mouth x-ray of teeth	0.22	0.89	0.91	0.89	0.91	0.05	1.16	1.18	1.16	1.18	XXX
70320	26	A	Full mouth x-ray of teeth	0.22	0.06	0.09	0.06	0.09	0.01	0.29	0.32	0.29	0.32	XXX
70320	TC	A	Full mouth x-ray of teeth	0.00	0.82	0.82	0.82	0.82	0.04	0.86	0.86	0.86	0.86	XXX
70328	.....	A	X-ray exam of jaw joint	0.18	0.56	0.59	0.56	0.59	0.03	0.77	0.80	0.77	0.80	XXX
70328	26	A	X-ray exam of jaw joint	0.18	0.05	0.08	0.05	0.08	0.01	0.24	0.27	0.24	0.27	XXX
70328	TC	A	X-ray exam of jaw joint	0.00	0.51	0.51	0.51	0.51	0.02	0.53	0.53	0.53	0.53	XXX
70330	.....	A	X-ray exam of jaw joints	0.24	0.94	0.97	0.94	0.97	0.05	1.23	1.26	1.23	1.26	XXX
70330	26	A	X-ray exam of jaw joints	0.24	0.07	0.10	0.07	0.10	0.01	0.32	0.35	0.32	0.35	XXX
70330	TC	A	X-ray exam of jaw joints	0.00	0.88	0.88	0.88	0.88	0.04	0.92	0.92	0.92	0.92	XXX
70332	.....	A	X-ray exam of jaw joint	0.54	2.35	2.40	2.35	2.40	0.12	3.01	3.06	3.01	3.06	XXX
70332	26	A	X-ray exam of jaw joint	0.54	0.15	0.21	0.15	0.21	0.02	0.71	0.77	0.71	0.77	XXX
70332	TC	A	X-ray exam of jaw joint	0.00	2.19	2.18	2.19	2.18	0.10	2.29	2.28	2.29	2.28	XXX
70336	.....	A	Magnetic image jaw joint	1.48	12.12	12.09	12.12	12.09	0.58	14.18	14.15	14.18	14.15	XXX
70336	26	A	Magnetic image jaw joint	1.48	0.40	0.44	0.40	0.44	0.06	1.94	1.98	1.94	1.98	XXX
70336	TC	A	Magnetic image jaw joint	0.00	11.72	11.66	11.72	11.66	0.52	12.24	12.18	12.24	12.18	XXX
70350	.....	A	X-ray head for orthodontia	0.17	0.45	0.47	0.45	0.47	0.03	0.65	0.67	0.65	0.67	XXX
70350	26	A	X-ray head for orthodontia	0.17	0.05	0.07	0.05	0.07	0.01	0.23	0.25	0.23	0.25	XXX
70350	TC	A	X-ray head for orthodontia	0.00	0.39	0.39	0.39	0.39	0.02	0.41	0.41	0.41	0.41	XXX
70355	.....	A	Panoramic x-ray of jaws	0.20	0.65	0.67	0.65	0.67	0.04	0.89	0.91	0.89	0.91	XXX
70355	26	A	Panoramic x-ray of jaws	0.20	0.06	0.08	0.06	0.08	0.01	0.27	0.29	0.27	0.29	XXX
70355	TC	A	Panoramic x-ray of jaws	0.00	0.59	0.59	0.59	0.59	0.03	0.62	0.62	0.62	0.62	XXX
70360	.....	A	X-ray exam of neck	0.17	0.49	0.51	0.49	0.51	0.03	0.69	0.71	0.69	0.71	XXX
70360	26	A	X-ray exam of neck	0.17	0.05	0.07	0.05	0.07	0.01	0.23	0.25	0.23	0.25	XXX
70360	TC	A	X-ray exam of neck	0.00	0.44	0.44	0.44	0.44	0.02	0.46	0.46	0.46	0.46	XXX
70370	.....	A	Throat x-ray & fluoroscopy	0.32	1.44	1.48	1.44	1.48	0.07	1.83	1.87	1.83	1.87	XXX
70370	26	A	Throat x-ray & fluoroscopy	0.32	0.09	0.13	0.09	0.13	0.01	0.42	0.46	0.42	0.46	XXX
70370	TC	A	Throat x-ray & fluoroscopy	0.00	1.36	1.36	1.36	1.36	0.06	1.42	1.42	1.42	1.42	XXX
70371	.....	A	Speech evaluation, complex	0.84	2.42	2.50	2.42	2.50	0.13	3.39	3.47	3.39	3.47	XXX
70371	26	A	Speech evaluation, complex	0.84	0.23	0.32	0.23	0.32	0.03	1.10	1.19	1.10	1.19	XXX
70371	TC	A	Speech evaluation, complex	0.00	2.19	2.18	2.19	2.18	0.10	2.29	2.28	2.29	2.28	XXX
70373	.....	A	Contrast x-ray of larynx	0.44	1.98	2.02	1.98	2.02	0.11	2.53	2.57	2.53	2.57	XXX
70373	26	A	Contrast x-ray of larynx	0.44	0.12	0.17	0.12	0.17	0.02	0.58	0.63	0.58	0.63	XXX
70373	TC	A	Contrast x-ray of larynx	0.00	1.86	1.85	1.86	1.85	0.09	1.95	1.94	1.95	1.94	XXX
70380	.....	A	X-ray exam of salivary gland	0.17	0.75	0.77	0.75	0.77	0.04	0.96	0.98	0.96	0.98	XXX
70380	26	A	X-ray exam of salivary gland	0.17	0.05	0.07	0.05	0.07	0.01	0.23	0.25	0.23	0.25	XXX
70380	TC	A	X-ray exam of salivary gland	0.00	0.70	0.70	0.70	0.70	0.03	0.73	0.73	0.73	0.73	XXX
70390	.....	A	X-ray exam of salivary duct	0.38	1.96	1.99	1.96	1.99	0.11	2.45	2.48	2.45	2.48	XXX
70390	26	A	X-ray exam of salivary duct	0.38	0.10	0.14	0.10	0.14	0.02	0.50	0.54	0.50	0.54	XXX
70390	TC	A	X-ray exam of salivary duct	0.00	1.86	1.85	1.86	1.85	0.09	1.95	1.94	1.95	1.94	XXX
70450	.....	A	CAT scan of head or brain	0.85	5.17	5.23	5.17	5.23	0.26	6.28	6.34	6.28	6.34	XXX
70450	26	A	CAT scan of head or brain	0.85	0.23	0.32	0.23	0.32	0.03	1.11	1.20	1.11	1.20	XXX
70450	TC	A	CAT scan of head or brain	0.00	4.94	4.91	4.94	4.91	0.23	5.17	5.14	5.17	5.14	XXX
70460	.....	A	Contrast CAT scan of head	1.13	6.23	6.31	6.23	6.31	0.32	7.68	7.76	7.68	7.76	XXX
70460	26	A	Contrast CAT scan of head	1.13	0.31	0.43	0.31	0.43	0.05	1.49	1.61	1.49	1.61	XXX
70460	TC	A	Contrast CAT scan of head	0.00	5.92	5.89	5.92	5.89	0.27	6.19	6.16	6.19	6.16	XXX
70470	.....	A	Contrast CAT scans of head	1.27	7.74	7.83	7.74	7.83	0.39	9.40	9.49	9.40	9.49	XXX
70470	26	A	Contrast CAT scans of head	1.27	0.34	0.48	0.34	0.48	0.05	1.66	1.80	1.66	1.80	XXX
70470	TC	A	Contrast CAT scans of head	0.00	7.39	7.35	7.39	7.35	0.34	7.73	7.69	7.73	7.69	XXX
70480	.....	A	CAT scan of skull	1.28	5.29	5.40	5.29	5.40	0.28	6.85	6.96	6.85	6.96	XXX
70480	26	A	CAT scan of skull	1.28	0.35	0.49	0.35	0.49	0.05	1.68	1.82	1.68	1.82	XXX
70480	TC	A	CAT scan of skull	0.00	4.94	4.91	4.94	4.91	0.23	5.17	5.14	5.17	5.14	XXX
70481	.....	A	Contrast CAT scan of skull	1.38	6.29	6.40	6.29	6.40	0.33	8.00	8.11	8.00	8.11	XXX
70481	26	A	Contrast CAT scan of skull	1.38	0.38	0.52	0.38	0.52	0.06	1.82	1.96	1.82	1.96	XXX
70481	TC	A	Contrast CAT scan of skull	0.00	5.92	5.89	5.92	5.89	0.27	6.19	6.16	6.19	6.16	XXX
70482	.....	A	Contrast CAT scans of skull	1.45	7.79	7.90	7.79	7.90	0.40	9.64	9.75	9.64	9.75	XXX
70482	26	A	Contrast CAT scans of skull	1.45	0.39	0.54	0.39	0.54	0.06	1.90	2.05	1.90	2.05	XXX
70482	TC	A	Contrast CAT scans of skull	0.00	7.39	7.35	7.39	7.35	0.34	7.73	7.69	7.73	7.69	XXX
70486	.....	A	CAT scan of face, jaw	1.14	5.25	5.34	5.25	5.34	0.28	6.67	6.76	6.67	6.76	XXX
70486	26	A	CAT scan of face, jaw	1.14	0.31	0.43	0.31	0.43	0.05	1.50	1.62	1.50	1.62	XXX
70486	TC	A	CAT scan of face, jaw	0.00	4.94	4.91	4.94	4.91	0.23	5.17	5.14	5.17	5.14	XXX
70487	.....	A	Contrast CAT scan, face/jaw	1.30	6.27	6.37	6.27	6.37	0.32	7.89	7.99	7.89	7.99	XXX
70487	26	A	Contrast CAT scan, face/jaw	1.30	0.35	0.49	0.35	0.49	0.05	1.70	1.84	1.70	1.84	XXX
70487	TC	A	Contrast CAT scan, face/jaw	0.00	5.92	5.89	5.92	5.89	0.27	6.19	6.16	6.19	6.16	XXX
70488	.....	A	Contrast CAT scans face/jaw	1.42	7.78	7.89	7.78	7.89	0.40	9.60	9.71	9.60	9.71	XXX
70488	26	A	Contrast CAT scans face/jaw	1.42	0.38	0.53	0.38	0.53	0.06	1.86	2.01	1.86	2.01	XXX
70488	TC	A	Contrast CAT scans face/jaw	0.00	7.39	7.35	7.39	7.35	0.34	7.73	7.69	7.73	7.69	XXX
70490	.....	A	CAT scan of neck tissue	1.28	5.28	5.39	5.28	5.39	0.28	6.84	6.95	6.84	6.95	XXX
70490	26	A	CAT scan of neck tissue	1.28	0.34	0.48	0.34	0.48	0.05	1.67	1.81	1.67	1.81	XXX
70490	TC	A	CAT scan of neck tissue	0.00	4.94	4.91	4.94	4.91	0.23	5.17	5.14	5.17	5.14	XXX
70491	.....	A	Contrast CAT of neck tissue	1.38	6.29	6.40	6.29	6.40	0.33	8.00	8.11	8.00	8.11	XXX
70491	26	A	Contrast CAT of neck tissue	1.38	0.37	0.52	0.37	0.52	0.06	1.81	1.96	1.81	1.96	XXX
70491	TC	A	Contrast CAT of neck tissue	0.00	5.92	5.89	5.92	5.89	0.27	6.19	6.16	6.19	6.16	XXX

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[3] + Indicates RVUs are not used for Medicare payment.
[4] PE RVUs = Practice Expense Relative Value Units.
[5] # Indicates new CPT/HCPCS codes which were not factored into budget neutrality adjustments.

ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT[1]/ HCPCS[2]	MOD	Status	Description	Physician work RVUs[3,5]	Fully implemented non-facility PE RVUs	Year 2000 transitional non-facility PE RVUs	Fully implemented facility PE RVUs	Year 2000 transitional facility PE RVUs	Malpractice RVUs	Fully implemented non-facility total	Year 2000 transitional non-facility total	Fully implemented facility total	Year 2000 transitional facility total	Global
70492	.....	A	Contrast CAT of neck tissue	1.45	7.78	7.89	7.78	7.89	0.40	9.63	9.74	9.63	9.74	XXX
70492	26	A	Contrast CAT of neck tissue	1.45	0.39	0.54	0.39	0.54	0.06	1.90	2.05	1.90	2.05	XXX
70492	TC	A	Contrast CAT of neck tissue	0.00	7.39	7.35	7.39	7.35	0.34	7.73	7.69	7.73	7.69	XXX
70540	.....	A	Magnetic image, face, neck	1.48	12.12	12.22	12.12	12.22	0.58	14.18	14.28	14.18	14.28	XXX
70540	26	A	Magnetic image, face, neck	1.48	0.40	0.56	0.40	0.56	0.06	1.94	2.10	1.94	2.10	XXX
70540	TC	A	Magnetic image, face, neck	0.00	11.72	11.66	11.72	11.66	0.52	12.24	12.18	12.24	12.18	XXX
70541	.....	R	Magnetic image, head (MRA)	1.81	12.22	12.27	12.22	12.27	0.59	14.62	14.67	14.62	14.67	XXX
70541	26	R	Magnetic image, head (MRA)	1.81	0.50	0.61	0.50	0.61	0.07	2.38	2.49	2.38	2.49	XXX
70541	TC	R	Magnetic image, head (MRA)	0.00	11.72	11.66	11.72	11.66	0.52	12.24	12.18	12.24	12.18	XXX
70551	.....	A	Magnetic image, brain (MRI)	1.48	12.13	12.22	12.13	12.22	0.58	14.19	14.28	14.19	14.28	XXX
70551	26	A	Magnetic image, brain (MRI)	1.48	0.41	0.57	0.41	0.57	0.06	1.95	2.11	1.95	2.11	XXX
70551	TC	A	Magnetic image, brain (MRI)	0.00	11.72	11.66	11.72	11.66	0.52	12.24	12.18	12.24	12.18	XXX
70552	.....	A	Magnetic image, brain (MRI)	1.78	14.55	14.66	14.55	14.66	0.70	17.03	17.14	17.03	17.14	XXX
70552	26	A	Magnetic image, brain (MRI)	1.78	0.50	0.69	0.50	0.69	0.07	2.35	2.54	2.35	2.54	XXX
70552	TC	A	Magnetic image, brain (MRI)	0.00	14.05	13.98	14.05	13.98	0.63	14.68	14.61	14.68	14.61	XXX
70553	.....	A	Magnetic image, brain	2.36	26.67	26.79	26.67	26.79	1.27	30.30	30.42	30.30	30.42	XXX
70553	26	A	Magnetic image, brain	2.36	0.64	0.90	0.64	0.90	0.10	3.10	3.36	3.10	3.36	XXX
70553	TC	A	Magnetic image, brain	0.00	26.03	25.89	26.03	25.89	1.17	27.20	27.06	27.20	27.06	XXX
71010	.....	A	Chest x-ray	0.18	0.54	0.56	0.54	0.56	0.03	0.75	0.77	0.75	0.77	XXX
71010	26	A	Chest x-ray	0.18	0.05	0.07	0.05	0.07	0.01	0.24	0.26	0.24	0.26	XXX
71010	TC	A	Chest x-ray	0.00	0.49	0.49	0.49	0.49	0.02	0.51	0.51	0.51	0.51	XXX
71015	.....	A	X-ray exam of chest	0.21	0.61	0.63	0.61	0.63	0.03	0.85	0.87	0.85	0.87	XXX
71015	26	A	X-ray exam of chest	0.21	0.06	0.09	0.06	0.09	0.01	0.28	0.31	0.28	0.31	XXX
71015	TC	A	X-ray exam of chest	0.00	0.55	0.55	0.55	0.55	0.02	0.57	0.57	0.57	0.57	XXX
71020	.....	A	Chest x-ray	0.22	0.70	0.73	0.70	0.73	0.04	0.96	0.99	0.96	0.99	XXX
71020	26	A	Chest x-ray	0.22	0.06	0.09	0.06	0.09	0.01	0.29	0.32	0.29	0.32	XXX
71020	TC	A	Chest x-ray	0.00	0.64	0.64	0.64	0.64	0.03	0.67	0.67	0.67	0.67	XXX
71021	.....	A	Chest x-ray	0.27	0.84	0.87	0.84	0.87	0.05	1.16	1.19	1.16	1.19	XXX
71021	26	A	Chest x-ray	0.27	0.07	0.10	0.07	0.10	0.01	0.35	0.38	0.35	0.38	XXX
71021	TC	A	Chest x-ray	0.00	0.76	0.76	0.76	0.76	0.04	0.80	0.80	0.80	0.80	XXX
71022	.....	A	Chest x-ray	0.31	0.85	0.88	0.85	0.88	0.05	1.21	1.24	1.21	1.24	XXX
71022	26	A	Chest x-ray	0.31	0.08	0.12	0.08	0.12	0.01	0.40	0.44	0.40	0.44	XXX
71022	TC	A	Chest x-ray	0.00	0.76	0.76	0.76	0.76	0.04	0.80	0.80	0.80	0.80	XXX
71023	.....	A	Chest x-ray and fluoroscopy	0.38	0.95	0.97	0.95	0.97	0.05	1.38	1.40	1.38	1.40	XXX
71023	26	A	Chest x-ray and fluoroscopy	0.38	0.12	0.15	0.12	0.15	0.01	0.51	0.54	0.51	0.54	XXX
71023	TC	A	Chest x-ray and fluoroscopy	0.00	0.82	0.82	0.82	0.82	0.04	0.86	0.86	0.86	0.86	XXX
71030	.....	A	Chest x-ray	0.31	0.91	0.94	0.91	0.94	0.05	1.27	1.30	1.27	1.30	XXX
71030	26	A	Chest x-ray	0.31	0.08	0.12	0.08	0.12	0.01	0.40	0.44	0.40	0.44	XXX
71030	TC	A	Chest x-ray	0.00	0.82	0.82	0.82	0.82	0.04	0.86	0.86	0.86	0.86	XXX
71034	.....	A	Chest x-ray & fluoroscopy	0.46	1.64	1.68	1.64	1.68	0.09	2.19	2.23	2.19	2.23	XXX
71034	26	A	Chest x-ray & fluoroscopy	0.46	0.15	0.19	0.15	0.19	0.02	0.63	0.67	0.63	0.67	XXX
71034	TC	A	Chest x-ray & fluoroscopy	0.00	1.50	1.50	1.50	1.50	0.07	1.57	1.57	1.57	1.57	XXX
71035	.....	A	Chest x-ray	0.18	0.60	0.62	0.60	0.62	0.03	0.81	0.83	0.81	0.83	XXX
71035	26	A	Chest x-ray	0.18	0.05	0.07	0.05	0.07	0.01	0.24	0.26	0.24	0.26	XXX
71035	TC	A	Chest x-ray	0.00	0.55	0.55	0.55	0.55	0.02	0.57	0.57	0.57	0.57	XXX
71036	.....	A	X-ray guidance for biopsy	0.54	1.80	1.85	1.80	1.85	0.10	2.44	2.49	2.44	2.49	XXX
71036	26	A	X-ray guidance for biopsy	0.54	0.15	0.21	0.15	0.21	0.02	0.71	0.77	0.71	0.77	XXX
71036	TC	A	X-ray guidance for biopsy	0.00	1.65	1.64	1.65	1.64	0.08	1.73	1.72	1.73	1.72	XXX
71040	.....	A	Contrast x-ray of bronchi	0.58	1.69	1.75	1.69	1.75	0.09	2.36	2.42	2.36	2.42	XXX
71040	26	A	Contrast x-ray of bronchi	0.58	0.16	0.23	0.16	0.23	0.02	0.76	0.83	0.76	0.83	XXX
71040	TC	A	Contrast x-ray of bronchi	0.00	1.53	1.52	1.53	1.52	0.07	1.60	1.59	1.60	1.59	XXX
71060	.....	A	Contrast x-ray of bronchi	0.74	2.50	2.58	2.50	2.58	0.14	3.38	3.46	3.38	3.46	XXX
71060	26	A	Contrast x-ray of bronchi	0.74	0.20	0.29	0.20	0.29	0.03	0.97	1.06	0.97	1.06	XXX
71060	TC	A	Contrast x-ray of bronchi	0.00	2.30	2.29	2.30	2.29	0.11	2.41	2.40	2.41	2.40	XXX
71090	.....	A	X-ray & pacemaker insertion	0.54	1.97	1.99	1.97	1.99	0.11	2.62	2.64	2.62	2.64	XXX
71090	26	A	X-ray & pacemaker insertion	0.54	0.22	0.25	0.22	0.25	0.02	0.78	0.81	0.78	0.81	XXX
71090	TC	A	X-ray & pacemaker insertion	0.00	1.75	1.75	1.75	1.75	0.09	1.84	1.84	1.84	1.84	XXX
71100	.....	A	X-ray exam of ribs	0.22	0.65	0.68	0.65	0.68	0.04	0.91	0.94	0.91	0.94	XXX
71100	26	A	X-ray exam of ribs	0.22	0.06	0.09	0.06	0.09	0.01	0.29	0.32	0.29	0.32	XXX
71100	TC	A	X-ray exam of ribs	0.00	0.59	0.59	0.59	0.59	0.03	0.62	0.62	0.62	0.62	XXX
71101	.....	A	X-ray exam of ribs, chest	0.27	0.78	0.81	0.78	0.81	0.04	1.09	1.12	1.09	1.12	XXX
71101	26	A	X-ray exam of ribs, chest	0.27	0.07	0.11	0.07	0.11	0.01	0.35	0.39	0.35	0.39	XXX
71101	TC	A	X-ray exam of ribs, chest	0.00	0.70	0.70	0.70	0.70	0.03	0.73	0.73	0.73	0.73	XXX
71110	.....	A	X-ray exam of ribs	0.27	0.90	0.93	0.90	0.93	0.05	1.22	1.25	1.22	1.25	XXX
71110	26	A	X-ray exam of ribs	0.27	0.07	0.11	0.07	0.11	0.01	0.35	0.39	0.35	0.39	XXX
71110	TC	A	X-ray exam of ribs	0.00	0.82	0.82	0.82	0.82	0.04	0.86	0.86	0.86	0.86	XXX
71111	.....	A	X-ray exam of ribs, chest	0.32	1.02	1.05	1.02	1.05	0.06	1.40	1.43	1.40	1.43	XXX
71111	26	A	X-ray exam of ribs, chest	0.32	0.09	0.13	0.09	0.13	0.01	0.42	0.46	0.42	0.46	XXX
71111	TC	A	X-ray exam of ribs, chest	0.00	0.94	0.93	0.94	0.93	0.05	0.99	0.98	0.99	0.98	XXX
71120	.....	A	X-ray exam of breastbone	0.20	0.74	0.76	0.74	0.76	0.04	0.98	1.00	0.98	1.00	XXX
71120	26	A	X-ray exam of breastbone	0.20	0.05	0.08	0.05	0.08	0.01	0.26	0.29	0.26	0.29	XXX
71120	TC	A	X-ray exam of breastbone	0.00	0.68	0.68	0.68	0.68	0.03	0.71	0.71	0.71	0.71	XXX
71130	.....	A	X-ray exam of breastbone	0.22	0.79	0.82	0.79	0.82	0.04	1.05	1.08	1.05	1.08	XXX
71130	26	A	X-ray exam of breastbone	0.22	0.06	0.09	0.06	0.09	0.01	0.29	0.32	0.29	0.32	XXX
71130	TC	A	X-ray exam of breastbone	0.00	0.73	0.73	0.73	0.73	0.03	0.76	0.76	0.76	0.76	XXX
71250	.....	A	Cat scan of chest	1.16	6.49	6.58	6.49	6.58	0.33	7.98	8.07	7.98	8.07	XXX
71250	26	A	Cat scan of chest	1.16	0.31	0.43	0.31	0.43	0.05	1.52	1.64	1.52	1.64	XXX
71250	TC	A	Cat scan of chest	0.00	6.18	6.15	6.18	6.15	0.28	6.46	6.43	6.46	6.43	XXX
71260	.....	A	Contrast CAT scan of chest	1.24	7.73	7.82	7.73	7.82	0.39	9.36	9.45	9.36	9.45	XXX
71260	26	A	Contrast CAT scan of chest	1.24	0.33	0.47	0.33	0.47	0.05	1.62	1.76	1.62	1.76	XXX
71260	TC	A	Contrast CAT scan of chest	0.00	7.39	7.35	7.39	7.35	0.34	7.73	7.69	7.73	7.69	XXX
71270	.....	A	Contrast CAT scans of chest	1.38	9.62	9.72	9.62	9.72	0.47	11.47	11.57	11.47	11.57	XXX
71270	26	A	Contrast CAT scans of chest	1.38	0.37	0.52	0.37	0.52	0.06	1.81	1.96	1.81	1.96	XXX
71270	TC	A	Contrast CAT scans of chest	0.00	9.25	9.20	9.25	9.20	0.41	9.66	9.61	9.66	9.61	XXX

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT[1]/ HCPCS[2]	MOD	Status	Description	Physician work RVUs[3,5]	Fully implemented non-facility PE RVUs	Year 2000 transitional non-facility PE RVUs	Fully implemented facility PE RVUs	Year 2000 transitional facility PE RVUs	Malpractice RVUs	Fully implemented non-facility total	Year 2000 transitional non-facility total	Fully implemented facility total	Year 2000 transitional facility total	Global
71550	.....	A	Magnetic image, chest	1.60	12.16	12.27	12.16	12.27	0.58	14.34	14.45	14.34	14.45	XXX
71550	26	A	Magnetic image, chest	1.60	0.44	0.61	0.44	0.61	0.06	2.10	2.27	2.10	2.27	XXX
71550	TC	A	Magnetic image, chest	0.00	11.72	11.66	11.72	11.66	0.52	12.24	12.18	12.24	12.18	XXX
71555	.....	R	Magnetic imaging/chest (MRA)	1.81	12.41	12.39	12.41	12.39	0.59	14.81	14.79	14.81	14.79	XXX
71555	26	R	Magnetic imaging/chest (MRA)	1.81	0.69	0.74	0.69	0.74	0.07	2.57	2.62	2.57	2.62	XXX
71555	TC	R	Magnetic imaging/chest (MRA)	0.00	11.72	11.66	11.72	11.66	0.52	12.24	12.18	12.24	12.18	XXX
72010	.....	A	X-ray exam of spine	0.45	1.20	1.24	1.20	1.24	0.07	1.72	1.76	1.72	1.76	XXX
72010	26	A	X-ray exam of spine	0.45	0.12	0.17	0.12	0.17	0.02	0.59	0.64	0.59	0.64	XXX
72010	TC	A	X-ray exam of spine	0.00	1.08	1.07	1.08	1.07	0.05	1.13	1.12	1.13	1.12	XXX
72020	.....	A	X-ray exam of spine	0.15	0.48	0.50	0.48	0.50	0.03	0.66	0.68	0.66	0.68	XXX
72020	26	A	X-ray exam of spine	0.15	0.04	0.06	0.04	0.06	0.01	0.20	0.22	0.20	0.22	XXX
72020	TC	A	X-ray exam of spine	0.00	0.44	0.44	0.44	0.44	0.02	0.46	0.46	0.46	0.46	XXX
72040	.....	A	X-ray exam of neck spine	0.22	0.68	0.71	0.68	0.71	0.04	0.94	0.97	0.94	0.97	XXX
72040	26	A	X-ray exam of neck spine	0.22	0.06	0.09	0.06	0.09	0.01	0.29	0.32	0.29	0.32	XXX
72040	TC	A	X-ray exam of neck spine	0.00	0.62	0.62	0.62	0.62	0.03	0.65	0.65	0.65	0.65	XXX
72050	.....	A	X-ray exam of neck spine	0.31	1.02	1.05	1.02	1.05	0.06	1.39	1.42	1.39	1.42	XXX
72050	26	A	X-ray exam of neck spine	0.31	0.08	0.12	0.08	0.12	0.01	0.40	0.44	0.40	0.44	XXX
72050	TC	A	X-ray exam of neck spine	0.00	0.94	0.93	0.94	0.93	0.05	0.99	0.98	0.99	0.98	XXX
72052	.....	A	X-ray exam of neck spine	0.36	1.28	1.32	1.28	1.32	0.06	1.70	1.74	1.70	1.74	XXX
72052	26	A	X-ray exam of neck spine	0.36	0.10	0.14	0.10	0.14	0.01	0.47	0.51	0.47	0.51	XXX
72052	TC	A	X-ray exam of neck spine	0.00	1.19	1.18	1.19	1.18	0.05	1.24	1.23	1.24	1.23	XXX
72069	.....	A	X-ray exam of trunk spine	0.22	0.57	0.60	0.57	0.60	0.03	0.82	0.85	0.82	0.85	XXX
72069	26	A	X-ray exam of trunk spine	0.22	0.06	0.09	0.06	0.09	0.01	0.29	0.32	0.29	0.32	XXX
72069	TC	A	X-ray exam of trunk spine	0.00	0.51	0.51	0.51	0.51	0.02	0.53	0.53	0.53	0.53	XXX
72070	.....	A	X-ray exam of thorax spine	0.22	0.74	0.76	0.74	0.76	0.04	1.00	1.02	1.00	1.02	XXX
72070	26	A	X-ray exam of thorax spine	0.22	0.06	0.09	0.06	0.09	0.01	0.29	0.32	0.29	0.32	XXX
72070	TC	A	X-ray exam of thorax spine	0.00	0.68	0.68	0.68	0.68	0.03	0.71	0.71	0.71	0.71	XXX
72072	.....	A	X-ray exam of thoracic spine	0.22	0.82	0.85	0.82	0.85	0.05	1.09	1.12	1.09	1.12	XXX
72072	26	A	X-ray exam of thoracic spine	0.22	0.06	0.09	0.06	0.09	0.01	0.29	0.32	0.29	0.32	XXX
72072	TC	A	X-ray exam of thoracic spine	0.00	0.76	0.76	0.76	0.76	0.04	0.80	0.80	0.80	0.80	XXX
72074	.....	A	X-ray exam of thoracic spine	0.22	1.02	1.04	1.02	1.04	0.06	1.30	1.32	1.30	1.32	XXX
72074	26	A	X-ray exam of thoracic spine	0.22	0.06	0.09	0.06	0.09	0.01	0.29	0.32	0.29	0.32	XXX
72074	TC	A	X-ray exam of thoracic spine	0.00	0.96	0.95	0.96	0.95	0.05	1.01	1.00	1.01	1.00	XXX
72080	.....	A	X-ray exam of trunk spine	0.22	0.77	0.79	0.77	0.79	0.04	1.03	1.05	1.03	1.05	XXX
72080	26	A	X-ray exam of trunk spine	0.22	0.06	0.09	0.06	0.09	0.01	0.29	0.32	0.29	0.32	XXX
72080	TC	A	X-ray exam of trunk spine	0.00	0.70	0.70	0.70	0.70	0.03	0.73	0.73	0.73	0.73	XXX
72090	.....	A	X-ray exam of trunk spine	0.28	0.78	0.81	0.78	0.81	0.04	1.10	1.13	1.10	1.13	XXX
72090	26	A	X-ray exam of trunk spine	0.28	0.08	0.11	0.08	0.11	0.01	0.37	0.40	0.37	0.40	XXX
72090	TC	A	X-ray exam of trunk spine	0.00	0.70	0.70	0.70	0.70	0.03	0.73	0.73	0.73	0.73	XXX
72100	.....	A	X-ray exam of lower spine	0.22	0.76	0.78	0.76	0.78	0.04	1.02	1.04	1.02	1.04	XXX
72100	26	A	X-ray exam of lower spine	0.22	0.06	0.09	0.06	0.09	0.01	0.29	0.32	0.29	0.32	XXX
72100	TC	A	X-ray exam of lower spine	0.00	0.70	0.70	0.70	0.70	0.03	0.73	0.73	0.73	0.73	XXX
72110	.....	A	X-ray exam of lower spine	0.31	1.04	1.07	1.04	1.07	0.06	1.41	1.44	1.41	1.44	XXX
72110	26	A	X-ray exam of lower spine	0.31	0.08	0.12	0.08	0.12	0.01	0.40	0.44	0.40	0.44	XXX
72110	TC	A	X-ray exam of lower spine	0.00	0.96	0.95	0.96	0.95	0.05	1.01	1.00	1.01	1.00	XXX
72114	.....	A	X-ray exam of lower spine	0.36	1.34	1.38	1.34	1.38	0.07	1.77	1.81	1.77	1.81	XXX
72114	26	A	X-ray exam of lower spine	0.36	0.10	0.14	0.10	0.14	0.02	0.48	0.52	0.48	0.52	XXX
72114	TC	A	X-ray exam of lower spine	0.00	1.24	1.24	1.24	1.24	0.05	1.29	1.29	1.29	1.29	XXX
72120	.....	A	X-ray exam of lower spine	0.22	1.00	1.02	1.00	1.02	0.06	1.28	1.30	1.28	1.30	XXX
72120	26	A	X-ray exam of lower spine	0.22	0.06	0.09	0.06	0.09	0.01	0.29	0.32	0.29	0.32	XXX
72120	TC	A	X-ray exam of lower spine	0.00	0.94	0.93	0.94	0.93	0.05	0.99	0.98	0.99	0.98	XXX
72125	.....	A	CAT scan of neck spine	1.16	6.49	6.58	6.49	6.58	0.33	7.98	8.07	7.98	8.07	XXX
72125	26	A	CAT scan of neck spine	1.16	0.31	0.43	0.31	0.43	0.05	1.52	1.64	1.52	1.64	XXX
72125	TC	A	CAT scan of neck spine	0.00	6.18	6.15	6.18	6.15	0.28	6.46	6.43	6.46	6.43	XXX
72126	.....	A	Contrast CAT scan of neck	1.22	7.72	7.81	7.72	7.81	0.39	9.33	9.42	9.33	9.42	XXX
72126	26	A	Contrast CAT scan of neck	1.22	0.33	0.46	0.33	0.46	0.05	1.60	1.73	1.60	1.73	XXX
72126	TC	A	Contrast CAT scan of neck	0.00	7.39	7.35	7.39	7.35	0.34	7.73	7.69	7.73	7.69	XXX
72127	.....	A	Contrast CAT scans of neck	1.27	9.59	9.68	9.59	9.68	0.46	11.32	11.41	11.32	11.41	XXX
72127	26	A	Contrast CAT scans of neck	1.27	0.34	0.48	0.34	0.48	0.05	1.66	1.80	1.66	1.80	XXX
72127	TC	A	Contrast CAT scans of neck	0.00	9.25	9.20	9.25	9.20	0.41	9.66	9.61	9.66	9.61	XXX
72128	.....	A	CAT scan of thorax spine	1.16	6.49	6.58	6.49	6.58	0.33	7.98	8.07	7.98	8.07	XXX
72128	26	A	CAT scan of thorax spine	1.16	0.31	0.43	0.31	0.43	0.05	1.52	1.64	1.52	1.64	XXX
72128	TC	A	CAT scan of thorax spine	0.00	6.18	6.15	6.18	6.15	0.28	6.46	6.43	6.46	6.43	XXX
72129	.....	A	Contrast CAT scan of thorax	1.22	7.72	7.81	7.72	7.81	0.39	9.33	9.42	9.33	9.42	XXX
72129	26	A	Contrast CAT scan of thorax	1.22	0.33	0.46	0.33	0.46	0.05	1.60	1.73	1.60	1.73	XXX
72129	TC	A	Contrast CAT scan of thorax	0.00	7.39	7.35	7.39	7.35	0.34	7.73	7.69	7.73	7.69	XXX
72130	.....	A	Contrast CAT scans of thorax	1.27	9.59	9.68	9.59	9.68	0.46	11.32	11.41	11.32	11.41	XXX
72130	26	A	Contrast CAT scans of thorax	1.27	0.34	0.48	0.34	0.48	0.05	1.66	1.80	1.66	1.80	XXX
72130	TC	A	Contrast CAT scans of thorax	0.00	9.25	9.20	9.25	9.20	0.41	9.66	9.61	9.66	9.61	XXX
72131	.....	A	CAT scan of lower spine	1.16	6.49	6.58	6.49	6.58	0.33	7.98	8.07	7.98	8.07	XXX
72131	26	A	CAT scan of lower spine	1.16	0.31	0.43	0.31	0.43	0.05	1.52	1.64	1.52	1.64	XXX
72131	TC	A	CAT scan of lower spine	0.00	6.18	6.15	6.18	6.15	0.28	6.46	6.43	6.46	6.43	XXX
72132	.....	A	Contrast CAT of lower spine	1.22	7.72	7.81	7.72	7.81	0.39	9.33	9.42	9.33	9.42	XXX
72132	26	A	Contrast CAT of lower spine	1.22	0.33	0.46	0.33	0.46	0.05	1.60	1.73	1.60	1.73	XXX
72132	TC	A	Contrast CAT of lower spine	0.00	7.39	7.35	7.39	7.35	0.34	7.73	7.69	7.73	7.69	XXX
72133	.....	A	Contrast CAT scans,low spine	1.27	9.59	9.68	9.59	9.68	0.46	11.32	11.41	11.32	11.41	XXX
72133	26	A	Contrast CAT scans,low spine	1.27	0.34	0.48	0.34	0.48	0.05	1.66	1.80	1.66	1.80	XXX
72133	TC	A	Contrast CAT scans,low spine	0.00	9.25	9.20	9.25	9.20	0.41	9.66	9.61	9.66	9.61	XXX
72141	.....	A	Magnetic image, neck spine	1.60	12.16	12.27	12.16	12.27	0.59	14.35	14.46	14.35	14.46	XXX
72141	26	A	Magnetic image, neck spine	1.60	0.44	0.61	0.44	0.61	0.07	2.11	2.28	2.11	2.28	XXX
72141	TC	A	Magnetic image, neck spine	0.00	11.72	11.66	11.72	11.66	0.52	12.24	12.18	12.24	12.18	XXX
72142	.....	A	Magnetic image, neck spine	1.92	14.59	14.71	14.59	14.71	0.71	17.22	17.34	17.22	17.34	XXX
72142	26	A	Magnetic image, neck spine	1.92	0.54	0.74	0.54	0.74	0.08	2.54	2.74	2.54	2.74	XXX
72142	TC	A	Magnetic image, neck spine	0.00	14.05	13.98	14.05	13.98	0.63	14.68	14.61	14.68	14.61	XXX

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[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.
[4] PE RVUs = Practice Expense Relative Value Units.
[5] # Indicates new CPT/HCPCS codes which were not factored into budget neutrality adjustments.

ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT[1]/ HCPCS[2]	MOD	Status	Description	Physician work RVUs[3,5]	Fully implemented non-facility PE RVUs	Year 2000 transitional non-facility PE RVUs	Fully implemented facility PE RVUs	Year 2000 transitional facility PE RVUs	Malpractice RVUs	Fully implemented non-facility total	Year 2000 transitional non-facility total	Fully implemented facility total	Year 2000 transitional facility total	Global
72146	.....	A	Magnetic image, chest spine	1.60	13.44	13.55	13.44	13.55	0.65	15.69	15.80	15.69	15.80	XXX
72146	26	A	Magnetic image, chest spine	1.60	0.44	0.61	0.44	0.61	0.07	2.11	2.28	2.11	2.28	XXX
72146	TC	A	Magnetic image, chest spine	0.00	13.01	12.94	13.01	12.94	0.58	13.59	13.52	13.59	13.52	XXX
72147	.....	A	Magnetic image, chest spine	1.92	14.59	14.71	14.59	14.71	0.71	17.22	17.34	17.22	17.34	XXX
72147	26	A	Magnetic image, chest spine	1.92	0.53	0.73	0.53	0.73	0.08	2.53	2.73	2.53	2.73	XXX
72147	TC	A	Magnetic image, chest spine	0.00	14.05	13.98	14.05	13.98	0.63	14.68	14.61	14.68	14.61	XXX
72148	.....	A	Magnetic image, lumbar spine	1.48	13.41	13.50	13.41	13.50	0.64	15.53	15.62	15.53	15.62	XXX
72148	26	A	Magnetic image, lumbar spine	1.48	0.41	0.57	0.41	0.57	0.06	1.95	2.11	1.95	2.11	XXX
72148	TC	A	Magnetic image, lumbar spine	0.00	13.01	12.94	13.01	12.94	0.58	13.59	13.52	13.59	13.52	XXX
72149	.....	A	Magnetic image, lumbar spine	1.78	14.55	14.66	14.55	14.66	0.70	17.03	17.14	17.03	17.14	XXX
72149	26	A	Magnetic image, lumbar spine	1.78	0.50	0.69	0.50	0.69	0.07	2.35	2.54	2.35	2.54	XXX
72149	TC	A	Magnetic image, lumbar spine	0.00	14.05	13.98	14.05	13.98	0.63	14.68	14.61	14.68	14.61	XXX
72156	.....	A	Magnetic image, neck spine	2.57	26.73	26.86	26.73	26.86	1.27	30.57	30.70	30.57	30.70	XXX
72156	26	A	Magnetic image, neck spine	2.57	0.70	0.98	0.70	0.98	0.10	3.37	3.65	3.37	3.65	XXX
72156	TC	A	Magnetic image, neck spine	0.00	26.03	25.89	26.03	25.89	1.17	27.20	27.06	27.20	27.06	XXX
72157	.....	A	Magnetic image, chest spine	2.57	26.73	26.86	26.73	26.86	1.27	30.57	30.70	30.57	30.70	XXX
72157	26	A	Magnetic image, chest spine	2.57	0.70	0.98	0.70	0.98	0.10	3.37	3.65	3.37	3.65	XXX
72157	TC	A	Magnetic image, chest spine	0.00	26.03	25.89	26.03	25.89	1.17	27.20	27.06	27.20	27.06	XXX
72158	.....	A	Magnetic image, lumbar spine	2.36	26.67	26.79	26.67	26.79	1.27	30.30	30.42	30.30	30.42	XXX
72158	26	A	Magnetic image, lumbar spine	2.36	0.64	0.90	0.64	0.90	0.10	3.10	3.36	3.10	3.36	XXX
72158	TC	A	Magnetic image, lumbar spine	0.00	26.03	25.89	26.03	25.89	1.17	27.20	27.06	27.20	27.06	XXX
72159	.....	N	Magnetic imaging/spine (MRA)	+1.80	13.70	13.65	13.70	13.65	0.65	16.15	16.10	16.15	16.10	XXX
72159	26	N	Magnetic imaging/spine (MRA)	+1.80	0.69	0.71	0.69	0.71	0.07	2.56	2.58	2.56	2.58	XXX
72159	TC	N	Magnetic imaging/spine (MRA)	+0.00	13.01	12.94	13.01	12.94	0.58	13.59	13.52	13.59	13.52	XXX
72170	.....	A	X-ray exam of pelvis	0.17	0.60	0.61	0.60	0.61	0.03	0.80	0.81	0.80	0.81	XXX
72170	26	A	X-ray exam of pelvis	0.17	0.05	0.07	0.05	0.07	0.01	0.23	0.25	0.23	0.25	XXX
72170	TC	A	X-ray exam of pelvis	0.00	0.55	0.55	0.55	0.55	0.02	0.57	0.57	0.57	0.57	XXX
72190	.....	A	X-ray exam of pelvis	0.21	0.76	0.78	0.76	0.78	0.04	1.01	1.03	1.01	1.03	XXX
72190	26	A	X-ray exam of pelvis	0.21	0.06	0.09	0.06	0.09	0.01	0.28	0.31	0.28	0.31	XXX
72190	TC	A	X-ray exam of pelvis	0.00	0.70	0.70	0.70	0.70	0.03	0.73	0.73	0.73	0.73	XXX
72192	.....	A	CAT scan of pelvis	1.09	6.47	6.55	6.47	6.55	0.32	7.88	7.96	7.88	7.96	XXX
72192	26	A	CAT scan of pelvis	1.09	0.30	0.41	0.30	0.41	0.04	1.43	1.54	1.43	1.54	XXX
72192	TC	A	CAT scan of pelvis	0.00	6.18	6.15	6.18	6.15	0.28	6.46	6.43	6.46	6.43	XXX
72193	.....	A	Contrast CAT scan of pelvis	1.16	7.47	7.55	7.47	7.55	0.37	9.00	9.08	9.00	9.08	XXX
72193	26	A	Contrast CAT scan of pelvis	1.16	0.31	0.43	0.31	0.43	0.05	1.52	1.64	1.52	1.64	XXX
72193	TC	A	Contrast CAT scan of pelvis	0.00	7.15	7.12	7.15	7.12	0.32	7.47	7.44	7.47	7.44	XXX
72194	.....	A	Contrast CAT scans of pelvis	1.22	9.20	9.28	9.20	9.28	0.44	10.86	10.94	10.86	10.94	XXX
72194	26	A	Contrast CAT scans of pelvis	1.22	0.33	0.46	0.33	0.46	0.05	1.60	1.73	1.60	1.73	XXX
72194	TC	A	Contrast CAT scans of pelvis	0.00	8.87	8.83	8.87	8.83	0.39	9.26	9.22	9.26	9.22	XXX
72196	.....	A	Magnetic image, pelvis	1.60	12.15	12.26	12.15	12.26	0.58	14.33	14.44	14.33	14.44	XXX
72196	26	A	Magnetic image, pelvis	1.60	0.43	0.61	0.43	0.61	0.06	2.09	2.27	2.09	2.27	XXX
72196	TC	A	Magnetic image, pelvis	0.00	11.72	11.66	11.72	11.66	0.52	12.24	12.18	12.24	12.18	XXX
72198	.....	N	Magnetic imaging/pelvis(MRA)	+1.80	12.41	12.39	12.41	12.39	0.59	14.80	14.78	14.80	14.78	XXX
72198	26	N	Magnetic imaging/pelvis(MRA)	+1.80	0.69	0.74	0.69	0.74	0.07	2.56	2.61	2.56	2.61	XXX
72198	TC	N	Magnetic imaging/pelvis(MRA)	+0.00	11.72	11.66	11.72	11.66	0.52	12.24	12.18	12.24	12.18	XXX
72200	.....	A	X-ray exam sacroiliac joints	0.17	0.60	0.62	0.60	0.62	0.03	0.80	0.82	0.80	0.82	XXX
72200	26	A	X-ray exam sacroiliac joints	0.17	0.05	0.07	0.05	0.07	0.01	0.23	0.25	0.23	0.25	XXX
72200	TC	A	X-ray exam sacroiliac joints	0.00	0.55	0.55	0.55	0.55	0.02	0.57	0.57	0.57	0.57	XXX
72202	.....	A	X-ray exam sacroiliac joints	0.19	0.70	0.72	0.70	0.72	0.04	0.93	0.95	0.93	0.95	XXX
72202	26	A	X-ray exam sacroiliac joints	0.19	0.05	0.08	0.05	0.08	0.01	0.25	0.28	0.25	0.28	XXX
72202	TC	A	X-ray exam sacroiliac joints	0.00	0.64	0.64	0.64	0.64	0.03	0.67	0.67	0.67	0.67	XXX
72220	.....	A	X-ray exam of tailbone	0.17	0.64	0.66	0.64	0.66	0.04	0.85	0.87	0.85	0.87	XXX
72220	26	A	X-ray exam of tailbone	0.17	0.05	0.07	0.05	0.07	0.01	0.23	0.25	0.23	0.25	XXX
72220	TC	A	X-ray exam of tailbone	0.00	0.59	0.59	0.59	0.59	0.03	0.62	0.62	0.62	0.62	XXX
72240	.....	A	Contrast x-ray of neck spine	0.91	5.20	5.28	5.20	5.28	0.27	6.38	6.46	6.38	6.46	XXX
72240	26	A	Contrast x-ray of neck spine	0.91	0.24	0.34	0.24	0.34	0.04	1.19	1.29	1.19	1.29	XXX
72240	TC	A	Contrast x-ray of neck spine	0.00	4.96	4.94	4.96	4.94	0.23	5.19	5.17	5.19	5.17	XXX
72255	.....	A	Contrast x-ray thorax spine	0.91	4.76	4.84	4.76	4.84	0.24	5.91	5.99	5.91	5.99	XXX
72255	26	A	Contrast x-ray thorax spine	0.91	0.23	0.34	0.23	0.34	0.04	1.18	1.29	1.18	1.29	XXX
72255	TC	A	Contrast x-ray thorax spine	0.00	4.53	4.51	4.53	4.51	0.20	4.73	4.71	4.73	4.71	XXX
72265	.....	A	Contrast x-ray lower spine	0.83	4.47	4.55	4.47	4.55	0.24	5.54	5.62	5.54	5.62	XXX
72265	26	A	Contrast x-ray lower spine	0.83	0.21	0.31	0.21	0.31	0.04	1.08	1.18	1.08	1.18	XXX
72265	TC	A	Contrast x-ray lower spine	0.00	4.26	4.24	4.26	4.24	0.20	4.46	4.44	4.46	4.44	XXX
72270	.....	A	Contrast x-ray of spine	1.33	6.74	6.85	6.74	6.85	0.35	8.42	8.53	8.42	8.53	XXX
72270	26	A	Contrast x-ray of spine	1.33	0.36	0.50	0.36	0.50	0.06	1.75	1.89	1.75	1.89	XXX
72270	TC	A	Contrast x-ray of spine	0.00	6.38	6.35	6.38	6.35	0.29	6.67	6.64	6.67	6.64	XXX
72285	.....	A	X-ray of neck spine disk	0.83	8.96	9.02	8.96	9.02	0.43	10.22	10.28	10.22	10.28	XXX
72285	26	A	X-ray of neck spine disk	0.83	0.20	0.31	0.20	0.31	0.04	1.07	1.18	1.07	1.18	XXX
72285	TC	A	X-ray of neck spine disk	0.00	8.76	8.72	8.76	8.72	0.39	9.15	9.11	9.15	9.11	XXX
72295	.....	A	X-ray of lower spine disk	0.83	8.44	8.49	8.44	8.49	0.40	9.67	9.72	9.67	9.72	XXX
72295	26	A	X-ray of lower spine disk	0.83	0.23	0.32	0.23	0.32	0.04	1.10	1.19	1.10	1.19	XXX
72295	TC	A	X-ray of lower spine disk	0.00	8.22	8.18	8.22	8.18	0.36	8.58	8.54	8.58	8.54	XXX
73000	.....	A	X-ray exam of collarbone	0.16	0.60	0.61	0.60	0.61	0.03	0.79	0.80	0.79	0.80	XXX
73000	26	A	X-ray exam of collarbone	0.16	0.04	0.06	0.04	0.06	0.01	0.21	0.23	0.21	0.23	XXX
73000	TC	A	X-ray exam of collarbone	0.00	0.55	0.55	0.55	0.55	0.02	0.57	0.57	0.57	0.57	XXX
73010	.....	A	X-ray exam of shoulder blade	0.17	0.60	0.62	0.60	0.62	0.03	0.80	0.82	0.80	0.82	XXX
73010	26	A	X-ray exam of shoulder blade	0.17	0.05	0.07	0.05	0.07	0.01	0.23	0.25	0.23	0.25	XXX
73010	TC	A	X-ray exam of shoulder blade	0.00	0.55	0.55	0.55	0.55	0.02	0.57	0.57	0.57	0.57	XXX
73020	.....	A	X-ray exam of shoulder	0.15	0.53	0.55	0.53	0.55	0.03	0.71	0.73	0.71	0.73	XXX
73020	26	A	X-ray exam of shoulder	0.15	0.04	0.06	0.04	0.06	0.01	0.20	0.22	0.20	0.22	XXX
73020	TC	A	X-ray exam of shoulder	0.00	0.49	0.49	0.49	0.49	0.02	0.51	0.51	0.51	0.51	XXX
73030	.....	A	X-ray exam of shoulder	0.18	0.64	0.66	0.64	0.66	0.04	0.86	0.88	0.86	0.88	XXX
73030	26	A	X-ray exam of shoulder	0.18	0.05	0.07	0.05	0.07	0.01	0.24	0.26	0.24	0.26	XXX
73030	TC	A	X-ray exam of shoulder	0.00	0.59	0.59	0.59	0.59	0.03	0.62	0.62	0.62	0.62	XXX

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[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.
[4] PE RVUs = Practice Expense Relative Value Units.
[5] # Indicates new CPT/HCPCS codes which were not factored into budget neutrality adjustments.

ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT[1]/ HCPCS[2]	MOD	Status	Description	Physician work RVUs[3,5]	Fully implemented non-facility PE RVUs	Year 2000 transitional non-facility PE RVUs	Fully implemented facility PE RVUs	Year 2000 transitional facility PE RVUs	Malpractice RVUs	Fully implemented non-facility total	Year 2000 transitional non-facility total	Fully implemented facility total	Year 2000 transitional facility total	Global
73040	.....	A	Contrast x-ray of shoulder	0.54	2.34	2.39	2.34	2.39	0.12	3.00	3.05	3.00	3.05	XXX
73040	26	A	Contrast x-ray of shoulder	0.54	0.15	0.21	0.15	0.21	0.02	0.71	0.77	0.71	0.77	XXX
73040	TC	A	Contrast x-ray of shoulder	0.00	2.19	2.18	2.19	2.18	0.10	2.29	2.28	2.29	2.28	XXX
73050	.....	A	X-ray exam of shoulders	0.20	0.76	0.78	0.76	0.78	0.04	1.00	1.02	1.00	1.02	XXX
73050	26	A	X-ray exam of shoulders	0.20	0.06	0.08	0.06	0.08	0.01	0.27	0.29	0.27	0.29	XXX
73050	TC	A	X-ray exam of shoulders	0.00	0.70	0.70	0.70	0.70	0.03	0.73	0.73	0.73	0.73	XXX
73060	.....	A	X-ray exam of humerus	0.17	0.64	0.66	0.64	0.66	0.04	0.85	0.87	0.85	0.87	XXX
73060	26	A	X-ray exam of humerus	0.17	0.05	0.07	0.05	0.07	0.01	0.23	0.25	0.23	0.25	XXX
73060	TC	A	X-ray exam of humerus	0.00	0.59	0.59	0.59	0.59	0.03	0.62	0.62	0.62	0.62	XXX
73070	.....	A	X-ray exam of elbow	0.15	0.59	0.61	0.59	0.61	0.03	0.77	0.79	0.77	0.79	XXX
73070	26	A	X-ray exam of elbow	0.15	0.04	0.06	0.04	0.06	0.01	0.20	0.22	0.20	0.22	XXX
73070	TC	A	X-ray exam of elbow	0.00	0.55	0.55	0.55	0.55	0.02	0.57	0.57	0.57	0.57	XXX
73080	.....	A	X-ray exam of elbow	0.17	0.64	0.66	0.64	0.66	0.04	0.85	0.87	0.85	0.87	XXX
73080	26	A	X-ray exam of elbow	0.17	0.05	0.07	0.05	0.07	0.01	0.23	0.25	0.23	0.25	XXX
73080	TC	A	X-ray exam of elbow	0.00	0.59	0.59	0.59	0.59	0.03	0.62	0.62	0.62	0.62	XXX
73085	.....	A	Contrast x-ray of elbow	0.54	2.35	2.40	2.35	2.40	0.12	3.01	3.06	3.01	3.06	XXX
73085	26	A	Contrast x-ray of elbow	0.54	0.16	0.22	0.16	0.22	0.02	0.72	0.78	0.72	0.78	XXX
73085	TC	A	Contrast x-ray of elbow	0.00	2.19	2.18	2.19	2.18	0.10	2.29	2.28	2.29	2.28	XXX
73090	.....	A	X-ray exam of forearm	0.16	0.60	0.61	0.60	0.61	0.03	0.79	0.80	0.79	0.80	XXX
73090	26	A	X-ray exam of forearm	0.16	0.04	0.06	0.04	0.06	0.01	0.21	0.23	0.21	0.23	XXX
73090	TC	A	X-ray exam of forearm	0.00	0.55	0.55	0.55	0.55	0.02	0.57	0.57	0.57	0.57	XXX
73092	.....	A	X-ray exam of arm, infant	0.16	0.56	0.58	0.56	0.58	0.03	0.75	0.77	0.75	0.77	XXX
73092	26	A	X-ray exam of arm, infant	0.16	0.04	0.06	0.04	0.06	0.01	0.21	0.23	0.21	0.23	XXX
73092	TC	A	X-ray exam of arm, infant	0.00	0.51	0.51	0.51	0.51	0.02	0.53	0.53	0.53	0.53	XXX
73100	.....	A	X-ray exam of wrist	0.16	0.56	0.58	0.56	0.58	0.03	0.75	0.77	0.75	0.77	XXX
73100	26	A	X-ray exam of wrist	0.16	0.05	0.07	0.05	0.07	0.01	0.22	0.24	0.22	0.24	XXX
73100	TC	A	X-ray exam of wrist	0.00	0.51	0.51	0.51	0.51	0.02	0.53	0.53	0.53	0.53	XXX
73110	.....	A	X-ray exam of wrist	0.17	0.61	0.63	0.61	0.63	0.03	0.81	0.83	0.81	0.83	XXX
73110	26	A	X-ray exam of wrist	0.17	0.05	0.07	0.05	0.07	0.01	0.23	0.25	0.23	0.25	XXX
73110	TC	A	X-ray exam of wrist	0.00	0.56	0.56	0.56	0.56	0.02	0.58	0.58	0.58	0.58	XXX
73115	.....	A	Contrast x-ray of wrist	0.54	1.80	1.85	1.80	1.85	0.10	2.44	2.49	2.44	2.49	XXX
73115	26	A	Contrast x-ray of wrist	0.54	0.15	0.21	0.15	0.21	0.02	0.71	0.77	0.71	0.77	XXX
73115	TC	A	Contrast x-ray of wrist	0.00	1.65	1.64	1.65	1.64	0.08	1.73	1.72	1.73	1.72	XXX
73120	.....	A	X-ray exam of hand	0.16	0.56	0.58	0.56	0.58	0.03	0.75	0.77	0.75	0.77	XXX
73120	26	A	X-ray exam of hand	0.16	0.05	0.07	0.05	0.07	0.01	0.22	0.24	0.22	0.24	XXX
73120	TC	A	X-ray exam of hand	0.00	0.51	0.51	0.51	0.51	0.02	0.53	0.53	0.53	0.53	XXX
73130	.....	A	X-ray exam of hand	0.17	0.61	0.63	0.61	0.63	0.03	0.81	0.83	0.81	0.83	XXX
73130	26	A	X-ray exam of hand	0.17	0.05	0.07	0.05	0.07	0.01	0.23	0.25	0.23	0.25	XXX
73130	TC	A	X-ray exam of hand	0.00	0.56	0.56	0.56	0.56	0.02	0.58	0.58	0.58	0.58	XXX
73140	.....	A	X-ray exam of finger(s)	0.13	0.48	0.49	0.48	0.49	0.03	0.64	0.65	0.64	0.65	XXX
73140	26	A	X-ray exam of finger(s)	0.13	0.04	0.06	0.04	0.06	0.01	0.18	0.20	0.18	0.20	XXX
73140	TC	A	X-ray exam of finger(s)	0.00	0.44	0.44	0.44	0.44	0.02	0.46	0.46	0.46	0.46	XXX
73200	.....	A	CAT scan of arm	1.09	5.49	5.57	5.49	5.57	0.27	6.85	6.93	6.85	6.93	XXX
73200	26	A	CAT scan of arm	1.09	0.30	0.41	0.30	0.41	0.04	1.43	1.54	1.43	1.54	XXX
73200	TC	A	CAT scan of arm	0.00	5.19	5.16	5.19	5.16	0.23	5.42	5.39	5.42	5.39	XXX
73201	.....	A	Contrast CAT scan of arm	1.16	6.49	6.58	6.49	6.58	0.33	7.98	8.07	7.98	8.07	XXX
73201	26	A	Contrast CAT scan of arm	1.16	0.32	0.44	0.32	0.44	0.05	1.53	1.65	1.53	1.65	XXX
73201	TC	A	Contrast CAT scan of arm	0.00	6.18	6.15	6.18	6.15	0.28	6.46	6.43	6.46	6.43	XXX
73202	.....	A	Contrast CAT scans of arm	1.22	8.10	8.18	8.10	8.18	0.40	9.72	9.80	9.72	9.80	XXX
73202	26	A	Contrast CAT scans of arm	1.22	0.33	0.46	0.33	0.46	0.05	1.60	1.73	1.60	1.73	XXX
73202	TC	A	Contrast CAT scans of arm	0.00	7.77	7.73	7.77	7.73	0.35	8.12	8.08	8.12	8.08	XXX
73220	.....	A	Magnetic image, arm, hand	1.48	12.13	12.22	12.13	12.22	0.58	14.19	14.28	14.19	14.28	XXX
73220	26	A	Magnetic image, arm, hand	1.48	0.41	0.57	0.41	0.57	0.06	1.95	2.11	1.95	2.11	XXX
73220	TC	A	Magnetic image, arm, hand	0.00	11.72	11.66	11.72	11.66	0.52	12.24	12.18	12.24	12.18	XXX
73221	.....	A	Magnetic image, joint of arm	1.48	12.12	12.09	12.12	12.09	0.58	14.18	14.15	14.18	14.15	XXX
73221	26	A	Magnetic image, joint of arm	1.48	0.40	0.44	0.40	0.44	0.06	1.94	1.98	1.94	1.98	XXX
73221	TC	A	Magnetic image, joint of arm	0.00	11.72	11.66	11.72	11.66	0.52	12.24	12.18	12.24	12.18	XXX
73225	.....	N	Magnetic imaging/upper (MRA)	+1.75	12.38	12.35	12.38	12.35	0.59	14.70	14.67	14.70	14.67	XXX
73225	26	N	Magnetic imaging/upper (MRA)	+1.73	0.66	0.69	0.66	0.69	0.07	2.46	2.49	2.46	2.49	XXX
73225	TC	N	Magnetic imaging/upper (MRA)	+0.00	11.72	11.66	11.72	11.66	0.52	12.24	12.18	12.24	12.18	XXX
73500	.....	A	X-ray exam of hip	0.17	0.54	0.56	0.54	0.56	0.03	0.74	0.76	0.74	0.76	XXX
73500	26	A	X-ray exam of hip	0.17	0.05	0.07	0.05	0.07	0.01	0.23	0.25	0.23	0.25	XXX
73500	TC	A	X-ray exam of hip	0.00	0.49	0.49	0.49	0.49	0.02	0.51	0.51	0.51	0.51	XXX
73510	.....	A	X-ray exam of hip	0.21	0.65	0.68	0.65	0.68	0.04	0.90	0.93	0.90	0.93	XXX
73510	26	A	X-ray exam of hip	0.21	0.06	0.09	0.06	0.09	0.01	0.28	0.31	0.28	0.31	XXX
73510	TC	A	X-ray exam of hip	0.00	0.59	0.59	0.59	0.59	0.03	0.62	0.62	0.62	0.62	XXX
73520	.....	A	X-ray exam of hips	0.26	0.78	0.80	0.78	0.80	0.04	1.08	1.10	1.08	1.10	XXX
73520	26	A	X-ray exam of hips	0.26	0.07	0.10	0.07	0.10	0.01	0.34	0.37	0.34	0.37	XXX
73520	TC	A	X-ray exam of hips	0.00	0.70	0.70	0.70	0.70	0.03	0.73	0.73	0.73	0.73	XXX
73525	.....	A	Contrast x-ray of hip	0.54	2.34	2.39	2.34	2.39	0.12	3.00	3.05	3.00	3.05	XXX
73525	26	A	Contrast x-ray of hip	0.54	0.15	0.21	0.15	0.21	0.02	0.71	0.77	0.71	0.77	XXX
73525	TC	A	Contrast x-ray of hip	0.00	2.19	2.18	2.19	2.18	0.10	2.29	2.28	2.29	2.28	XXX
73530	.....	A	X-ray exam of hip	0.29	0.63	0.66	0.63	0.66	0.03	0.95	0.98	0.95	0.98	XXX
73530	26	A	X-ray exam of hip	0.29	0.08	0.11	0.08	0.11	0.01	0.38	0.41	0.38	0.41	XXX
73530	TC	A	X-ray exam of hip	0.00	0.55	0.55	0.55	0.55	0.02	0.57	0.57	0.57	0.57	XXX
73540	.....	A	X-ray exam of pelvis & hips	0.20	0.65	0.68	0.65	0.68	0.04	0.89	0.92	0.89	0.92	XXX
73540	26	A	X-ray exam of pelvis & hips	0.20	0.06	0.09	0.06	0.09	0.01	0.27	0.30	0.27	0.30	XXX
73540	TC	A	X-ray exam of pelvis & hips	0.00	0.59	0.59	0.59	0.59	0.03	0.62	0.62	0.62	0.62	XXX
73550	.....	A	X-ray exam of thigh	0.17	0.64	0.66	0.64	0.66	0.04	0.85	0.87	0.85	0.87	XXX
73550	26	A	X-ray exam of thigh	0.17	0.05	0.07	0.05	0.07	0.01	0.23	0.25	0.23	0.25	XXX
73550	TC	A	X-ray exam of thigh	0.00	0.59	0.59	0.59	0.59	0.03	0.62	0.62	0.62	0.62	XXX
73560	.....	A	X-ray exam of knee, 1 or 2	0.17	0.60	0.61	0.60	0.61	0.03	0.80	0.81	0.80	0.81	XXX
73560	26	A	X-ray exam of knee, 1 or 2	0.17	0.05	0.07	0.05	0.07	0.01	0.23	0.25	0.23	0.25	XXX
73560	TC	A	X-ray exam of knee, 1 or 2	0.00	0.55	0.55	0.55	0.55	0.02	0.57	0.57	0.57	0.57	XXX

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[3] + Indicates RVUs are not used for Medicare payment.
[4] PE RVUs = Practice Expense Relative Value Units.
[5] # Indicates new CPT/HCPCS codes which were not factored into budget neutrality adjustments.

ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT[1]/ HCPCS[2]	MOD	Status	Description	Physician work RVUs[3,5]	Fully implemented non-facility PE RVUs	Year 2000 transitional non-facility PE RVUs	Fully implemented facility PE RVUs	Year 2000 transitional facility PE RVUs	Malpractice RVUs	Fully implemented non-facility total	Year 2000 transitional non-facility total	Fully implemented facility total	Year 2000 transitional facility total	Global
73562	.....	A	X-ray exam of knee, 3	0.18	0.64	0.67	0.64	0.67	0.04	0.86	0.89	0.86	0.89	XXX
73562	26	A	X-ray exam of knee, 3	0.18	0.05	0.08	0.05	0.08	0.01	0.24	0.27	0.24	0.27	XXX
73562	TC	A	X-ray exam of knee, 3	0.00	0.59	0.59	0.59	0.59	0.03	0.62	0.62	0.62	0.62	XXX
73564	.....	A	X-ray exam of knee, 4+	0.22	0.71	0.73	0.71	0.73	0.04	0.97	0.99	0.97	0.99	XXX
73564	26	A	X-ray exam of knee, 4+	0.22	0.06	0.09	0.06	0.09	0.01	0.29	0.32	0.29	0.32	XXX
73564	TC	A	X-ray exam of knee, 4+	0.00	0.64	0.64	0.64	0.64	0.03	0.67	0.67	0.67	0.67	XXX
73565	.....	A	X-ray exam of knee	0.17	0.56	0.58	0.56	0.58	0.03	0.76	0.78	0.76	0.78	XXX
73565	26	A	X-ray exam of knee	0.17	0.05	0.07	0.05	0.07	0.01	0.23	0.25	0.23	0.25	XXX
73565	TC	A	X-ray exam of knee	0.00	0.51	0.51	0.51	0.51	0.02	0.53	0.53	0.53	0.53	XXX
73580	.....	A	Contrast x-ray of knee joint	0.54	2.89	2.94	2.89	2.94	0.15	3.58	3.63	3.58	3.63	XXX
73580	26	A	Contrast x-ray of knee joint	0.54	0.14	0.21	0.14	0.21	0.02	0.70	0.77	0.70	0.77	XXX
73580	TC	A	Contrast x-ray of knee joint	0.00	2.75	2.73	2.75	2.73	0.13	2.88	2.86	2.88	2.86	XXX
73590	.....	A	X-ray exam of lower leg	0.17	0.60	0.61	0.60	0.61	0.03	0.80	0.81	0.80	0.81	XXX
73590	26	A	X-ray exam of lower leg	0.17	0.05	0.07	0.05	0.07	0.01	0.23	0.25	0.23	0.25	XXX
73590	TC	A	X-ray exam of lower leg	0.00	0.55	0.55	0.55	0.55	0.02	0.57	0.57	0.57	0.57	XXX
73592	.....	A	X-ray exam of leg, infant	0.16	0.56	0.58	0.56	0.58	0.03	0.75	0.77	0.75	0.77	XXX
73592	26	A	X-ray exam of leg, infant	0.16	0.05	0.07	0.05	0.07	0.01	0.22	0.24	0.22	0.24	XXX
73592	TC	A	X-ray exam of leg, infant	0.00	0.51	0.51	0.51	0.51	0.02	0.53	0.53	0.53	0.53	XXX
73600	.....	A	X-ray exam of ankle	0.16	0.56	0.58	0.56	0.58	0.03	0.75	0.77	0.75	0.77	XXX
73600	26	A	X-ray exam of ankle	0.16	0.05	0.07	0.05	0.07	0.01	0.22	0.24	0.22	0.24	XXX
73600	TC	A	X-ray exam of ankle	0.00	0.51	0.51	0.51	0.51	0.02	0.53	0.53	0.53	0.53	XXX
73610	.....	A	X-ray exam of ankle	0.17	0.61	0.63	0.61	0.63	0.03	0.81	0.83	0.81	0.83	XXX
73610	26	A	X-ray exam of ankle	0.17	0.05	0.07	0.05	0.07	0.01	0.23	0.25	0.23	0.25	XXX
73610	TC	A	X-ray exam of ankle	0.00	0.56	0.56	0.56	0.56	0.02	0.58	0.58	0.58	0.58	XXX
73615	.....	A	Contrast x-ray of ankle	0.54	2.36	2.40	2.36	2.40	0.12	3.02	3.06	3.02	3.06	XXX
73615	26	A	Contrast x-ray of ankle	0.54	0.16	0.22	0.16	0.22	0.02	0.72	0.78	0.72	0.78	XXX
73615	TC	A	Contrast x-ray of ankle	0.00	2.19	2.18	2.19	2.18	0.10	2.29	2.28	2.29	2.28	XXX
73620	.....	A	X-ray exam of foot	0.16	0.56	0.58	0.56	0.58	0.03	0.75	0.77	0.75	0.77	XXX
73620	26	A	X-ray exam of foot	0.16	0.05	0.07	0.05	0.07	0.01	0.22	0.24	0.22	0.24	XXX
73620	TC	A	X-ray exam of foot	0.00	0.51	0.51	0.51	0.51	0.02	0.53	0.53	0.53	0.53	XXX
73630	.....	A	X-ray exam of foot	0.17	0.61	0.63	0.61	0.63	0.03	0.81	0.83	0.81	0.83	XXX
73630	26	A	X-ray exam of foot	0.17	0.05	0.07	0.05	0.07	0.01	0.23	0.25	0.23	0.25	XXX
73630	TC	A	X-ray exam of foot	0.00	0.56	0.56	0.56	0.56	0.02	0.58	0.58	0.58	0.58	XXX
73650	.....	A	X-ray exam of heel	0.16	0.54	0.56	0.54	0.56	0.03	0.73	0.75	0.73	0.75	XXX
73650	26	A	X-ray exam of heel	0.16	0.04	0.06	0.04	0.06	0.01	0.21	0.23	0.21	0.23	XXX
73650	TC	A	X-ray exam of heel	0.00	0.49	0.49	0.49	0.49	0.02	0.51	0.51	0.51	0.51	XXX
73660	.....	A	X-ray exam of toe(s)	0.13	0.48	0.49	0.48	0.49	0.03	0.64	0.65	0.64	0.65	XXX
73660	26	A	X-ray exam of toe(s)	0.13	0.04	0.06	0.04	0.06	0.01	0.18	0.20	0.18	0.20	XXX
73660	TC	A	X-ray exam of toe(s)	0.00	0.44	0.44	0.44	0.44	0.02	0.46	0.46	0.46	0.46	XXX
73700	.....	A	CAT scan of leg	1.09	5.49	5.57	5.49	5.57	0.27	6.85	6.93	6.85	6.93	XXX
73700	26	A	CAT scan of leg	1.09	0.29	0.41	0.29	0.41	0.04	1.42	1.54	1.42	1.54	XXX
73700	TC	A	CAT scan of leg	0.00	5.19	5.16	5.19	5.16	0.23	5.42	5.39	5.42	5.39	XXX
73701	.....	A	Contrast CAT scan of leg	1.16	6.49	6.58	6.49	6.58	0.33	7.98	8.07	7.98	8.07	XXX
73701	26	A	Contrast CAT scan of leg	1.16	0.32	0.44	0.32	0.44	0.05	1.53	1.65	1.53	1.65	XXX
73701	TC	A	Contrast CAT scan of leg	0.00	6.18	6.15	6.18	6.15	0.28	6.46	6.43	6.46	6.43	XXX
73702	.....	A	Contrast CAT scans of leg	1.22	8.10	8.18	8.10	8.18	0.40	9.72	9.80	9.72	9.80	XXX
73702	26	A	Contrast CAT scans of leg	1.22	0.33	0.46	0.33	0.46	0.05	1.60	1.73	1.60	1.73	XXX
73702	TC	A	Contrast CAT scans of leg	0.00	7.77	7.73	7.77	7.73	0.35	8.12	8.08	8.12	8.08	XXX
73720	.....	A	Magnetic image, leg, foot	1.48	12.12	12.22	12.12	12.22	0.58	14.18	14.28	14.18	14.28	XXX
73720	26	A	Magnetic image, leg, foot	1.48	0.40	0.56	0.40	0.56	0.06	1.94	2.10	1.94	2.10	XXX
73720	TC	A	Magnetic image, leg, foot	0.00	11.72	11.66	11.72	11.66	0.52	12.24	12.18	12.24	12.18	XXX
73721	.....	A	Magnetic image, joint of leg	1.48	12.13	12.10	12.13	12.10	0.58	14.19	14.16	14.19	14.16	XXX
73721	26	A	Magnetic image, joint of leg	1.48	0.41	0.44	0.41	0.44	0.06	1.95	1.98	1.95	1.98	XXX
73721	TC	A	Magnetic image, joint of leg	0.00	11.72	11.66	11.72	11.66	0.52	12.24	12.18	12.24	12.18	XXX
73725	.....	R	Magnetic imaging/lower (MRA)	1.82	12.21	12.26	12.21	12.26	0.60	14.63	14.68	14.63	14.68	XXX
73725	26	R	Magnetic imaging/lower (MRA)	1.82	0.49	0.61	0.49	0.61	0.08	2.39	2.51	2.39	2.51	XXX
73725	TC	R	Magnetic imaging/lower (MRA)	0.00	11.72	11.66	11.72	11.66	0.52	12.24	12.18	12.24	12.18	XXX
74000	.....	A	X-ray exam of abdomen	0.18	0.60	0.62	0.60	0.62	0.03	0.81	0.83	0.81	0.83	XXX
74000	26	A	X-ray exam of abdomen	0.18	0.05	0.07	0.05	0.07	0.01	0.24	0.26	0.24	0.26	XXX
74000	TC	A	X-ray exam of abdomen	0.00	0.55	0.55	0.55	0.55	0.02	0.57	0.57	0.57	0.57	XXX
74010	.....	A	X-ray exam of abdomen	0.23	0.66	0.69	0.66	0.69	0.04	0.93	0.96	0.93	0.96	XXX
74010	26	A	X-ray exam of abdomen	0.23	0.06	0.09	0.06	0.09	0.01	0.30	0.33	0.30	0.33	XXX
74010	TC	A	X-ray exam of abdomen	0.00	0.59	0.59	0.59	0.59	0.03	0.62	0.62	0.62	0.62	XXX
74020	.....	A	X-ray exam of abdomen	0.27	0.72	0.75	0.72	0.75	0.04	1.03	1.06	1.03	1.06	XXX
74020	26	A	X-ray exam of abdomen	0.27	0.07	0.11	0.07	0.11	0.01	0.35	0.39	0.35	0.39	XXX
74020	TC	A	X-ray exam of abdomen	0.00	0.64	0.64	0.64	0.64	0.03	0.67	0.67	0.67	0.67	XXX
74022	.....	A	X-ray exam series, abdomen	0.32	0.85	0.89	0.85	0.89	0.05	1.22	1.26	1.22	1.26	XXX
74022	26	A	X-ray exam series, abdomen	0.32	0.09	0.13	0.09	0.13	0.01	0.42	0.46	0.42	0.46	XXX
74022	TC	A	X-ray exam series, abdomen	0.00	0.76	0.76	0.76	0.76	0.04	0.80	0.80	0.80	0.80	XXX
74150	.....	A	CAT scan of abdomen	1.19	6.24	6.33	6.24	6.33	0.32	7.75	7.84	7.75	7.84	XXX
74150	26	A	CAT scan of abdomen	1.19	0.32	0.44	0.32	0.44	0.05	1.56	1.68	1.56	1.68	XXX
74150	TC	A	CAT scan of abdomen	0.00	5.92	5.89	5.92	5.89	0.27	6.19	6.16	6.19	6.16	XXX
74160	.....	A	Contrast CAT scan of abdomen	1.27	7.50	7.60	7.50	7.60	0.37	9.14	9.24	9.14	9.24	XXX
74160	26	A	Contrast CAT scan of abdomen	1.27	0.34	0.48	0.34	0.48	0.05	1.66	1.80	1.66	1.80	XXX
74160	TC	A	Contrast CAT scan of abdomen	0.00	7.15	7.12	7.15	7.12	0.32	7.47	7.44	7.47	7.44	XXX
74170	.....	A	Contrast CAT scans, abdomen	1.40	9.25	9.35	9.25	9.35	0.45	11.10	11.20	11.10	11.20	XXX
74170	26	A	Contrast CAT scans, abdomen	1.40	0.38	0.53	0.38	0.53	0.06	1.84	1.99	1.84	1.99	XXX
74170	TC	A	Contrast CAT scans, abdomen	0.00	8.87	8.83	8.87	8.83	0.39	9.26	9.22	9.26	9.22	XXX
74181	.....	A	Magnetic image,abdomen (MRI)	1.60	12.15	12.26	12.15	12.26	0.58	14.33	14.44	14.33	14.44	XXX
74181	26	A	Magnetic image,abdomen (MRI)	1.60	0.43	0.61	0.43	0.61	0.06	2.09	2.27	2.09	2.27	XXX
74181	TC	A	Magnetic image,abdomen (MRI)	0.00	11.72	11.66	11.72	11.66	0.52	12.24	12.18	12.24	12.18	XXX
74185	.....	R	Magnetic image/abdomen (MRA)	1.80	12.41	12.39	12.41	12.39	0.59	14.80	14.78	14.80	14.78	XXX
74185	26	R	Magnetic image/abdomen (MRA)	1.80	0.69	0.74	0.69	0.74	0.07	2.56	2.61	2.56	2.61	XXX
74185	TC	R	Magnetic image/abdomen (MRA)	0.00	11.72	11.66	11.72	11.66	0.52	12.24	12.18	12.24	12.18	XXX

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[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.
[4] PE RVUs = Practice Expense Relative Value Units.
[5] # Indicates new CPT/HCPCS codes which were not factored into budget neutrality adjustments.

ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT[1]/ HCPCS[2]	MOD	Status	Description	Physician work RVUs[3,5]	Fully implemented non-facility PE RVUs	Year 2000 transitional non-facility PE RVUs	Fully implemented facility PE RVUs	Year 2000 transitional facility PE RVUs	Malpractice RVUs	Fully implemented non-facility total	Year 2000 transitional non-facility total	Fully implemented facility total	Year 2000 transitional facility total	Global
74190	.....	A	X-ray exam of peritoneum	0.48	1.49	1.49	1.49	1.49	0.08	2.05	2.05	2.05	2.05	XXX
74190	26	A	X-ray exam of peritoneum	0.48	0.13	0.14	0.13	0.14	0.02	0.63	0.64	0.63	0.64	XXX
74190	TC	A	X-ray exam of peritoneum	0.00	1.36	1.36	1.36	1.36	0.06	1.42	1.42	1.42	1.42	XXX
74210	.....	A	Contrast xray exam of throat	0.36	1.34	1.37	1.34	1.37	0.06	1.76	1.79	1.76	1.79	XXX
74210	26	A	Contrast xray exam of throat	0.36	0.10	0.14	0.10	0.14	0.01	0.47	0.51	0.47	0.51	XXX
74210	TC	A	Contrast xray exam of throat	0.00	1.24	1.24	1.24	1.24	0.05	1.29	1.29	1.29	1.29	XXX
74220	.....	A	Contrast xray exam,esophagus	0.46	1.36	1.41	1.36	1.41	0.07	1.89	1.94	1.89	1.94	XXX
74220	26	A	Contrast xray exam,esophagus	0.46	0.12	0.18	0.12	0.18	0.02	0.60	0.66	0.60	0.66	XXX
74220	TC	A	Contrast xray exam,esophagus	0.00	1.24	1.24	1.24	1.24	0.05	1.29	1.29	1.29	1.29	XXX
74230	.....	A	Cinema xray throat/esophagus	0.53	1.50	1.56	1.50	1.56	0.08	2.11	2.17	2.11	2.17	XXX
74230	26	A	Cinema xray throat/esophagus	0.53	0.14	0.21	0.14	0.21	0.02	0.69	0.76	0.69	0.76	XXX
74230	TC	A	Cinema xray throat/esophagus	0.00	1.36	1.36	1.36	1.36	0.06	1.42	1.42	1.42	1.42	XXX
74235	.....	A	Remove esophagus obstruction	1.19	3.10	3.19	3.10	3.19	0.18	4.47	4.56	4.47	4.56	XXX
74235	26	A	Remove esophagus obstruction	1.19	0.36	0.46	0.36	0.46	0.05	1.60	1.70	1.60	1.70	XXX
74235	TC	A	Remove esophagus obstruction	0.00	2.75	2.73	2.75	2.73	0.13	2.88	2.86	2.88	2.86	XXX
74240	.....	A	X-ray exam upper GI tract	0.69	1.71	1.79	1.71	1.79	0.10	2.50	2.58	2.50	2.58	XXX
74240	26	A	X-ray exam upper GI tract	0.69	0.19	0.27	0.19	0.27	0.03	0.91	0.99	0.91	0.99	XXX
74240	TC	A	X-ray exam upper GI tract	0.00	1.53	1.52	1.53	1.52	0.07	1.60	1.59	1.60	1.59	XXX
74241	.....	A	X-ray exam upper GI tract	0.69	1.74	1.82	1.74	1.82	0.10	2.53	2.61	2.53	2.61	XXX
74241	26	A	X-ray exam upper GI tract	0.69	0.19	0.27	0.19	0.27	0.03	0.91	0.99	0.91	0.99	XXX
74241	TC	A	X-ray exam upper GI tract	0.00	1.56	1.55	1.56	1.55	0.07	1.63	1.62	1.63	1.62	XXX
74245	.....	A	X-ray exam upper GI tract	0.91	2.74	2.82	2.74	2.82	0.16	3.81	3.89	3.81	3.89	XXX
74245	26	A	X-ray exam upper GI tract	0.91	0.24	0.34	0.24	0.34	0.04	1.19	1.29	1.19	1.29	XXX
74245	TC	A	X-ray exam upper GI tract	0.00	2.49	2.48	2.49	2.48	0.12	2.61	2.60	2.61	2.60	XXX
74246	.....	A	Contrast xray upper GI tract	0.69	1.91	1.98	1.91	1.98	0.11	2.71	2.78	2.71	2.78	XXX
74246	26	A	Contrast xray upper GI tract	0.69	0.19	0.27	0.19	0.27	0.03	0.91	0.99	0.91	0.99	XXX
74246	TC	A	Contrast xray upper GI tract	0.00	1.72	1.71	1.72	1.71	0.08	1.80	1.79	1.80	1.79	XXX
74247	.....	A	Contrast xray upper GI tract	0.69	1.94	2.02	1.94	2.02	0.12	2.75	2.83	2.75	2.83	XXX
74247	26	A	Contrast xray upper GI tract	0.69	0.19	0.27	0.19	0.27	0.03	0.91	0.99	0.91	0.99	XXX
74247	TC	A	Contrast xray upper GI tract	0.00	1.75	1.75	1.75	1.75	0.09	1.84	1.84	1.84	1.84	XXX
74249	.....	A	Contrast xray upper GI tract	0.91	2.93	3.02	2.93	3.02	0.17	4.01	4.10	4.01	4.10	XXX
74249	26	A	Contrast xray upper GI tract	0.91	0.24	0.34	0.24	0.34	0.04	1.19	1.29	1.19	1.29	XXX
74249	TC	A	Contrast xray upper GI tract	0.00	2.69	2.68	2.69	2.68	0.13	2.82	2.81	2.82	2.81	XXX
74250	.....	A	X-ray exam of small bowel	0.47	1.48	1.53	1.48	1.53	0.08	2.03	2.08	2.03	2.08	XXX
74250	26	A	X-ray exam of small bowel	0.47	0.13	0.18	0.13	0.18	0.02	0.62	0.67	0.62	0.67	XXX
74250	TC	A	X-ray exam of small bowel	0.00	1.36	1.36	1.36	1.36	0.06	1.42	1.42	1.42	1.42	XXX
74251	.....	A	X-ray exam of small bowel	0.69	1.54	1.56	1.54	1.56	0.09	2.32	2.34	2.32	2.34	XXX
74251	26	A	X-ray exam of small bowel	0.69	0.19	0.21	0.19	0.21	0.03	0.91	0.93	0.91	0.93	XXX
74251	TC	A	X-ray exam of small bowel	0.00	1.36	1.36	1.36	1.36	0.06	1.42	1.42	1.42	1.42	XXX
74260	.....	A	X-ray exam of small bowel	0.50	1.69	1.74	1.69	1.74	0.09	2.28	2.33	2.28	2.33	XXX
74260	26	A	X-ray exam of small bowel	0.50	0.13	0.19	0.13	0.19	0.02	0.65	0.71	0.65	0.71	XXX
74260	TC	A	X-ray exam of small bowel	0.00	1.56	1.55	1.56	1.55	0.07	1.63	1.62	1.63	1.62	XXX
74270	.....	A	Contrast x-ray exam of colon	0.69	1.97	2.04	1.97	2.04	0.12	2.78	2.85	2.78	2.85	XXX
74270	26	A	Contrast x-ray exam of colon	0.69	0.19	0.27	0.19	0.27	0.03	0.91	0.99	0.91	0.99	XXX
74270	TC	A	Contrast x-ray exam of colon	0.00	1.78	1.77	1.78	1.77	0.09	1.87	1.86	1.87	1.86	XXX
74280	.....	A	Contrast x-ray exam of colon	0.99	2.60	2.70	2.60	2.70	0.15	3.74	3.84	3.74	3.84	XXX
74280	26	A	Contrast x-ray exam of colon	0.99	0.27	0.38	0.27	0.38	0.04	1.30	1.41	1.30	1.41	XXX
74280	TC	A	Contrast x-ray exam of colon	0.00	2.33	2.32	2.33	2.32	0.11	2.44	2.43	2.44	2.43	XXX
74283	.....	A	Contrast x-ray exam of colon	2.02	3.22	3.43	3.22	3.43	0.21	5.45	5.66	5.45	5.66	XXX
74283	26	A	Contrast x-ray exam of colon	2.02	0.54	0.76	0.54	0.76	0.08	2.64	2.86	2.64	2.86	XXX
74283	TC	A	Contrast x-ray exam of colon	0.00	2.68	2.67	2.68	2.67	0.13	2.81	2.80	2.81	2.80	XXX
74290	.....	A	Contrast x-ray, gallbladder	0.32	0.85	0.89	0.85	0.89	0.05	1.22	1.26	1.22	1.26	XXX
74290	26	A	Contrast x-ray, gallbladder	0.32	0.09	0.13	0.09	0.13	0.01	0.42	0.46	0.42	0.46	XXX
74290	TC	A	Contrast x-ray, gallbladder	0.00	0.76	0.76	0.76	0.76	0.04	0.80	0.80	0.80	0.80	XXX
74291	.....	A	Contrast x-rays, gallbladder	0.20	0.50	0.52	0.50	0.52	0.03	0.73	0.75	0.73	0.75	XXX
74291	26	A	Contrast x-rays, gallbladder	0.20	0.05	0.08	0.05	0.08	0.01	0.26	0.29	0.26	0.29	XXX
74291	TC	A	Contrast x-rays, gallbladder	0.00	0.44	0.44	0.44	0.44	0.02	0.46	0.46	0.46	0.46	XXX
74300	.....	C	X-ray bile ducts, pancreas	0.00	0.00	0.00	0.00	0.00	0.01	0.01	0.01	0.01	0.01	XXX
74300	26	A	X-ray bile ducts, pancreas	0.36	0.10	0.14	0.10	0.14	0.01	0.47	0.51	0.47	0.51	XXX
74300	TC	C	X-ray bile ducts, pancreas	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
74301	.....	C	X-rays at surgery add-on	0.00	0.00	0.00	0.00	0.00	0.01	0.01	0.01	0.01	0.01	ZZZ
74301	26	A	X-rays at surgery add-on	0.21	0.06	0.09	0.06	0.09	0.01	0.28	0.31	0.28	0.31	ZZZ
74301	TC	C	X-rays at surgery add-on	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	ZZZ
74305	.....	A	X-ray bile ducts, pancreas	0.42	0.94	0.98	0.94	0.98	0.06	1.42	1.46	1.42	1.46	XXX
74305	26	A	X-ray bile ducts, pancreas	0.42	0.11	0.16	0.11	0.16	0.02	0.55	0.60	0.55	0.60	XXX
74305	TC	A	X-ray bile ducts, pancreas	0.00	0.82	0.82	0.82	0.82	0.04	0.86	0.86	0.86	0.86	XXX
74320	.....	A	Contrast x-ray of bile ducts	0.54	3.44	3.49	3.44	3.49	0.17	4.15	4.20	4.15	4.20	XXX
74320	26	A	Contrast x-ray of bile ducts	0.54	0.15	0.21	0.15	0.21	0.02	0.71	0.77	0.71	0.77	XXX
74320	TC	A	Contrast x-ray of bile ducts	0.00	3.29	3.28	3.29	3.28	0.15	3.44	3.43	3.44	3.43	XXX
74327	.....	A	X-ray for bile stone removal	0.70	2.03	2.10	2.03	2.10	0.12	2.85	2.92	2.85	2.92	XXX
74327	26	A	X-ray for bile stone removal	0.70	0.19	0.27	0.19	0.27	0.03	0.92	1.00	0.92	1.00	XXX
74327	TC	A	X-ray for bile stone removal	0.00	1.84	1.83	1.84	1.83	0.09	1.93	1.92	1.93	1.92	XXX
74328	.....	A	Xray for bile duct endoscopy	0.70	3.48	3.55	3.48	3.55	0.18	4.36	4.43	4.36	4.43	XXX
74328	26	A	Xray for bile duct endoscopy	0.70	0.19	0.27	0.19	0.27	0.03	0.92	1.00	0.92	1.00	XXX
74328	TC	A	Xray for bile duct endoscopy	0.00	3.29	3.28	3.29	3.28	0.15	3.44	3.43	3.44	3.43	XXX
74329	.....	A	X-ray for pancreas endoscopy	0.70	3.48	3.55	3.48	3.55	0.18	4.36	4.43	4.36	4.43	XXX
74329	26	A	X-ray for pancreas endoscopy	0.70	0.19	0.27	0.19	0.27	0.03	0.92	1.00	0.92	1.00	XXX
74329	TC	A	X-ray for pancreas endoscopy	0.00	3.29	3.28	3.29	3.28	0.15	3.44	3.43	3.44	3.43	XXX
74330	.....	A	Xray,bile/pancreas endoscopy	0.90	3.53	3.57	3.53	3.57	0.19	4.62	4.66	4.62	4.66	XXX
74330	26	A	Xray,bile/pancreas endoscopy	0.90	0.24	0.30	0.24	0.30	0.04	1.18	1.24	1.18	1.24	XXX
74330	TC	A	Xray,bile/pancreas endoscopy	0.00	3.29	3.28	3.29	3.28	0.15	3.44	3.43	3.44	3.43	XXX
74340	.....	A	X-ray guide for GI tube	0.54	2.89	2.94	2.89	2.94	0.15	3.58	3.63	3.58	3.63	XXX
74340	26	A	X-ray guide for GI tube	0.54	0.14	0.21	0.14	0.21	0.02	0.70	0.77	0.70	0.77	XXX
74340	TC	A	X-ray guide for GI tube	0.00	2.75	2.73	2.75	2.73	0.13	2.88	2.86	2.88	2.86	XXX

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[3] + Indicates RVUs are not used for Medicare payment.

[4] PE RVUs = Practice Expense Relative Value Units.

[5] # Indicates new CPT/HCPCS codes which were not factored into budget neutrality adjustments.

ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT[1]/ HCPCS[2]	MOD	Status	Description	Physician work RVUs[3,5]	Fully implemented non-facility PE RVUs	Year 2000 transitional non-facility PE RVUs	Fully implemented facility PE RVUs	Year 2000 transitional facility PE RVUs	Malpractice RVUs	Fully implemented non-facility total	Year 2000 transitional non-facility total	Fully implemented facility total	Year 2000 transitional facility total	Global
74350	.....	A	X-ray guide, stomach tube	0.76	3.50	3.57	3.50	3.57	0.18	4.44	4.51	4.44	4.51	XXX
74350	26	A	X-ray guide, stomach tube	0.76	0.21	0.30	0.21	0.30	0.03	1.00	1.09	1.00	1.09	XXX
74350	TC	A	X-ray guide, stomach tube	0.00	3.29	3.28	3.29	3.28	0.15	3.44	3.43	3.44	3.43	XXX
74355	.....	A	X-ray guide, intestinal tube	0.76	2.95	3.02	2.95	3.02	0.16	3.87	3.94	3.87	3.94	XXX
74355	26	A	X-ray guide, intestinal tube	0.76	0.20	0.29	0.20	0.29	0.03	0.99	1.08	0.99	1.08	XXX
74355	TC	A	X-ray guide, intestinal tube	0.00	2.75	2.73	2.75	2.73	0.13	2.88	2.86	2.88	2.86	XXX
74360	.....	A	X-ray guide, GI dilation	0.54	3.47	3.50	3.47	3.50	0.17	4.18	4.21	4.18	4.21	XXX
74360	26	A	X-ray guide, GI dilation	0.54	0.18	0.23	0.18	0.23	0.02	0.74	0.79	0.74	0.79	XXX
74360	TC	A	X-ray guide, GI dilation	0.00	3.29	3.28	3.29	3.28	0.15	3.44	3.43	3.44	3.43	XXX
74363	.....	A	X-ray, bile duct dilation	0.88	6.61	6.68	6.61	6.68	0.33	7.82	7.89	7.82	7.89	XXX
74363	26	A	X-ray, bile duct dilation	0.88	0.24	0.34	0.24	0.34	0.04	1.16	1.26	1.16	1.26	XXX
74363	TC	A	X-ray, bile duct dilation	0.00	6.38	6.35	6.38	6.35	0.29	6.67	6.64	6.67	6.64	XXX
74400	.....	A	Contrast x-ray urinary tract	0.49	1.88	1.93	1.88	1.93	0.11	2.48	2.53	2.48	2.53	XXX
74400	26	A	Contrast x-ray urinary tract	0.49	0.13	0.19	0.13	0.19	0.02	0.64	0.70	0.64	0.70	XXX
74400	TC	A	Contrast x-ray urinary tract	0.00	1.75	1.75	1.75	1.75	0.09	1.84	1.84	1.84	1.84	XXX
74410	.....	A	Contrast x-ray urinary tract	0.49	2.17	2.22	2.17	2.22	0.11	2.77	2.82	2.77	2.82	XXX
74410	26	A	Contrast x-ray urinary tract	0.49	0.13	0.19	0.13	0.19	0.02	0.64	0.70	0.64	0.70	XXX
74410	TC	A	Contrast x-ray urinary tract	0.00	2.04	2.03	2.04	2.03	0.09	2.13	2.12	2.13	2.12	XXX
74415	.....	A	Contrast x-ray urinary tract	0.49	2.35	2.39	2.35	2.39	0.12	2.96	3.00	2.96	3.00	XXX
74415	26	A	Contrast x-ray urinary tract	0.49	0.13	0.19	0.13	0.19	0.02	0.64	0.70	0.64	0.70	XXX
74415	TC	A	Contrast x-ray urinary tract	0.00	2.21	2.20	2.21	2.20	0.10	2.31	2.30	2.31	2.30	XXX
74420	.....	A	Contrast x-ray urinary tract	0.36	2.85	2.87	2.85	2.87	0.15	3.36	3.38	3.36	3.38	XXX
74420	26	A	Contrast x-ray urinary tract	0.36	0.10	0.14	0.10	0.14	0.02	0.48	0.52	0.48	0.52	XXX
74420	TC	A	Contrast x-ray urinary tract	0.00	2.75	2.73	2.75	2.73	0.13	2.88	2.86	2.88	2.86	XXX
74425	.....	A	Contrast x-ray urinary tract	0.36	1.46	1.49	1.46	1.49	0.07	1.89	1.92	1.89	1.92	XXX
74425	26	A	Contrast x-ray urinary tract	0.36	0.10	0.14	0.10	0.14	0.01	0.47	0.51	0.47	0.51	XXX
74425	TC	A	Contrast x-ray urinary tract	0.00	1.36	1.36	1.36	1.36	0.06	1.42	1.42	1.42	1.42	XXX
74430	.....	A	Contrast x-ray of bladder	0.32	1.18	1.22	1.18	1.22	0.06	1.56	1.60	1.56	1.60	XXX
74430	26	A	Contrast x-ray of bladder	0.32	0.09	0.13	0.09	0.13	0.01	0.42	0.46	0.42	0.46	XXX
74430	TC	A	Contrast x-ray of bladder	0.00	1.10	1.10	1.10	1.10	0.05	1.15	1.15	1.15	1.15	XXX
74440	.....	A	Xray exam male genital tract	0.38	1.29	1.32	1.29	1.32	0.07	1.74	1.77	1.74	1.77	XXX
74440	26	A	Xray exam male genital tract	0.38	0.11	0.15	0.11	0.15	0.02	0.51	0.55	0.51	0.55	XXX
74440	TC	A	Xray exam male genital tract	0.00	1.19	1.18	1.19	1.18	0.05	1.24	1.23	1.24	1.23	XXX
74445	.....	A	X-ray exam of penis	1.14	1.53	1.62	1.53	1.62	0.11	2.78	2.87	2.78	2.87	XXX
74445	26	A	X-ray exam of penis	1.14	0.34	0.44	0.34	0.44	0.06	1.54	1.64	1.54	1.64	XXX
74445	TC	A	X-ray exam of penis	0.00	1.19	1.18	1.19	1.18	0.05	1.24	1.23	1.24	1.23	XXX
74450	.....	A	X-ray exam urethra/bladder	0.33	1.62	1.65	1.62	1.65	0.08	2.03	2.06	2.03	2.06	XXX
74450	26	A	X-ray exam urethra/bladder	0.33	0.09	0.13	0.09	0.13	0.01	0.43	0.47	0.43	0.47	XXX
74450	TC	A	X-ray exam urethra/bladder	0.00	1.53	1.52	1.53	1.52	0.07	1.60	1.59	1.60	1.59	XXX
74455	.....	A	X-ray exam urethra/bladder	0.33	1.74	1.77	1.74	1.77	0.09	2.16	2.19	2.16	2.19	XXX
74455	26	A	X-ray exam urethra/bladder	0.33	0.09	0.13	0.09	0.13	0.01	0.43	0.47	0.43	0.47	XXX
74455	TC	A	X-ray exam urethra/bladder	0.00	1.65	1.64	1.65	1.64	0.08	1.73	1.72	1.73	1.72	XXX
74470	.....	A	X-ray exam of kidney lesion	0.54	1.45	1.51	1.45	1.51	0.08	2.07	2.13	2.07	2.13	XXX
74470	26	A	X-ray exam of kidney lesion	0.54	0.14	0.21	0.14	0.21	0.02	0.70	0.77	0.70	0.77	XXX
74470	TC	A	X-ray exam of kidney lesion	0.00	1.31	1.30	1.31	1.30	0.06	1.37	1.36	1.37	1.36	XXX
74475	.....	A	Xray control catheter insert	0.54	4.40	4.44	4.40	4.44	0.22	5.16	5.20	5.16	5.20	XXX
74475	26	A	Xray control catheter insert	0.54	0.15	0.21	0.15	0.21	0.02	0.71	0.77	0.71	0.77	XXX
74475	TC	A	Xray control catheter insert	0.00	4.26	4.24	4.26	4.24	0.20	4.46	4.44	4.46	4.44	XXX
74480	.....	A	Xray control catheter insert	0.54	4.40	4.44	4.40	4.44	0.22	5.16	5.20	5.16	5.20	XXX
74480	26	A	Xray control catheter insert	0.54	0.15	0.21	0.15	0.21	0.02	0.71	0.77	0.71	0.77	XXX
74480	TC	A	Xray control catheter insert	0.00	4.26	4.24	4.26	4.24	0.20	4.46	4.44	4.46	4.44	XXX
74485	.....	A	X-ray guide, GU dilation	0.54	3.44	3.49	3.44	3.49	0.17	4.15	4.20	4.15	4.20	XXX
74485	26	A	X-ray guide, GU dilation	0.54	0.15	0.21	0.15	0.21	0.02	0.71	0.77	0.71	0.77	XXX
74485	TC	A	X-ray guide, GU dilation	0.00	3.29	3.28	3.29	3.28	0.15	3.44	3.43	3.44	3.43	XXX
74710	.....	A	X-ray measurement of pelvis	0.34	1.19	1.23	1.19	1.23	0.06	1.59	1.63	1.59	1.63	XXX
74710	26	A	X-ray measurement of pelvis	0.34	0.09	0.13	0.09	0.13	0.01	0.44	0.48	0.44	0.48	XXX
74710	TC	A	X-ray measurement of pelvis	0.00	1.10	1.10	1.10	1.10	0.05	1.15	1.15	1.15	1.15	XXX
74740	.....	A	X-ray female genital tract	0.38	1.46	1.50	1.46	1.50	0.08	1.92	1.96	1.92	1.96	XXX
74740	26	A	X-ray female genital tract	0.38	0.11	0.15	0.11	0.15	0.02	0.51	0.55	0.51	0.55	XXX
74740	TC	A	X-ray female genital tract	0.00	1.36	1.36	1.36	1.36	0.06	1.42	1.42	1.42	1.42	XXX
74742	.....	A	X-ray fallopian tube	0.61	3.46	3.50	3.46	3.50	0.17	4.24	4.28	4.24	4.28	XXX
74742	26	A	X-ray fallopian tube	0.61	0.17	0.22	0.17	0.22	0.02	0.80	0.85	0.80	0.85	XXX
74742	TC	A	X-ray fallopian tube	0.00	3.29	3.28	3.29	3.28	0.15	3.44	3.43	3.44	3.43	XXX
74775	.....	A	X-ray exam of perineum	0.62	1.70	1.76	1.70	1.76	0.10	2.42	2.48	2.42	2.48	XXX
74775	26	A	X-ray exam of perineum	0.62	0.17	0.24	0.17	0.24	0.03	0.82	0.89	0.82	0.89	XXX
74775	TC	A	X-ray exam of perineum	0.00	1.53	1.52	1.53	1.52	0.07	1.60	1.59	1.60	1.59	XXX
75552	.....	A	Magnetic image, myocardium	1.60	12.17	12.27	12.17	12.27	0.58	14.35	14.45	14.35	14.45	XXX
75552	26	A	Magnetic image, myocardium	1.60	0.45	0.62	0.45	0.62	0.06	2.11	2.28	2.11	2.28	XXX
75552	TC	A	Magnetic image, myocardium	0.00	11.72	11.66	11.72	11.66	0.52	12.24	12.18	12.24	12.18	XXX
75553	.....	A	Magnetic image, myocardium	2.00	12.26	12.32	12.26	12.32	0.60	14.86	14.92	14.86	14.92	XXX
75553	26	A	Magnetic image, myocardium	2.00	0.54	0.66	0.54	0.66	0.08	2.62	2.74	2.62	2.74	XXX
75553	TC	A	Magnetic image, myocardium	0.00	11.72	11.66	11.72	11.66	0.52	12.24	12.18	12.24	12.18	XXX
75554	.....	A	Cardiac MRI/function	1.83	12.31	12.34	12.31	12.34	0.59	14.73	14.76	14.73	14.76	XXX
75554	26	A	Cardiac MRI/function	1.83	0.59	0.69	0.59	0.69	0.07	2.49	2.59	2.49	2.59	XXX
75554	TC	A	Cardiac MRI/function	0.00	11.72	11.66	11.72	11.66	0.52	12.24	12.18	12.24	12.18	XXX
75555	.....	A	Cardiac MRI/limited study	1.74	12.38	12.38	12.38	12.38	0.58	14.70	14.70	14.70	14.70	XXX
75555	26	A	Cardiac MRI/limited study	1.74	0.66	0.72	0.66	0.72	0.06	2.46	2.52	2.46	2.52	XXX
75555	TC	A	Cardiac MRI/limited study	0.00	11.72	11.66	11.72	11.66	0.52	12.24	12.18	12.24	12.18	XXX
75556	.....	N	Cardiac MRI/flow mapping	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
75600	.....	A	Contrast x-ray exam of aorta	0.49	13.38	13.33	13.38	13.33	0.61	14.48	14.43	14.48	14.43	XXX
75600	26	A	Contrast x-ray exam of aorta	0.49	0.20	0.22	0.20	0.22	0.02	0.71	0.73	0.71	0.73	XXX
75600	TC	A	Contrast x-ray exam of aorta	0.00	13.18	13.11	13.18	13.11	0.59	13.77	13.70	13.77	13.70	XXX
75605	.....	A	Contrast x-ray exam of aorta	1.14	13.54	13.56	13.54	13.56	0.63	15.31	15.33	15.31	15.33	XXX
75605	26	A	Contrast x-ray exam of aorta	1.14	0.36	0.45	0.36	0.45	0.04	1.54	1.63	1.54	1.63	XXX

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[3] + Indicates RVUs are not used for Medicare payment.
[4] PE RVUs = Practice Expense Relative Value Units.
[5] # Indicates new CPT/HCPCS codes which were not factored into budget neutrality adjustments.

ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT[1]/ HCPCS[2]	MOD	Status	Description	Physician work RVUs[3,5]	Fully implemented non-facility PE RVUs	Year 2000 transitional non-facility PE RVUs	Fully implemented facility PE RVUs	Year 2000 transitional facility PE RVUs	Malpractice RVUs	Fully implemented non-facility total	Year 2000 transitional non-facility total	Fully implemented facility total	Year 2000 transitional facility total	Global
75605	TC	A	Contrast x-ray exam of aorta	0.00	13.18	13.11	13.18	13.11	0.59	13.77	13.70	13.77	13.70	XXX
75625		A	Contrast x-ray exam of aorta	1.14	13.50	13.54	13.50	13.54	0.64	15.28	15.32	15.28	15.32	XXX
75625	26	A	Contrast x-ray exam of aorta	1.14	0.32	0.43	0.32	0.43	0.05	1.51	1.62	1.51	1.62	XXX
75625	TC	A	Contrast x-ray exam of aorta	0.00	13.18	13.11	13.18	13.11	0.59	13.77	13.70	13.77	13.70	XXX
75630		A	X-ray aorta, leg arteries	1.79	14.26	14.24	14.26	14.24	0.69	16.74	16.72	16.74	16.72	XXX
75630	26	A	X-ray aorta, leg arteries	1.79	0.53	0.58	0.53	0.58	0.07	2.39	2.44	2.39	2.44	XXX
75630	TC	A	X-ray aorta, leg arteries	0.00	13.72	13.65	13.72	13.65	0.62	14.34	14.27	14.34	14.27	XXX
75650		A	Artery x-rays, head & neck	1.49	13.59	13.67	13.59	13.67	0.65	15.73	15.81	15.73	15.81	XXX
75650	26	A	Artery x-rays, head & neck	1.49	0.41	0.57	0.41	0.57	0.06	1.96	2.12	1.96	2.12	XXX
75650	TC	A	Artery x-rays, head & neck	0.00	13.18	13.11	13.18	13.11	0.59	13.77	13.70	13.77	13.70	XXX
75658		A	X-ray exam of arm arteries	1.31	13.66	13.66	13.66	13.66	0.65	15.62	15.62	15.62	15.62	XXX
75658	26	A	X-ray exam of arm arteries	1.31	0.48	0.56	0.48	0.56	0.06	1.85	1.93	1.85	1.93	XXX
75658	TC	A	X-ray exam of arm arteries	0.00	13.18	13.11	13.18	13.11	0.59	13.77	13.70	13.77	13.70	XXX
75660		A	Artery x-rays, head & neck	1.31	13.56	13.61	13.56	13.61	0.65	15.52	15.57	15.52	15.57	XXX
75660	26	A	Artery x-rays, head & neck	1.31	0.38	0.51	0.38	0.51	0.06	1.75	1.88	1.75	1.88	XXX
75660	TC	A	Artery x-rays, head & neck	0.00	13.18	13.11	13.18	13.11	0.59	13.77	13.70	13.77	13.70	XXX
75662		A	Artery x-rays, head & neck	1.66	13.71	13.77	13.71	13.77	0.65	16.02	16.08	16.02	16.08	XXX
75662	26	A	Artery x-rays, head & neck	1.66	0.53	0.67	0.53	0.67	0.06	2.25	2.39	2.25	2.39	XXX
75662	TC	A	Artery x-rays, head & neck	0.00	13.18	13.11	13.18	13.11	0.59	13.77	13.70	13.77	13.70	XXX
75665		A	Artery x-rays, head & neck	1.31	13.55	13.61	13.55	13.61	0.65	15.51	15.57	15.51	15.57	XXX
75665	26	A	Artery x-rays, head & neck	1.31	0.38	0.51	0.38	0.51	0.06	1.75	1.88	1.75	1.88	XXX
75665	TC	A	Artery x-rays, head & neck	0.00	13.18	13.11	13.18	13.11	0.59	13.77	13.70	13.77	13.70	XXX
75671		A	Artery x-rays, head & neck	1.66	13.64	13.74	13.64	13.74	0.66	15.96	16.06	15.96	16.06	XXX
75671	26	A	Artery x-rays, head & neck	1.66	0.46	0.63	0.46	0.63	0.07	2.19	2.36	2.19	2.36	XXX
75671	TC	A	Artery x-rays, head & neck	0.00	13.18	13.11	13.18	13.11	0.59	13.77	13.70	13.77	13.70	XXX
75676		A	Artery x-rays, neck	1.31	13.56	13.61	13.56	13.61	0.65	15.52	15.57	15.52	15.57	XXX
75676	26	A	Artery x-rays, neck	1.31	0.38	0.51	0.38	0.51	0.06	1.75	1.88	1.75	1.88	XXX
75676	TC	A	Artery x-rays, neck	0.00	13.18	13.11	13.18	13.11	0.59	13.77	13.70	13.77	13.70	XXX
75680		A	Artery x-rays, neck	1.66	13.64	13.74	13.64	13.74	0.66	15.96	16.06	15.96	16.06	XXX
75680	26	A	Artery x-rays, neck	1.66	0.46	0.63	0.46	0.63	0.07	2.19	2.36	2.19	2.36	XXX
75680	TC	A	Artery x-rays, neck	0.00	13.18	13.11	13.18	13.11	0.59	13.77	13.70	13.77	13.70	XXX
75685		A	Artery x-rays, spine	1.31	13.54	13.60	13.54	13.60	0.64	15.49	15.55	15.49	15.55	XXX
75685	26	A	Artery x-rays, spine	1.31	0.36	0.50	0.36	0.50	0.05	1.72	1.86	1.72	1.86	XXX
75685	TC	A	Artery x-rays, spine	0.00	13.18	13.11	13.18	13.11	0.59	13.77	13.70	13.77	13.70	XXX
75705		A	Artery x-rays, spine	2.18	13.80	13.95	13.80	13.95	0.68	16.66	16.81	16.66	16.81	XXX
75705	26	A	Artery x-rays, spine	2.18	0.62	0.84	0.62	0.84	0.09	2.89	3.11	2.89	3.11	XXX
75705	TC	A	Artery x-rays, spine	0.00	13.18	13.11	13.18	13.11	0.59	13.77	13.70	13.77	13.70	XXX
75710		A	Artery x-rays, arm/leg	1.14	13.51	13.54	13.51	13.54	0.64	15.29	15.32	15.29	15.32	XXX
75710	26	A	Artery x-rays, arm/leg	1.14	0.33	0.44	0.33	0.44	0.05	1.52	1.63	1.52	1.63	XXX
75710	TC	A	Artery x-rays, arm/leg	0.00	13.18	13.11	13.18	13.11	0.59	13.77	13.70	13.77	13.70	XXX
75716		A	Artery x-rays, arms/legs	1.31	13.55	13.61	13.55	13.61	0.64	15.50	15.56	15.50	15.56	XXX
75716	26	A	Artery x-rays, arms/legs	1.31	0.37	0.50	0.37	0.50	0.05	1.73	1.86	1.73	1.86	XXX
75716	TC	A	Artery x-rays, arms/legs	0.00	13.18	13.11	13.18	13.11	0.59	13.77	13.70	13.77	13.70	XXX
75722		A	Artery x-rays, kidney	1.14	13.54	13.56	13.54	13.56	0.63	15.31	15.33	15.31	15.33	XXX
75722	26	A	Artery x-rays, kidney	1.14	0.36	0.45	0.36	0.45	0.04	1.54	1.63	1.54	1.63	XXX
75722	TC	A	Artery x-rays, kidney	0.00	13.18	13.11	13.18	13.11	0.59	13.77	13.70	13.77	13.70	XXX
75724		A	Artery x-rays, kidneys	1.49	13.73	13.74	13.73	13.74	0.64	15.86	15.87	15.86	15.87	XXX
75724	26	A	Artery x-rays, kidneys	1.49	0.55	0.64	0.55	0.64	0.05	2.09	2.18	2.09	2.18	XXX
75724	TC	A	Artery x-rays, kidneys	0.00	13.18	13.11	13.18	13.11	0.59	13.77	13.70	13.77	13.70	XXX
75726		A	Artery x-rays, abdomen	1.14	13.49	13.53	13.49	13.53	0.64	15.27	15.31	15.27	15.31	XXX
75726	26	A	Artery x-rays, abdomen	1.14	0.31	0.43	0.31	0.43	0.05	1.50	1.62	1.50	1.62	XXX
75726	TC	A	Artery x-rays, abdomen	0.00	13.18	13.11	13.18	13.11	0.59	13.77	13.70	13.77	13.70	XXX
75731		A	Artery x-rays, adrenal gland	1.14	13.49	13.53	13.49	13.53	0.64	15.27	15.31	15.27	15.31	XXX
75731	26	A	Artery x-rays, adrenal gland	1.14	0.31	0.43	0.31	0.43	0.05	1.50	1.62	1.50	1.62	XXX
75731	TC	A	Artery x-rays, adrenal gland	0.00	13.18	13.11	13.18	13.11	0.59	13.77	13.70	13.77	13.70	XXX
75733		A	Artery x-rays,adrenal glands	1.31	13.55	13.61	13.55	13.61	0.64	15.50	15.56	15.50	15.56	XXX
75733	26	A	Artery x-rays,adrenal glands	1.31	0.37	0.50	0.37	0.50	0.05	1.73	1.86	1.73	1.86	XXX
75733	TC	A	Artery x-rays,adrenal glands	0.00	13.18	13.11	13.18	13.11	0.59	13.77	13.70	13.77	13.70	XXX
75736		A	Artery x-rays, pelvis	1.14	13.49	13.53	13.49	13.53	0.64	15.27	15.31	15.27	15.31	XXX
75736	26	A	Artery x-rays, pelvis	1.14	0.31	0.43	0.31	0.43	0.05	1.50	1.62	1.50	1.62	XXX
75736	TC	A	Artery x-rays, pelvis	0.00	13.18	13.11	13.18	13.11	0.59	13.77	13.70	13.77	13.70	XXX
75741		A	Artery x-rays, lung	1.31	13.55	13.61	13.55	13.61	0.64	15.50	15.56	15.50	15.56	XXX
75741	26	A	Artery x-rays, lung	1.31	0.37	0.50	0.37	0.50	0.05	1.73	1.86	1.73	1.86	XXX
75741	TC	A	Artery x-rays, lung	0.00	13.18	13.11	13.18	13.11	0.59	13.77	13.70	13.77	13.70	XXX
75743		A	Artery x-rays, lungs	1.66	13.63	13.73	13.63	13.73	0.66	15.95	16.05	15.95	16.05	XXX
75743	26	A	Artery x-rays, lungs	1.66	0.46	0.63	0.46	0.63	0.07	2.19	2.36	2.19	2.36	XXX
75743	TC	A	Artery x-rays, lungs	0.00	13.18	13.11	13.18	13.11	0.59	13.77	13.70	13.77	13.70	XXX
75746		A	Artery x-rays, lung	1.14	13.51	13.54	13.51	13.54	0.63	15.28	15.31	15.28	15.31	XXX
75746	26	A	Artery x-rays, lung	1.14	0.33	0.44	0.33	0.44	0.04	1.51	1.62	1.51	1.62	XXX
75746	TC	A	Artery x-rays, lung	0.00	13.18	13.11	13.18	13.11	0.59	13.77	13.70	13.77	13.70	XXX
75756		A	Artery x-rays, chest	1.14	13.66	13.62	13.66	13.62	0.63	15.43	15.39	15.43	15.39	XXX
75756	26	A	Artery x-rays, chest	1.14	0.48	0.51	0.48	0.51	0.04	1.66	1.69	1.66	1.69	XXX
75756	TC	A	Artery x-rays, chest	0.00	13.18	13.11	13.18	13.11	0.59	13.77	13.70	13.77	13.70	XXX
75774		A	Artery x-ray, each vessel	0.36	13.29	13.25	13.29	13.25	0.60	14.25	14.21	14.25	14.21	ZZZ
75774	26	A	Artery x-ray, each vessel	0.36	0.11	0.14	0.11	0.14	0.01	0.48	0.51	0.48	0.51	ZZZ
75774	TC	A	Artery x-ray, each vessel	0.00	13.18	13.11	13.18	13.11	0.59	13.77	13.70	13.77	13.70	ZZZ
75790		A	Visualize A-V shunt	1.84	1.92	2.11	1.92	2.11	0.15	3.91	4.10	3.91	4.10	XXX
75790	26	A	Visualize A-V shunt	1.84	0.50	0.70	0.50	0.70	0.08	2.42	2.62	2.42	2.62	XXX
75790	TC	A	Visualize A-V shunt	0.00	1.42	1.41	1.42	1.41	0.07	1.49	1.48	1.49	1.48	XXX
75801		A	Lymph vessel x-ray, arm/leg	0.81	5.90	5.95	5.90	5.95	0.30	7.01	7.06	7.01	7.06	XXX
75801	26	A	Lymph vessel x-ray, arm/leg	0.81	0.23	0.32	0.23	0.32	0.04	1.08	1.17	1.08	1.17	XXX
75801	TC	A	Lymph vessel x-ray, arm/leg	0.00	5.66	5.63	5.66	5.63	0.26	5.92	5.89	5.92	5.89	XXX
75803		A	Lymph vessel x-ray,arms/legs	1.17	5.98	6.07	5.98	6.07	0.31	7.46	7.55	7.46	7.55	XXX
75803	26	A	Lymph vessel x-ray,arms/legs	1.17	0.31	0.43	0.31	0.43	0.05	1.53	1.65	1.53	1.65	XXX

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[3] + Indicates RVUs are not used for Medicare payment.

[4] PE RVUs = Practice Expense Relative Value Units.

[5] # Indicates new CPT/HCPCS codes which were not factored into budget neutrality adjustments.

ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT[1]/ HCPCS[2]	MOD	Status	Description	Physician work RVUs[3,5]	Fully implemented non-facility PE RVUs	Year 2000 transitional non-facility PE RVUs	Fully implemented facility PE RVUs	Year 2000 transitional facility PE RVUs	Malpractice RVUs	Fully implemented non-facility total	Year 2000 transitional non-facility total	Fully implemented facility total	Year 2000 transitional facility total	Global
75803	TC	A	Lymph vessel x-ray,arms/legs	0.00	5.66	5.63	5.66	5.63	0.26	5.92	5.89	5.92	5.89	XXX
75805		A	Lymph vessel x-ray, trunk	0.81	6.60	6.66	6.60	6.66	0.32	7.73	7.79	7.73	7.79	XXX
75805	26	A	Lymph vessel x-ray, trunk	0.81	0.22	0.31	0.22	0.31	0.03	1.06	1.15	1.06	1.15	XXX
75805	TC	A	Lymph vessel x-ray, trunk	0.00	6.38	6.35	6.38	6.35	0.29	6.67	6.64	6.67	6.64	XXX
75807		A	Lymph vessel x-ray, trunk	1.17	6.69	6.78	6.69	6.78	0.34	8.20	8.29	8.20	8.29	XXX
75807	26	A	Lymph vessel x-ray, trunk	1.17	0.31	0.43	0.31	0.43	0.05	1.53	1.65	1.53	1.65	XXX
75807	TC	A	Lymph vessel x-ray, trunk	0.00	6.38	6.35	6.38	6.35	0.29	6.67	6.64	6.67	6.64	XXX
75809		A	Nonvascular shunt, x-ray	0.47	0.95	0.99	0.95	0.99	0.06	1.48	1.52	1.48	1.52	XXX
75809	26	A	Nonvascular shunt, x-ray	0.47	0.13	0.17	0.13	0.17	0.02	0.62	0.66	0.62	0.66	XXX
75809	TC	A	Nonvascular shunt, x-ray	0.00	0.82	0.82	0.82	0.82	0.04	0.86	0.86	0.86	0.86	XXX
75810		A	Vein x-ray, spleen/liver	1.14	13.49	13.53	13.49	13.53	0.64	15.27	15.31	15.27	15.31	XXX
75810	26	A	Vein x-ray, spleen/liver	1.14	0.31	0.43	0.31	0.43	0.05	1.50	1.62	1.50	1.62	XXX
75810	TC	A	Vein x-ray, spleen/liver	0.00	13.18	13.11	13.18	13.11	0.59	13.77	13.70	13.77	13.70	XXX
75820		A	Vein x-ray, arm/leg	0.70	1.18	1.26	1.18	1.26	0.08	1.96	2.04	1.96	2.04	XXX
75820	26	A	Vein x-ray, arm/leg	0.70	0.19	0.27	0.19	0.27	0.03	0.92	1.00	0.92	1.00	XXX
75820	TC	A	Vein x-ray, arm/leg	0.00	0.99	0.99	0.99	0.99	0.05	1.04	1.04	1.04	1.04	XXX
75822		A	Vein x-ray, arms/legs	1.06	1.84	1.94	1.84	1.94	0.11	3.01	3.11	3.01	3.11	XXX
75822	26	A	Vein x-ray, arms/legs	1.06	0.29	0.40	0.29	0.40	0.04	1.39	1.50	1.39	1.50	XXX
75822	TC	A	Vein x-ray, arms/legs	0.00	1.55	1.54	1.55	1.54	0.07	1.62	1.61	1.62	1.61	XXX
75825		A	Vein x-ray, trunk	1.14	13.50	13.54	13.50	13.54	0.64	15.28	15.32	15.28	15.32	XXX
75825	26	A	Vein x-ray, trunk	1.14	0.32	0.43	0.32	0.43	0.05	1.51	1.62	1.51	1.62	XXX
75825	TC	A	Vein x-ray, trunk	0.00	13.18	13.11	13.18	13.11	0.59	13.77	13.70	13.77	13.70	XXX
75827		A	Vein x-ray, chest	1.14	13.49	13.53	13.49	13.53	0.64	15.27	15.31	15.27	15.31	XXX
75827	26	A	Vein x-ray, chest	1.14	0.31	0.43	0.31	0.43	0.05	1.50	1.62	1.50	1.62	XXX
75827	TC	A	Vein x-ray, chest	0.00	13.18	13.11	13.18	13.11	0.59	13.77	13.70	13.77	13.70	XXX
75831		A	Vein x-ray, kidney	1.14	13.48	13.53	13.48	13.53	0.64	15.26	15.31	15.26	15.31	XXX
75831	26	A	Vein x-ray, kidney	1.14	0.30	0.42	0.30	0.42	0.05	1.49	1.61	1.49	1.61	XXX
75831	TC	A	Vein x-ray, kidney	0.00	13.18	13.11	13.18	13.11	0.59	13.77	13.70	13.77	13.70	XXX
75833		A	Vein x-ray, kidneys	1.49	13.60	13.68	13.60	13.68	0.65	15.74	15.82	15.74	15.82	XXX
75833	26	A	Vein x-ray, kidneys	1.49	0.42	0.57	0.42	0.57	0.06	1.97	2.12	1.97	2.12	XXX
75833	TC	A	Vein x-ray, kidneys	0.00	13.18	13.11	13.18	13.11	0.59	13.77	13.70	13.77	13.70	XXX
75840		A	Vein x-ray, adrenal gland	1.14	13.53	13.55	13.53	13.55	0.64	15.31	15.33	15.31	15.33	XXX
75840	26	A	Vein x-ray, adrenal gland	1.14	0.35	0.45	0.35	0.45	0.05	1.54	1.64	1.54	1.64	XXX
75840	TC	A	Vein x-ray, adrenal gland	0.00	13.18	13.11	13.18	13.11	0.59	13.77	13.70	13.77	13.70	XXX
75842		A	Vein x-ray, adrenal glands	1.49	13.58	13.67	13.58	13.67	0.65	15.72	15.81	15.72	15.81	XXX
75842	26	A	Vein x-ray, adrenal glands	1.49	0.40	0.56	0.40	0.56	0.06	1.95	2.11	1.95	2.11	XXX
75842	TC	A	Vein x-ray, adrenal glands	0.00	13.18	13.11	13.18	13.11	0.59	13.77	13.70	13.77	13.70	XXX
75860		A	Vein x-ray, neck	1.14	13.50	13.54	13.50	13.54	0.64	15.28	15.32	15.28	15.32	XXX
75860	26	A	Vein x-ray, neck	1.14	0.32	0.43	0.32	0.43	0.05	1.51	1.62	1.51	1.62	XXX
75860	TC	A	Vein x-ray, neck	0.00	13.18	13.11	13.18	13.11	0.59	13.77	13.70	13.77	13.70	XXX
75870		A	Vein x-ray, skull	1.14	13.50	13.54	13.50	13.54	0.64	15.28	15.32	15.28	15.32	XXX
75870	26	A	Vein x-ray, skull	1.14	0.33	0.44	0.33	0.44	0.05	1.52	1.63	1.52	1.63	XXX
75870	TC	A	Vein x-ray, skull	0.00	13.18	13.11	13.18	13.11	0.59	13.77	13.70	13.77	13.70	XXX
75872		A	Vein x-ray, skull	1.14	13.49	13.53	13.49	13.53	0.64	15.27	15.31	15.27	15.31	XXX
75872	26	A	Vein x-ray, skull	1.14	0.31	0.43	0.31	0.43	0.05	1.50	1.62	1.50	1.62	XXX
75872	TC	A	Vein x-ray, skull	0.00	13.18	13.11	13.18	13.11	0.59	13.77	13.70	13.77	13.70	XXX
75880		A	Vein x-ray, eye socket	0.70	1.17	1.25	1.17	1.25	0.08	1.95	2.03	1.95	2.03	XXX
75880	26	A	Vein x-ray, eye socket	0.70	0.19	0.27	0.19	0.27	0.03	0.92	1.00	0.92	1.00	XXX
75880	TC	A	Vein x-ray, eye socket	0.00	0.99	0.99	0.99	0.99	0.05	1.04	1.04	1.04	1.04	XXX
75885		A	Vein x-ray, liver	1.44	13.57	13.65	13.57	13.65	0.65	15.66	15.74	15.66	15.74	XXX
75885	26	A	Vein x-ray, liver	1.44	0.39	0.54	0.39	0.54	0.06	1.89	2.04	1.89	2.04	XXX
75885	TC	A	Vein x-ray, liver	0.00	13.18	13.11	13.18	13.11	0.59	13.77	13.70	13.77	13.70	XXX
75887		A	Vein x-ray, liver	1.44	13.57	13.65	13.57	13.65	0.65	15.66	15.74	15.66	15.74	XXX
75887	26	A	Vein x-ray, liver	1.44	0.39	0.54	0.39	0.54	0.06	1.89	2.04	1.89	2.04	XXX
75887	TC	A	Vein x-ray, liver	0.00	13.18	13.11	13.18	13.11	0.59	13.77	13.70	13.77	13.70	XXX
75889		A	Vein x-ray, liver	1.14	13.49	13.53	13.49	13.53	0.64	15.27	15.31	15.27	15.31	XXX
75889	26	A	Vein x-ray, liver	1.14	0.31	0.43	0.31	0.43	0.05	1.50	1.62	1.50	1.62	XXX
75889	TC	A	Vein x-ray, liver	0.00	13.18	13.11	13.18	13.11	0.59	13.77	13.70	13.77	13.70	XXX
75891		A	Vein x-ray, liver	1.14	13.49	13.53	13.49	13.53	0.64	15.27	15.31	15.27	15.31	XXX
75891	26	A	Vein x-ray, liver	1.14	0.31	0.43	0.31	0.43	0.05	1.50	1.62	1.50	1.62	XXX
75891	TC	A	Vein x-ray, liver	0.00	13.18	13.11	13.18	13.11	0.59	13.77	13.70	13.77	13.70	XXX
75893		A	Venous sampling by catheter	0.54	13.33	13.32	13.33	13.32	0.61	14.48	14.47	14.48	14.47	XXX
75893	26	A	Venous sampling by catheter	0.54	0.15	0.21	0.15	0.21	0.02	0.71	0.77	0.71	0.77	XXX
75893	TC	A	Venous sampling by catheter	0.00	13.18	13.11	13.18	13.11	0.59	13.77	13.70	13.77	13.70	XXX
75894		A	Xrays, transcatheter therapy	1.31	25.61	25.60	25.61	25.60	1.18	28.10	28.09	28.10	28.09	XXX
75894	26	A	Xrays, transcatheter therapy	1.31	0.38	0.51	0.38	0.51	0.05	1.74	1.87	1.74	1.87	XXX
75894	TC	A	Xrays, transcatheter therapy	0.00	25.23	25.10	25.23	25.10	1.13	26.36	26.23	26.36	26.23	XXX
75896		A	Xrays, transcatheter therapy	1.31	22.36	22.35	22.36	22.35	1.03	24.70	24.69	24.70	24.69	XXX
75896	26	A	Xrays, transcatheter therapy	1.31	0.42	0.53	0.42	0.53	0.05	1.78	1.89	1.78	1.89	XXX
75896	TC	A	Xrays, transcatheter therapy	0.00	21.94	21.83	21.94	21.83	0.98	22.92	22.81	22.92	22.81	XXX
75898		A	Follow-up angiogram	1.65	1.57	1.73	1.57	1.73	0.12	3.34	3.50	3.34	3.50	XXX
75898	26	A	Follow-up angiogram	1.65	0.48	0.64	0.48	0.64	0.07	2.20	2.36	2.20	2.36	XXX
75898	TC	A	Follow-up angiogram	0.00	1.10	1.10	1.10	1.10	0.05	1.15	1.15	1.15	1.15	XXX
75900		A	Arterial catheter exchange	0.49	22.07	22.01	22.07	22.01	1.01	23.57	23.51	23.57	23.51	XXX
75900	26	A	Arterial catheter exchange	0.49	0.14	0.20	0.14	0.20	0.02	0.65	0.71	0.65	0.71	XXX
75900	TC	A	Arterial catheter exchange	0.00	21.93	21.81	21.93	21.81	0.99	22.92	22.80	22.92	22.80	XXX
75940		A	X-ray placement, vein filter	0.54	13.33	13.32	13.33	13.32	0.61	14.48	14.47	14.48	14.47	XXX
75940	26	A	X-ray placement, vein filter	0.54	0.15	0.21	0.15	0.21	0.02	0.71	0.77	0.71	0.77	XXX
75940	TC	A	X-ray placement, vein filter	0.00	13.18	13.11	13.18	13.11	0.59	13.77	13.70	13.77	13.70	XXX
75945		A	Intravascular us	0.40	NA	NA	4.92	4.94	0.25	NA	NA	5.57	5.59	XXX
75945	26	A	Intravascular us	0.40	NA	NA	0.15	0.20	0.03	NA	NA	0.58	0.63	XXX
75945	TC	A	Intravascular us	0.00	NA	NA	4.77	4.75	0.22	NA	NA	4.99	4.97	XXX
75946		A	Intravascular us add-on	0.40	NA	NA	2.55	2.58	0.14	NA	NA	3.09	3.12	ZZZ
75946	26	A	Intravascular us add-on	0.40	NA	NA	0.15	0.20	0.03	NA	NA	0.58	0.63	ZZZ

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[3] + Indicates RVUs are not used for Medicare payment.

[4] PE RVUs = Practice Expense Relative Value Units.

[5] # Indicates new CPT/HCPCS codes which were not factored into budget neutrality adjustments.

ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT[1]/ HCPCS[2]	MOD	Status	Description	Physician work RVUs[3,5]	Fully implemented non-facility PE RVUs	Year 2000 transitional non-facility PE RVUs	Fully implemented facility PE RVUs	Year 2000 transitional facility PE RVUs	Malpractice RVUs	Fully implemented non-facility total	Year 2000 transitional non-facility total	Fully implemented facility total	Year 2000 transitional facility total	Global
75946	TC	A	Intravascular us add-on	0.00	NA	NA	2.39	2.38	0.11	NA	NA	2.50	2.49	ZZZ
75960		A	Transcatheter intro, stent	0.82	15.84	15.83	15.84	15.83	0.73	17.39	17.38	17.39	17.38	XXX
75960	26	A	Transcatheter intro, stent	0.82	0.26	0.33	0.26	0.33	0.04	1.12	1.19	1.12	1.19	XXX
75960	TC	A	Transcatheter intro, stent	0.00	15.58	15.50	15.58	15.50	0.69	16.27	16.19	16.27	16.19	XXX
75961		A	Retrieval, broken catheter	4.25	12.16	12.54	12.16	12.54	0.67	17.08	17.46	17.08	17.46	XXX
75961	26	A	Retrieval, broken catheter	4.25	1.17	1.62	1.17	1.62	0.18	5.60	6.05	5.60	6.05	XXX
75961	TC	A	Retrieval, broken catheter	0.00	10.99	10.93	10.99	10.93	0.49	11.48	11.42	11.48	11.42	XXX
75962		A	Repair arterial blockage	0.54	16.62	16.59	16.62	16.59	0.76	17.92	17.89	17.92	17.89	XXX
75962	26	A	Repair arterial blockage	0.54	0.16	0.22	0.16	0.22	0.02	0.72	0.78	0.72	0.78	XXX
75962	TC	A	Repair arterial blockage	0.00	16.46	16.37	16.46	16.37	0.74	17.20	17.11	17.20	17.11	XXX
75964		A	Repair artery blockage, each	0.36	8.88	8.87	8.88	8.87	0.41	9.65	9.64	9.65	9.64	ZZZ
75964	26	A	Repair artery blockage, each	0.36	0.11	0.14	0.11	0.14	0.02	0.49	0.52	0.49	0.52	ZZZ
75964	TC	A	Repair artery blockage, each	0.00	8.77	8.73	8.77	8.73	0.39	9.16	9.12	9.16	9.12	ZZZ
75966		A	Repair arterial blockage	1.31	16.89	16.90	16.89	16.90	0.79	18.99	19.00	18.99	19.00	XXX
75966	26	A	Repair arterial blockage	1.31	0.43	0.53	0.43	0.53	0.05	1.79	1.89	1.79	1.89	XXX
75966	TC	A	Repair arterial blockage	0.00	16.46	16.37	16.46	16.37	0.74	17.20	17.11	17.20	17.11	XXX
75968		A	Repair artery blockage, each	0.36	8.89	8.87	8.89	8.87	0.40	9.65	9.63	9.65	9.63	ZZZ
75968	26	A	Repair artery blockage, each	0.36	0.12	0.15	0.12	0.15	0.01	0.49	0.52	0.49	0.52	ZZZ
75968	TC	A	Repair artery blockage, each	0.00	8.77	8.73	8.77	8.73	0.39	9.16	9.12	9.16	9.12	ZZZ
75970		A	Vascular biopsy	0.83	12.32	12.34	12.32	12.34	0.57	13.72	13.74	13.72	13.74	XXX
75970	26	A	Vascular biopsy	0.83	0.25	0.33	0.25	0.33	0.03	1.11	1.19	1.11	1.19	XXX
75970	TC	A	Vascular biopsy	0.00	12.07	12.01	12.07	12.01	0.54	12.61	12.55	12.61	12.55	XXX
75978		A	Repair venous blockage	0.54	16.61	16.71	16.61	16.71	0.76	17.91	18.01	17.91	18.01	XXX
75978	26	A	Repair venous blockage	0.54	0.15	0.34	0.15	0.34	0.02	0.71	0.90	0.71	0.90	XXX
75978	TC	A	Repair venous blockage	0.00	16.46	16.37	16.46	16.37	0.74	17.20	17.11	17.20	17.11	XXX
75980		A	Contrast xray exam bile duct	1.44	6.05	6.17	6.05	6.17	0.32	7.81	7.93	7.81	7.93	XXX
75980	26	A	Contrast xray exam bile duct	1.44	0.39	0.54	0.39	0.54	0.06	1.89	2.04	1.89	2.04	XXX
75980	TC	A	Contrast xray exam bile duct	0.00	5.66	5.63	5.66	5.63	0.26	5.92	5.89	5.92	5.89	XXX
75982		A	Contrast xray exam bile duct	1.44	6.76	6.88	6.76	6.88	0.35	8.55	8.67	8.55	8.67	XXX
75982	26	A	Contrast xray exam bile duct	1.44	0.38	0.54	0.38	0.54	0.06	1.88	2.04	1.88	2.04	XXX
75982	TC	A	Contrast xray exam bile duct	0.00	6.38	6.35	6.38	6.35	0.29	6.67	6.64	6.67	6.64	XXX
75984		A	Xray control catheter change	0.72	2.24	2.31	2.24	2.31	0.12	3.08	3.15	3.08	3.15	XXX
75984	26	A	Xray control catheter change	0.72	0.19	0.28	0.19	0.28	0.03	0.94	1.03	0.94	1.03	XXX
75984	TC	A	Xray control catheter change	0.00	2.04	2.03	2.04	2.03	0.09	2.13	2.12	2.13	2.12	XXX
75989		A	Abscess drainage under x-ray	1.19	3.61	3.72	3.61	3.72	0.20	5.00	5.11	5.00	5.11	XXX
75989	26	A	Abscess drainage under x-ray	1.19	0.32	0.44	0.32	0.44	0.05	1.56	1.68	1.56	1.68	XXX
75989	TC	A	Abscess drainage under x-ray	0.00	3.29	3.28	3.29	3.28	0.15	3.44	3.43	3.44	3.43	XXX
75992		A	Atherectomy, x-ray exam	0.54	16.64	16.60	16.64	16.60	0.76	17.94	17.90	17.94	17.90	XXX
75992	26	A	Atherectomy, x-ray exam	0.54	0.18	0.23	0.18	0.23	0.02	0.74	0.79	0.74	0.79	XXX
75992	TC	A	Atherectomy, x-ray exam	0.00	16.46	16.37	16.46	16.37	0.74	17.20	17.11	17.20	17.11	XXX
75993		A	Atherectomy, x-ray exam	0.36	8.91	8.88	8.91	8.88	0.40	9.67	9.64	9.67	9.64	ZZZ
75993	26	A	Atherectomy, x-ray exam	0.36	0.14	0.16	0.14	0.16	0.01	0.51	0.53	0.51	0.53	ZZZ
75993	TC	A	Atherectomy, x-ray exam	0.00	8.77	8.73	8.77	8.73	0.39	9.16	9.12	9.16	9.12	ZZZ
75994		A	Atherectomy, x-ray exam	1.31	16.91	16.91	16.91	16.91	0.80	19.02	19.02	19.02	19.02	XXX
75994	26	A	Atherectomy, x-ray exam	1.31	0.45	0.54	0.45	0.54	0.06	1.82	1.91	1.82	1.91	XXX
75994	TC	A	Atherectomy, x-ray exam	0.00	16.46	16.37	16.46	16.37	0.74	17.20	17.11	17.20	17.11	XXX
75995		A	Atherectomy, x-ray exam	1.31	16.98	16.95	16.98	16.95	0.78	19.07	19.04	19.07	19.04	XXX
75995	26	A	Atherectomy, x-ray exam	1.31	0.52	0.58	0.52	0.58	0.04	1.87	1.93	1.87	1.93	XXX
75995	TC	A	Atherectomy, x-ray exam	0.00	16.46	16.37	16.46	16.37	0.74	17.20	17.11	17.20	17.11	XXX
75996		A	Atherectomy, x-ray exam	0.36	8.89	8.87	8.89	8.87	0.40	9.65	9.63	9.65	9.63	ZZZ
75996	26	A	Atherectomy, x-ray exam	0.36	0.11	0.14	0.11	0.14	0.01	0.48	0.51	0.48	0.51	ZZZ
75996	TC	A	Atherectomy, x-ray exam	0.00	8.77	8.73	8.77	8.73	0.39	9.16	9.12	9.16	9.12	ZZZ
76000		A	Fluoroscope examination	0.17	1.40	1.42	1.40	1.42	0.07	1.64	1.66	1.64	1.66	XXX
76000	26	A	Fluoroscope examination	0.17	0.05	0.07	0.05	0.07	0.01	0.23	0.25	0.23	0.25	XXX
76000	TC	A	Fluoroscope examination	0.00	1.36	1.36	1.36	1.36	0.06	1.42	1.42	1.42	1.42	XXX
76001		A	Fluoroscope exam, extensive	0.67	2.93	2.99	2.93	2.99	0.16	3.76	3.82	3.76	3.82	XXX
76001	26	A	Fluoroscope exam, extensive	0.67	0.18	0.26	0.18	0.26	0.03	0.88	0.96	0.88	0.96	XXX
76001	TC	A	Fluoroscope exam, extensive	0.00	2.75	2.73	2.75	2.73	0.13	2.88	2.86	2.88	2.86	XXX
76003		A	Needle localization by x-ray	0.54	1.50	1.56	1.50	1.56	0.08	2.12	2.18	2.12	2.18	XXX
76003	26	A	Needle localization by x-ray	0.54	0.14	0.21	0.14	0.21	0.02	0.70	0.77	0.70	0.77	XXX
76003	TC	A	Needle localization by x-ray	0.00	1.36	1.36	1.36	1.36	0.06	1.42	1.42	1.42	1.42	XXX
76006		A	X-ray stress view	0.41	0.11	0.11	0.11	0.11	0.02	0.54	0.54	0.54	0.54	XXX
76010		A	X-ray, nose to rectum	0.18	0.60	0.62	0.60	0.62	0.03	0.81	0.83	0.81	0.83	XXX
76010	26	A	X-ray, nose to rectum	0.18	0.05	0.07	0.05	0.07	0.01	0.24	0.26	0.24	0.26	XXX
76010	TC	A	X-ray, nose to rectum	0.00	0.55	0.55	0.55	0.55	0.02	0.57	0.57	0.57	0.57	XXX
76020		A	X-rays for bone age	0.19	0.61	0.63	0.61	0.63	0.03	0.83	0.85	0.83	0.85	XXX
76020	26	A	X-rays for bone age	0.19	0.05	0.08	0.05	0.08	0.01	0.25	0.28	0.25	0.28	XXX
76020	TC	A	X-rays for bone age	0.00	0.55	0.55	0.55	0.55	0.02	0.57	0.57	0.57	0.57	XXX
76040		A	X-rays, bone evaluation	0.27	0.90	0.93	0.90	0.93	0.05	1.22	1.25	1.22	1.25	XXX
76040	26	A	X-rays, bone evaluation	0.27	0.08	0.11	0.08	0.11	0.01	0.36	0.39	0.36	0.39	XXX
76040	TC	A	X-rays, bone evaluation	0.00	0.82	0.82	0.82	0.82	0.04	0.86	0.86	0.86	0.86	XXX
76061		A	X-rays, bone survey	0.45	1.17	1.21	1.17	1.21	0.07	1.69	1.73	1.69	1.73	XXX
76061	26	A	X-rays, bone survey	0.45	0.12	0.17	0.12	0.17	0.02	0.59	0.64	0.59	0.64	XXX
76061	TC	A	X-rays, bone survey	0.00	1.05	1.04	1.05	1.04	0.05	1.10	1.09	1.10	1.09	XXX
76062		A	X-rays, bone survey	0.54	1.64	1.70	1.64	1.70	0.09	2.27	2.33	2.27	2.33	XXX
76062	26	A	X-rays, bone survey	0.54	0.15	0.21	0.15	0.21	0.02	0.71	0.77	0.71	0.77	XXX
76062	TC	A	X-rays, bone survey	0.00	1.50	1.50	1.50	1.50	0.07	1.57	1.57	1.57	1.57	XXX
76065		A	X-rays, bone evaluation	0.28	0.84	0.87	0.84	0.87	0.05	1.17	1.20	1.17	1.20	XXX
76065	26	A	X-rays, bone evaluation	0.28	0.08	0.11	0.08	0.11	0.01	0.37	0.40	0.37	0.40	XXX
76065	TC	A	X-rays, bone evaluation	0.00	0.76	0.76	0.76	0.76	0.04	0.80	0.80	0.80	0.80	XXX
76066		A	Joint(s) survey, single film	0.31	1.26	1.28	1.26	1.28	0.06	1.63	1.65	1.63	1.65	XXX
76066	26	A	Joint(s) survey, single film	0.31	0.09	0.12	0.09	0.12	0.01	0.41	0.44	0.41	0.44	XXX
76066	TC	A	Joint(s) survey, single film	0.00	1.17	1.16	1.17	1.16	0.05	1.22	1.21	1.22	1.21	XXX
76070		I	CT scan, bone density study	0.25	3.17	3.18	3.17	3.18	0.15	3.57	3.58	3.57	3.58	XXX

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[3] + Indicates RVUs are not used for Medicare payment.
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[5] # Indicates new CPT/HCPCS codes which were not factored into budget neutrality adjustments.

ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT[1]/ HCPCS[2]	MOD	Status	Description	Physician work RVUs[3,5]	Fully implemented non-facility PE RVUs	Year 2000 transitional non-facility PE RVUs	Fully implemented facility PE RVUs	Year 2000 transitional facility PE RVUs	Malpractice RVUs	Fully implemented non-facility total	Year 2000 transitional non-facility total	Fully implemented facility total	Year 2000 transitional facility total	Global
76070	26	I	CT scan, bone density study	0.25	0.10	0.12	0.10	0.12	0.01	0.36	0.38	0.36	0.38	XXX
76070	TC	I	CT scan, bone density study	0.00	3.08	3.07	3.08	3.07	0.14	3.22	3.21	3.22	3.21	XXX
76075		A	Dual energy x-ray study	0.30	3.33	3.33	3.33	3.33	0.16	3.79	3.79	3.79	3.79	XXX
76075	26	A	Dual energy x-ray study	0.30	0.09	0.11	0.09	0.11	0.01	0.40	0.42	0.40	0.42	XXX
76075	TC	A	Dual energy x-ray study	0.00	3.24	3.22	3.24	3.22	0.15	3.39	3.37	3.39	3.37	XXX
76076		A	Dual energy x-ray study	0.22	0.87	0.88	0.87	0.88	0.05	1.14	1.15	1.14	1.15	XXX
76076	26	A	Dual energy x-ray study	0.22	0.08	0.10	0.08	0.10	0.01	0.31	0.33	0.31	0.33	XXX
76076	TC	A	Dual energy x-ray study	0.00	0.79	0.79	0.79	0.79	0.04	0.83	0.83	0.83	0.83	XXX
76078		A	Photodensitometry	0.20	0.87	0.88	0.87	0.88	0.05	1.12	1.13	1.12	1.13	XXX
76078	26	A	Photodensitometry	0.20	0.07	0.09	0.07	0.09	0.01	0.28	0.30	0.28	0.30	XXX
76078	TC	A	Photodensitometry	0.00	0.79	0.79	0.79	0.79	0.04	0.83	0.83	0.83	0.83	XXX
76080		A	X-ray exam of fistula	0.54	1.24	1.30	1.24	1.30	0.07	1.85	1.91	1.85	1.91	XXX
76080	26	A	X-ray exam of fistula	0.54	0.15	0.21	0.15	0.21	0.02	0.71	0.77	0.71	0.77	XXX
76080	TC	A	X-ray exam of fistula	0.00	1.10	1.10	1.10	1.10	0.05	1.15	1.15	1.15	1.15	XXX
76086		A	X-ray of mammary duct	0.36	2.84	2.87	2.84	2.87	0.14	3.34	3.37	3.34	3.37	XXX
76086	26	A	X-ray of mammary duct	0.36	0.10	0.14	0.10	0.14	0.01	0.47	0.51	0.47	0.51	XXX
76086	TC	A	X-ray of mammary duct	0.00	2.75	2.73	2.75	2.73	0.13	2.88	2.86	2.88	2.86	XXX
76088		A	X-ray of mammary ducts	0.45	3.96	3.99	3.96	3.99	0.19	4.60	4.63	4.60	4.63	XXX
76088	26	A	X-ray of mammary ducts	0.45	0.12	0.17	0.12	0.17	0.02	0.59	0.64	0.59	0.64	XXX
76088	TC	A	X-ray of mammary ducts	0.00	3.83	3.81	3.83	3.81	0.17	4.00	3.98	4.00	3.98	XXX
76090		A	Mammogram, one breast	0.58	1.25	1.24	1.25	1.24	0.07	1.90	1.89	1.90	1.89	XXX
76090	26	A	Mammogram, one breast	0.58	0.16	0.15	0.16	0.15	0.02	0.76	0.75	0.76	0.75	XXX
76090	TC	A	Mammogram, one breast	0.00	1.10	1.10	1.10	1.10	0.05	1.15	1.15	1.15	1.15	XXX
76091		A	Mammogram, both breasts	0.69	1.54	1.55	1.54	1.55	0.09	2.32	2.33	2.32	2.33	XXX
76091	26	A	Mammogram, both breasts	0.69	0.19	0.20	0.19	0.20	0.03	0.91	0.92	0.91	0.92	XXX
76091	TC	A	Mammogram, both breasts	0.00	1.36	1.36	1.36	1.36	0.06	1.42	1.42	1.42	1.42	XXX
76092		X	Mamm0gram, screening	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
76093		A	Magnetic image, breast	1.63	18.87	18.94	18.87	18.94	0.89	21.39	21.46	21.39	21.46	XXX
76093	26	A	Magnetic image, breast	1.63	0.44	0.61	0.44	0.61	0.07	2.14	2.31	2.14	2.31	XXX
76093	TC	A	Magnetic image, breast	0.00	18.43	18.33	18.43	18.33	0.82	19.25	19.15	19.25	19.15	XXX
76094		A	Magnetic image, both breasts	1.63	25.44	25.48	25.44	25.48	1.18	28.25	28.29	28.25	28.29	XXX
76094	26	A	Magnetic image, both breasts	1.63	0.44	0.61	0.44	0.61	0.07	2.14	2.31	2.14	2.31	XXX
76094	TC	A	Magnetic image, both breasts	0.00	25.00	24.87	25.00	24.87	1.11	26.11	25.98	26.11	25.98	XXX
76095		A	Stereotactic breast biopsy	1.59	7.95	8.07	7.95	8.07	0.42	9.96	10.08	9.96	10.08	XXX
76095	26	A	Stereotactic breast biopsy	1.59	0.45	0.61	0.45	0.61	0.08	2.12	2.28	2.12	2.28	XXX
76095	TC	A	Stereotactic breast biopsy	0.00	7.49	7.45	7.49	7.45	0.34	7.83	7.79	7.83	7.79	XXX
76096		A	X-ray of needle wire, breast	0.56	1.51	1.57	1.51	1.57	0.08	2.15	2.21	2.15	2.21	XXX
76096	26	A	X-ray of needle wire, breast	0.56	0.15	0.22	0.15	0.22	0.02	0.73	0.80	0.73	0.80	XXX
76096	TC	A	X-ray of needle wire, breast	0.00	1.36	1.36	1.36	1.36	0.06	1.42	1.42	1.42	1.42	XXX
76098		A	X-ray exam, breast specimen	0.16	0.49	0.50	0.49	0.50	0.03	0.68	0.69	0.68	0.69	XXX
76098	26	A	X-ray exam, breast specimen	0.16	0.04	0.06	0.04	0.06	0.01	0.21	0.23	0.21	0.23	XXX
76098	TC	A	X-ray exam, breast specimen	0.00	0.44	0.44	0.44	0.44	0.02	0.46	0.46	0.46	0.46	XXX
76100		A	X-ray exam of body section	0.58	1.46	1.52	1.46	1.52	0.08	2.12	2.18	2.12	2.18	XXX
76100	26	A	X-ray exam of body section	0.58	0.16	0.23	0.16	0.23	0.02	0.76	0.83	0.76	0.83	XXX
76100	TC	A	X-ray exam of body section	0.00	1.31	1.30	1.31	1.30	0.06	1.37	1.36	1.37	1.36	XXX
76101		A	Complex body section x-ray	0.58	1.63	1.70	1.63	1.70	0.09	2.30	2.37	2.30	2.37	XXX
76101	26	A	Complex body section x-ray	0.58	0.16	0.23	0.16	0.23	0.02	0.76	0.83	0.76	0.83	XXX
76101	TC	A	Complex body section x-ray	0.00	1.48	1.48	1.48	1.48	0.07	1.55	1.55	1.55	1.55	XXX
76102		A	Complex body section x-rays	0.58	1.97	2.03	1.97	2.03	0.11	2.66	2.72	2.66	2.72	XXX
76102	26	A	Complex body section x-rays	0.58	0.16	0.23	0.16	0.23	0.02	0.76	0.83	0.76	0.83	XXX
76102	TC	A	Complex body section x-rays	0.00	1.81	1.80	1.81	1.80	0.09	1.90	1.89	1.90	1.89	XXX
76120		A	Cinematic x-rays	0.38	1.23	1.25	1.23	1.25	0.07	1.68	1.70	1.68	1.70	XXX
76120	26	A	Cinematic x-rays	0.38	0.13	0.16	0.13	0.16	0.02	0.53	0.56	0.53	0.56	XXX
76120	TC	A	Cinematic x-rays	0.00	1.10	1.10	1.10	1.10	0.05	1.15	1.15	1.15	1.15	XXX
76125		A	Cinematic x-rays add-on	0.27	0.91	0.93	0.91	0.93	0.05	1.23	1.25	1.23	1.25	ZZZ
76125	26	A	Cinematic x-rays add-on	0.27	0.08	0.11	0.08	0.11	0.01	0.36	0.39	0.36	0.39	ZZZ
76125	TC	A	Cinematic x-rays add-on	0.00	0.82	0.82	0.82	0.82	0.04	0.86	0.86	0.86	0.86	ZZZ
76140		I	X-ray consultation	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
76150		A	X-ray exam, dry process	0.00	0.44	0.44	0.44	0.44	0.02	0.46	0.46	0.46	0.46	XXX
76350		C	Special x-ray contrast study	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
76355		A	CAT scan for localization	1.21	8.97	9.05	8.97	9.05	0.43	10.61	10.69	10.61	10.69	XXX
76355	26	A	CAT scan for localization	1.21	0.34	0.46	0.34	0.46	0.05	1.60	1.72	1.60	1.72	XXX
76355	TC	A	CAT scan for localization	0.00	8.63	8.59	8.63	8.59	0.38	9.01	8.97	9.01	8.97	XXX
76360		A	CAT scan for needle biopsy	1.16	8.94	9.01	8.94	9.01	0.43	10.53	10.60	10.53	10.60	XXX
76360	26	A	CAT scan for needle biopsy	1.16	0.31	0.43	0.31	0.43	0.05	1.52	1.64	1.52	1.64	XXX
76360	TC	A	CAT scan for needle biopsy	0.00	8.63	8.59	8.63	8.59	0.38	9.01	8.97	9.01	8.97	XXX
76365		A	CAT scan for cyst aspiration	1.16	8.94	9.01	8.94	9.01	0.43	10.53	10.60	10.53	10.60	XXX
76365	26	A	CAT scan for cyst aspiration	1.16	0.31	0.43	0.31	0.43	0.05	1.52	1.64	1.52	1.64	XXX
76365	TC	A	CAT scan for cyst aspiration	0.00	8.63	8.59	8.63	8.59	0.38	9.01	8.97	9.01	8.97	XXX
76370		A	CAT scan for therapy guide	0.85	3.31	3.39	3.31	3.39	0.17	4.33	4.41	4.33	4.41	XXX
76370	26	A	CAT scan for therapy guide	0.85	0.23	0.32	0.23	0.32	0.03	1.11	1.20	1.11	1.20	XXX
76370	TC	A	CAT scan for therapy guide	0.00	3.08	3.07	3.08	3.07	0.14	3.22	3.21	3.22	3.21	XXX
76375		A	3d/holograph reconstr add-on	0.16	3.75	3.75	3.75	3.75	0.17	4.08	4.08	4.08	4.08	XXX
76375	26	A	3d/holograph reconstr add-on	0.16	0.04	0.06	0.04	0.06	0.01	0.21	0.23	0.21	0.23	XXX
76375	TC	A	3d/holograph reconstr add-on	0.00	3.70	3.68	3.70	3.68	0.16	3.86	3.84	3.86	3.84	XXX
76380		A	CAT scan follow-up study	0.98	3.93	4.02	3.93	4.02	0.20	5.11	5.20	5.11	5.20	XXX
76380	26	A	CAT scan follow-up study	0.98	0.26	0.37	0.26	0.37	0.04	1.28	1.39	1.28	1.39	XXX
76380	TC	A	CAT scan follow-up study	0.00	3.66	3.64	3.66	3.64	0.16	3.82	3.80	3.82	3.80	XXX
76390		A	Mr spectroscopy	1.40	12.25	12.28	12.25	12.28	0.58	14.23	14.26	14.23	14.26	XXX
76390	26	A	Mr spectroscopy	1.40	0.53	0.63	0.53	0.63	0.06	1.99	2.09	1.99	2.09	XXX
76390	TC	A	Mr spectroscopy	0.00	11.72	11.66	11.72	11.66	0.52	12.24	12.18	12.24	12.18	XXX
76400		A	Magnetic image, bone marrow	1.60	12.15	12.26	12.15	12.26	0.58	14.33	14.44	14.33	14.44	XXX
76400	26	A	Magnetic image, bone marrow	1.60	0.43	0.61	0.43	0.61	0.06	2.09	2.27	2.09	2.27	XXX
76400	TC	A	Magnetic image, bone marrow	0.00	11.72	11.66	11.72	11.66	0.52	12.24	12.18	12.24	12.18	XXX

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[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.
[4] PE RVUs = Practice Expense Relative Value Units.
[5] # Indicates new CPT/HCPCS codes which were not factored into budget neutrality adjustments.

ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT[1]/ HCPCS[2]	MOD	Status	Description	Physician work RVUs[3,5]	Fully implemented non-facility PE RVUs	Year 2000 transitional non-facility PE RVUs	Fully implemented facility PE RVUs	Year 2000 transitional facility PE RVUs	Malpractice RVUs	Fully implemented non-facility total	Year 2000 transitional non-facility total	Fully implemented facility total	Year 2000 transitional facility total	Global
76499	.....	C	Radiographic procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
76499	26	C	Radiographic procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
76499	TC	C	Radiographic procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
76506	.....	A	Echo exam of head	0.63	1.70	1.74	1.70	1.74	0.10	2.43	2.47	2.43	2.47	XXX
76506	26	A	Echo exam of head	0.63	0.22	0.27	0.22	0.27	0.03	0.88	0.93	0.88	0.93	XXX
76506	TC	A	Echo exam of head	0.00	1.48	1.48	1.48	1.48	0.07	1.55	1.55	1.55	1.55	XXX
76511	.....	A	Echo exam of eye	0.94	1.71	1.64	1.71	1.64	0.09	2.74	2.67	2.74	2.67	XXX
76511	26	A	Echo exam of eye	0.94	0.40	0.34	0.40	0.34	0.03	1.37	1.31	1.37	1.31	XXX
76511	TC	A	Echo exam of eye	0.00	1.31	1.30	1.31	1.30	0.06	1.37	1.36	1.37	1.36	XXX
76512	.....	A	Echo exam of eye	0.66	1.91	1.91	1.91	1.91	0.10	2.67	2.67	2.67	2.67	XXX
76512	26	A	Echo exam of eye	0.66	0.32	0.33	0.32	0.33	0.02	1.00	1.01	1.00	1.01	XXX
76512	TC	A	Echo exam of eye	0.00	1.59	1.58	1.59	1.58	0.08	1.67	1.66	1.67	1.66	XXX
76513	.....	A	Echo exam of eye, water bath	0.66	1.90	1.90	1.90	1.90	0.10	2.66	2.66	2.66	2.66	XXX
76513	26	A	Echo exam of eye, water bath	0.66	0.31	0.32	0.31	0.32	0.02	0.99	1.00	0.99	1.00	XXX
76513	TC	A	Echo exam of eye, water bath	0.00	1.59	1.58	1.59	1.58	0.08	1.67	1.66	1.67	1.66	XXX
76516	.....	A	Echo exam of eye	0.54	1.57	1.57	1.57	1.57	0.08	2.19	2.19	2.19	2.19	XXX
76516	26	A	Echo exam of eye	0.54	0.27	0.27	0.27	0.27	0.02	0.83	0.83	0.83	0.83	XXX
76516	TC	A	Echo exam of eye	0.00	1.31	1.30	1.31	1.30	0.06	1.37	1.36	1.37	1.36	XXX
76519	.....	A	Echo exam of eye	0.54	1.58	1.57	1.58	1.57	0.08	2.20	2.19	2.20	2.19	XXX
76519	26	A	Echo exam of eye	0.54	0.27	0.27	0.27	0.27	0.02	0.83	0.83	0.83	0.83	XXX
76519	TC	A	Echo exam of eye	0.00	1.31	1.30	1.31	1.30	0.06	1.37	1.36	1.37	1.36	XXX
76529	.....	A	Echo exam of eye	0.57	1.68	1.69	1.68	1.69	0.09	2.34	2.35	2.34	2.35	XXX
76529	26	A	Echo exam of eye	0.57	0.25	0.27	0.25	0.27	0.02	0.84	0.86	0.84	0.86	XXX
76529	TC	A	Echo exam of eye	0.00	1.43	1.42	1.43	1.42	0.07	1.50	1.49	1.50	1.49	XXX
76536	.....	A	Echo exam of head and neck	0.56	1.63	1.69	1.63	1.69	0.09	2.28	2.34	2.28	2.34	XXX
76536	26	A	Echo exam of head and neck	0.56	0.15	0.22	0.15	0.22	0.02	0.73	0.80	0.73	0.80	XXX
76536	TC	A	Echo exam of head and neck	0.00	1.48	1.48	1.48	1.48	0.07	1.55	1.55	1.55	1.55	XXX
76604	.....	A	Echo exam of chest	0.55	1.51	1.57	1.51	1.57	0.08	2.14	2.20	2.14	2.20	XXX
76604	26	A	Echo exam of chest	0.55	0.15	0.22	0.15	0.22	0.02	0.72	0.79	0.72	0.79	XXX
76604	TC	A	Echo exam of chest	0.00	1.36	1.36	1.36	1.36	0.06	1.42	1.42	1.42	1.42	XXX
76645	.....	A	Echo exam of breast	0.54	1.24	1.30	1.24	1.30	0.07	1.85	1.91	1.85	1.91	XXX
76645	26	A	Echo exam of breast	0.54	0.15	0.21	0.15	0.21	0.02	0.71	0.77	0.71	0.77	XXX
76645	TC	A	Echo exam of breast	0.00	1.10	1.10	1.10	1.10	0.05	1.15	1.15	1.15	1.15	XXX
76700	.....	A	Echo exam of abdomen	0.81	2.28	2.36	2.28	2.36	0.12	3.21	3.29	3.21	3.29	XXX
76700	26	A	Echo exam of abdomen	0.81	0.22	0.31	0.22	0.31	0.03	1.06	1.15	1.06	1.15	XXX
76700	TC	A	Echo exam of abdomen	0.00	2.06	2.05	2.06	2.05	0.09	2.15	2.14	2.15	2.14	XXX
76705	.....	A	Echo exam of abdomen	0.59	1.64	1.70	1.64	1.70	0.09	2.32	2.38	2.32	2.38	XXX
76705	26	A	Echo exam of abdomen	0.59	0.16	0.23	0.16	0.23	0.02	0.77	0.84	0.77	0.84	XXX
76705	TC	A	Echo exam of abdomen	0.00	1.48	1.48	1.48	1.48	0.07	1.55	1.55	1.55	1.55	XXX
76770	.....	A	Echo exam abdomen back wall	0.74	2.26	2.34	2.26	2.34	0.12	3.12	3.20	3.12	3.20	XXX
76770	26	A	Echo exam abdomen back wall	0.74	0.20	0.29	0.20	0.29	0.03	0.97	1.06	0.97	1.06	XXX
76770	TC	A	Echo exam abdomen back wall	0.00	2.06	2.05	2.06	2.05	0.09	2.15	2.14	2.15	2.14	XXX
76775	.....	A	Echo exam abdomen back wall	0.58	1.64	1.70	1.64	1.70	0.09	2.31	2.37	2.31	2.37	XXX
76775	26	A	Echo exam abdomen back wall	0.58	0.16	0.23	0.16	0.23	0.02	0.76	0.83	0.76	0.83	XXX
76775	TC	A	Echo exam abdomen back wall	0.00	1.48	1.48	1.48	1.48	0.07	1.55	1.55	1.55	1.55	XXX
76778	.....	A	Echo exam kidney transplant	0.74	2.27	2.34	2.27	2.34	0.12	3.13	3.20	3.13	3.20	XXX
76778	26	A	Echo exam kidney transplant	0.74	0.20	0.29	0.20	0.29	0.03	0.97	1.06	0.97	1.06	XXX
76778	TC	A	Echo exam kidney transplant	0.00	2.06	2.05	2.06	2.05	0.09	2.15	2.14	2.15	2.14	XXX
76800	.....	A	Echo exam spinal canal	1.13	1.80	1.91	1.80	1.91	0.12	3.05	3.16	3.05	3.16	XXX
76800	26	A	Echo exam spinal canal	1.13	0.32	0.43	0.32	0.43	0.05	1.50	1.61	1.50	1.61	XXX
76800	TC	A	Echo exam spinal canal	0.00	1.48	1.48	1.48	1.48	0.07	1.55	1.55	1.55	1.55	XXX
76805	.....	A	Echo exam of pregnant uterus	0.99	2.49	2.58	2.49	2.58	0.14	3.62	3.71	3.62	3.71	XXX
76805	26	A	Echo exam of pregnant uterus	0.99	0.29	0.39	0.29	0.39	0.04	1.32	1.42	1.32	1.42	XXX
76805	TC	A	Echo exam of pregnant uterus	0.00	2.19	2.18	2.19	2.18	0.10	2.29	2.28	2.29	2.28	XXX
76810	.....	A	Echo exam of pregnant uterus	1.97	4.98	5.14	4.98	5.14	0.27	7.22	7.38	7.22	7.38	XXX
76810	26	A	Echo exam of pregnant uterus	1.97	0.60	0.78	0.60	0.78	0.07	2.64	2.82	2.64	2.82	XXX
76810	TC	A	Echo exam of pregnant uterus	0.00	4.39	4.37	4.39	4.37	0.20	4.59	4.57	4.59	4.57	XXX
76815	.....	A	Echo exam of pregnant uterus	0.65	1.68	1.74	1.68	1.74	0.09	2.42	2.48	2.42	2.48	XXX
76815	26	A	Echo exam of pregnant uterus	0.65	0.20	0.27	0.20	0.27	0.02	0.87	0.94	0.87	0.94	XXX
76815	TC	A	Echo exam of pregnant uterus	0.00	1.48	1.48	1.48	1.48	0.07	1.55	1.55	1.55	1.55	XXX
76816	.....	A	Echo exam followup or repeat	0.57	1.36	1.40	1.36	1.40	0.07	2.00	2.04	2.00	2.04	XXX
76816	26	A	Echo exam followup or repeat	0.57	0.19	0.24	0.19	0.24	0.02	0.78	0.83	0.78	0.83	XXX
76816	TC	A	Echo exam followup or repeat	0.00	1.17	1.16	1.17	1.16	0.05	1.22	1.21	1.22	1.21	XXX
76818	.....	A	Fetal biophysical profile	0.77	1.95	2.00	1.95	2.00	0.11	2.83	2.88	2.83	2.88	XXX
76818	26	A	Fetal biophysical profile	0.77	0.26	0.32	0.26	0.32	0.03	1.06	1.12	1.06	1.12	XXX
76818	TC	A	Fetal biophysical profile	0.00	1.69	1.68	1.69	1.68	0.08	1.77	1.76	1.77	1.76	XXX
76825	.....	A	Echo exam of fetal heart	1.67	2.65	2.54	2.65	2.54	0.15	4.47	4.36	4.47	4.36	XXX
76825	26	A	Echo exam of fetal heart	1.67	0.59	0.49	0.59	0.49	0.06	2.32	2.22	2.32	2.22	XXX
76825	TC	A	Echo exam of fetal heart	0.00	2.06	2.05	2.06	2.05	0.09	2.15	2.14	2.15	2.14	XXX
76826	.....	A	Echo exam of fetal heart	0.83	1.01	1.24	1.01	1.24	0.07	1.91	2.14	1.91	2.14	XXX
76826	26	A	Echo exam of fetal heart	0.83	0.27	0.51	0.27	0.51	0.03	1.13	1.37	1.13	1.37	XXX
76826	TC	A	Echo exam of fetal heart	0.00	0.73	0.73	0.73	0.73	0.04	0.77	0.77	0.77	0.77	XXX
76827	.....	A	Echo exam of fetal heart	0.58	2.01	2.24	2.01	2.24	0.12	2.71	2.94	2.71	2.94	XXX
76827	26	A	Echo exam of fetal heart	0.58	0.21	0.45	0.21	0.45	0.02	0.81	1.05	0.81	1.05	XXX
76827	TC	A	Echo exam of fetal heart	0.00	1.80	1.79	1.80	1.79	0.10	1.90	1.89	1.90	1.89	XXX
76828	.....	A	Echo exam of fetal heart	0.56	1.38	1.42	1.38	1.42	0.09	2.03	2.07	2.03	2.07	XXX
76828	26	A	Echo exam of fetal heart	0.56	0.21	0.26	0.21	0.26	0.02	0.79	0.84	0.79	0.84	XXX
76828	TC	A	Echo exam of fetal heart	0.00	1.17	1.16	1.17	1.16	0.07	1.24	1.23	1.24	1.23	XXX
76830	.....	A	Echo exam, transvaginal	0.69	1.78	1.85	1.78	1.85	0.11	2.58	2.65	2.58	2.65	XXX
76830	26	A	Echo exam, transvaginal	0.69	0.19	0.27	0.19	0.27	0.03	0.91	0.99	0.91	0.99	XXX
76830	TC	A	Echo exam, transvaginal	0.00	1.59	1.58	1.59	1.58	0.08	1.67	1.66	1.67	1.66	XXX
76831	.....	A	Echo exam, uterus	0.72	1.79	1.86	1.79	1.86	0.11	2.62	2.69	2.62	2.69	XXX
76831	26	A	Echo exam, uterus	0.72	0.20	0.28	0.20	0.28	0.03	0.95	1.03	0.95	1.03	XXX
76831	TC	A	Echo exam, uterus	0.00	1.59	1.58	1.59	1.58	0.08	1.67	1.66	1.67	1.66	XXX

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[3] + Indicates RVUs are not used for Medicare payment.

[4] PE RVUs = Practice Expense Relative Value Units.

[5] # Indicates new CPT/HCPCS codes which were not factored into budget neutrality adjustments.

ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT[1]/ HCPCS[2]	MOD	Status	Description	Physician work RVUs[3,5]	Fully implemented non-facility PE RVUs	Year 2000 transitional non-facility PE RVUs	Fully implemented facility PE RVUs	Year 2000 transitional facility PE RVUs	Malpractice RVUs	Fully implemented non-facility total	Year 2000 transitional non-facility total	Fully implemented facility total	Year 2000 transitional facility total	Global
76856	.....	A	Echo exam of pelvis	0.69	1.78	1.85	1.78	1.85	0.11	2.58	2.65	2.58	2.65	XXX
76856	26	A	Echo exam of pelvis	0.69	0.19	0.27	0.19	0.27	0.03	0.91	0.99	0.91	0.99	XXX
76856	TC	A	Echo exam of pelvis	0.00	1.59	1.58	1.59	1.58	0.08	1.67	1.66	1.67	1.66	XXX
76857	.....	A	Echo exam of pelvis	0.38	1.21	1.24	1.21	1.24	0.07	1.66	1.69	1.66	1.69	XXX
76857	26	A	Echo exam of pelvis	0.38	0.11	0.15	0.11	0.15	0.02	0.51	0.55	0.51	0.55	XXX
76857	TC	A	Echo exam of pelvis	0.00	1.10	1.10	1.10	1.10	0.05	1.15	1.15	1.15	1.15	XXX
76870	.....	A	Echo exam of scrotum	0.64	1.76	1.82	1.76	1.82	0.11	2.51	2.57	2.51	2.57	XXX
76870	26	A	Echo exam of scrotum	0.64	0.17	0.24	0.17	0.24	0.03	0.84	0.91	0.84	0.91	XXX
76870	TC	A	Echo exam of scrotum	0.00	1.59	1.58	1.59	1.58	0.08	1.67	1.66	1.67	1.66	XXX
76872	.....	A	Echo exam, transrectal	0.69	1.80	1.86	1.80	1.86	0.11	2.60	2.66	2.60	2.66	XXX
76872	26	A	Echo exam, transrectal	0.69	0.21	0.28	0.21	0.28	0.03	0.93	1.00	0.93	1.00	XXX
76872	TC	A	Echo exam, transrectal	0.00	1.59	1.58	1.59	1.58	0.08	1.67	1.66	1.67	1.66	XXX
76880	.....	A	Echo exam of extremity	0.59	1.64	1.70	1.64	1.70	0.09	2.32	2.38	2.32	2.38	XXX
76880	26	A	Echo exam of extremity	0.59	0.16	0.23	0.16	0.23	0.02	0.77	0.84	0.77	0.84	XXX
76880	TC	A	Echo exam of extremity	0.00	1.48	1.48	1.48	1.48	0.07	1.55	1.55	1.55	1.55	XXX
76885	.....	A	Echo exam, infant hips	0.74	1.79	1.86	1.79	1.86	0.11	2.64	2.71	2.64	2.71	XXX
76885	26	A	Echo exam, infant hips	0.74	0.20	0.28	0.20	0.28	0.03	0.97	1.05	0.97	1.05	XXX
76885	TC	A	Echo exam, infant hips	0.00	1.59	1.58	1.59	1.58	0.08	1.67	1.66	1.67	1.66	XXX
76886	.....	A	Echo exam, infant hips	0.62	1.65	1.71	1.65	1.71	0.09	2.36	2.42	2.36	2.42	XXX
76886	26	A	Echo exam, infant hips	0.62	0.17	0.23	0.17	0.23	0.02	0.81	0.87	0.81	0.87	XXX
76886	TC	A	Echo exam, infant hips	0.00	1.48	1.48	1.48	1.48	0.07	1.55	1.55	1.55	1.55	XXX
76930	.....	A	Echo guide for heart sac tap	0.67	1.84	1.88	1.84	1.88	0.10	2.61	2.65	2.61	2.65	XXX
76930	26	A	Echo guide for heart sac tap	0.67	0.26	0.30	0.26	0.30	0.02	0.95	0.99	0.95	0.99	XXX
76930	TC	A	Echo guide for heart sac tap	0.00	1.59	1.58	1.59	1.58	0.08	1.67	1.66	1.67	1.66	XXX
76932	.....	A	Echo guide for heart biopsy	0.67	1.85	1.88	1.85	1.88	0.10	2.62	2.65	2.62	2.65	XXX
76932	26	A	Echo guide for heart biopsy	0.67	0.26	0.30	0.26	0.30	0.02	0.95	0.99	0.95	0.99	XXX
76932	TC	A	Echo guide for heart biopsy	0.00	1.59	1.58	1.59	1.58	0.08	1.67	1.66	1.67	1.66	XXX
76934	.....	A	Echo guide for chest tap	0.67	1.77	1.84	1.77	1.84	0.11	2.55	2.62	2.55	2.62	XXX
76934	26	A	Echo guide for chest tap	0.67	0.18	0.26	0.18	0.26	0.03	0.88	0.96	0.88	0.96	XXX
76934	TC	A	Echo guide for chest tap	0.00	1.59	1.58	1.59	1.58	0.08	1.67	1.66	1.67	1.66	XXX
76936	.....	A	Echo guide for artery repair	1.99	7.18	7.52	7.18	7.52	0.41	9.58	9.92	9.58	9.92	XXX
76936	26	A	Echo guide for artery repair	1.99	0.60	0.98	0.60	0.98	0.11	2.70	3.08	2.70	3.08	XXX
76936	TC	A	Echo guide for artery repair	0.00	6.58	6.55	6.58	6.55	0.30	6.88	6.85	6.88	6.85	XXX
76938	.....	A	Echo exam for drainage	0.67	1.77	1.84	1.77	1.84	0.11	2.55	2.62	2.55	2.62	XXX
76938	26	A	Echo exam for drainage	0.67	0.18	0.26	0.18	0.26	0.03	0.88	0.96	0.88	0.96	XXX
76938	TC	A	Echo exam for drainage	0.00	1.59	1.58	1.59	1.58	0.08	1.67	1.66	1.67	1.66	XXX
76941	.....	A	Echo guide for transfusion	1.34	2.00	2.12	2.00	2.12	0.12	3.46	3.58	3.46	3.58	XXX
76941	26	A	Echo guide for transfusion	1.34	0.40	0.53	0.40	0.53	0.05	1.79	1.92	1.79	1.92	XXX
76941	TC	A	Echo guide for transfusion	0.00	1.60	1.59	1.60	1.59	0.07	1.67	1.66	1.67	1.66	XXX
76942	.....	A	Echo guide for biopsy	0.67	1.79	1.85	1.79	1.85	0.11	2.57	2.63	2.57	2.63	XXX
76942	26	A	Echo guide for biopsy	0.67	0.20	0.27	0.20	0.27	0.03	0.90	0.97	0.90	0.97	XXX
76942	TC	A	Echo guide for biopsy	0.00	1.59	1.58	1.59	1.58	0.08	1.67	1.66	1.67	1.66	XXX
76945	.....	A	Echo guide, villus sampling	0.67	1.79	2.02	1.79	2.02	0.10	2.56	2.79	2.56	2.79	XXX
76945	26	A	Echo guide, villus sampling	0.67	0.19	0.43	0.19	0.43	0.03	0.89	1.13	0.89	1.13	XXX
76945	TC	A	Echo guide, villus sampling	0.00	1.60	1.59	1.60	1.59	0.07	1.67	1.66	1.67	1.66	XXX
76946	.....	A	Echo guide for amniocentesis	0.38	1.72	1.74	1.72	1.74	0.09	2.19	2.21	2.19	2.21	XXX
76946	26	A	Echo guide for amniocentesis	0.38	0.13	0.16	0.13	0.16	0.01	0.52	0.55	0.52	0.55	XXX
76946	TC	A	Echo guide for amniocentesis	0.00	1.59	1.58	1.59	1.58	0.08	1.67	1.66	1.67	1.66	XXX
76948	.....	A	Echo guide, ova aspiration	0.38	1.70	1.73	1.70	1.73	0.10	2.18	2.21	2.18	2.21	XXX
76948	26	A	Echo guide, ova aspiration	0.38	0.11	0.15	0.11	0.15	0.02	0.51	0.55	0.51	0.55	XXX
76948	TC	A	Echo guide, ova aspiration	0.00	1.59	1.58	1.59	1.58	0.08	1.67	1.66	1.67	1.66	XXX
76950	.....	A	Echo guidance radiotherapy	0.58	1.53	1.59	1.53	1.59	0.09	2.20	2.26	2.20	2.26	XXX
76950	26	A	Echo guidance radiotherapy	0.58	0.18	0.24	0.18	0.24	0.03	0.79	0.85	0.79	0.85	XXX
76950	TC	A	Echo guidance radiotherapy	0.00	1.36	1.36	1.36	1.36	0.06	1.42	1.42	1.42	1.42	XXX
76960	.....	A	Echo guidance radiotherapy	0.58	1.54	1.59	1.54	1.59	0.08	2.20	2.25	2.20	2.25	XXX
76960	26	A	Echo guidance radiotherapy	0.58	0.18	0.24	0.18	0.24	0.02	0.78	0.84	0.78	0.84	XXX
76960	TC	A	Echo guidance radiotherapy	0.00	1.36	1.36	1.36	1.36	0.06	1.42	1.42	1.42	1.42	XXX
76965	.....	A	Echo guidance radiotherapy	1.34	6.25	6.81	6.25	6.81	0.33	7.92	8.48	7.92	8.48	XXX
76965	26	A	Echo guidance radiotherapy	1.34	0.42	1.01	0.42	1.01	0.07	1.83	2.42	1.83	2.42	XXX
76965	TC	A	Echo guidance radiotherapy	0.00	5.82	5.79	5.82	5.79	0.26	6.08	6.05	6.08	6.05	XXX
76970	.....	A	Ultrasound exam follow-up	0.40	1.21	1.25	1.21	1.25	0.07	1.68	1.72	1.68	1.72	XXX
76970	26	A	Ultrasound exam follow-up	0.40	0.11	0.16	0.11	0.16	0.02	0.53	0.58	0.53	0.58	XXX
76970	TC	A	Ultrasound exam follow-up	0.00	1.10	1.10	1.10	1.10	0.05	1.15	1.15	1.15	1.15	XXX
76975	.....	A	GI endoscopic ultrasound	0.81	1.85	1.90	1.85	1.90	0.11	2.77	2.82	2.77	2.82	XXX
76975	26	A	GI endoscopic ultrasound	0.81	0.26	0.32	0.26	0.32	0.03	1.10	1.16	1.10	1.16	XXX
76975	TC	A	GI endoscopic ultrasound	0.00	1.59	1.58	1.59	1.58	0.08	1.67	1.66	1.67	1.66	XXX
76977	.....	A	Us bone density measure	0.05	0.94	0.94	0.94	0.94	0.05	1.04	1.04	1.04	1.04	XXX
76977	26	A	Us bone density measure	0.05	0.08	0.08	0.08	0.08	0.01	0.14	0.14	0.14	0.14	XXX
76977	TC	A	Us bone density measure	0.00	0.86	0.86	0.86	0.86	0.04	0.90	0.90	0.90	0.90	XXX
76986	.....	A	Echo exam at surgery	1.20	3.11	3.20	3.11	3.20	0.19	4.50	4.59	4.50	4.59	XXX
76986	26	A	Echo exam at surgery	1.20	0.36	0.47	0.36	0.47	0.06	1.62	1.73	1.62	1.73	XXX
76986	TC	A	Echo exam at surgery	0.00	2.75	2.73	2.75	2.73	0.13	2.88	2.86	2.88	2.86	XXX
76999	.....	C	Echo examination procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
76999	26	C	Echo examination procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
76999	TC	C	Echo examination procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
77261	.....	A	Radiation therapy planning	1.39	0.47	0.57	0.47	0.57	0.05	1.91	2.01	1.91	2.01	XXX
77262	.....	A	Radiation therapy planning	2.11	0.69	0.86	0.69	0.86	0.08	2.88	3.05	2.88	3.05	XXX
77263	.....	A	Radiation therapy planning	3.14	1.01	1.27	1.01	1.27	0.13	4.28	4.54	4.28	4.54	XXX
77280	.....	A	Set radiation therapy field	0.70	3.83	3.89	3.83	3.89	0.19	4.72	4.78	4.72	4.78	XXX
77280	26	A	Set radiation therapy field	0.70	0.20	0.28	0.20	0.28	0.03	0.93	1.01	0.93	1.01	XXX
77280	TC	A	Set radiation therapy field	0.00	3.63	3.61	3.63	3.61	0.16	3.79	3.77	3.79	3.77	XXX
77285	.....	A	Set radiation therapy field	1.05	6.12	6.19	6.12	6.19	0.31	7.48	7.55	7.48	7.55	XXX
77285	26	A	Set radiation therapy field	1.05	0.29	0.40	0.29	0.40	0.04	1.38	1.49	1.38	1.49	XXX
77285	TC	A	Set radiation therapy field	0.00	5.82	5.79	5.82	5.79	0.27	6.09	6.06	6.09	6.06	XXX

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[2] Copyright 1994 American Dental Association. All rights reserved.

[3] + Indicates RVUs are not used for Medicare payment.

[4] PE RVUs = Practice Expense Relative Value Units.

[5] # Indicates new CPT/HCPCS codes which were not factored into budget neutrality adjustments.

ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT[1]/ HCPCS[2]	MOD	Status	Description	Physician work RVUs[3,5]	Fully implemented non-facility PE RVUs	Year 2000 transitional non-facility PE RVUs	Fully implemented facility PE RVUs	Year 2000 transitional facility PE RVUs	Malpractice RVUs	Fully implemented non-facility total	Year 2000 transitional non-facility total	Fully implemented facility total	Year 2000 transitional facility total	Global
77290	.....	A	Set radiation therapy field	1.56	7.24	7.37	7.24	7.37	0.37	9.17	9.30	9.17	9.30	XXX
77290	26	A	Set radiation therapy field	1.56	0.44	0.60	0.44	0.60	0.06	2.06	2.22	2.06	2.22	XXX
77290	TC	A	Set radiation therapy field	0.00	6.80	6.77	6.80	6.77	0.31	7.11	7.08	7.11	7.08	XXX
77295	.....	A	Set radiation therapy field	4.57	30.49	30.81	30.49	30.81	1.51	36.57	36.89	36.57	36.89	XXX
77295	26	A	Set radiation therapy field	4.57	1.29	1.77	1.29	1.77	0.18	6.04	6.52	6.04	6.52	XXX
77295	TC	A	Set radiation therapy field	0.00	29.20	29.05	29.20	29.05	1.33	30.53	30.38	30.53	30.38	XXX
77299	.....	C	Radiation therapy planning	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
77299	26	C	Radiation therapy planning	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
77299	TC	C	Radiation therapy planning	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
77300	.....	A	Radiation therapy dose plan	0.62	1.58	1.64	1.58	1.64	0.08	2.28	2.34	2.28	2.34	XXX
77300	26	A	Radiation therapy dose plan	0.62	0.17	0.24	0.17	0.24	0.02	0.81	0.88	0.81	0.88	XXX
77300	TC	A	Radiation therapy dose plan	0.00	1.41	1.40	1.41	1.40	0.06	1.47	1.46	1.47	1.46	XXX
77305	.....	A	Radiation therapy dose plan	0.70	2.14	2.21	2.14	2.21	0.12	2.96	3.03	2.96	3.03	XXX
77305	26	A	Radiation therapy dose plan	0.70	0.20	0.28	0.20	0.28	0.03	0.93	1.01	0.93	1.01	XXX
77305	TC	A	Radiation therapy dose plan	0.00	1.94	1.93	1.94	1.93	0.09	2.03	2.02	2.03	2.02	XXX
77310	.....	A	Radiation therapy dose plan	1.05	2.73	2.82	2.73	2.82	0.16	3.94	4.03	3.94	4.03	XXX
77310	26	A	Radiation therapy dose plan	1.05	0.29	0.40	0.29	0.40	0.04	1.38	1.49	1.38	1.49	XXX
77310	TC	A	Radiation therapy dose plan	0.00	2.43	2.42	2.43	2.42	0.12	2.55	2.54	2.55	2.54	XXX
77315	.....	A	Radiation therapy dose plan	1.56	3.22	3.37	3.22	3.37	0.19	4.97	5.12	4.97	5.12	XXX
77315	26	A	Radiation therapy dose plan	1.56	0.44	0.60	0.44	0.60	0.06	2.06	2.22	2.06	2.22	XXX
77315	TC	A	Radiation therapy dose plan	0.00	2.78	2.77	2.78	2.77	0.13	2.91	2.90	2.91	2.90	XXX
77321	.....	A	Radiation therapy port plan	0.95	4.49	4.57	4.49	4.57	0.23	5.67	5.75	5.67	5.75	XXX
77321	26	A	Radiation therapy port plan	0.95	0.27	0.37	0.27	0.37	0.04	1.26	1.36	1.26	1.36	XXX
77321	TC	A	Radiation therapy port plan	0.00	4.23	4.21	4.23	4.21	0.19	4.42	4.40	4.42	4.40	XXX
77326	.....	A	Radiation therapy dose plan	0.93	2.73	2.82	2.73	2.82	0.16	3.82	3.91	3.82	3.91	XXX
77326	26	A	Radiation therapy dose plan	0.93	0.26	0.36	0.26	0.36	0.04	1.23	1.33	1.23	1.33	XXX
77326	TC	A	Radiation therapy dose plan	0.00	2.46	2.45	2.46	2.45	0.12	2.58	2.57	2.58	2.57	XXX
77327	.....	A	Radiation therapy dose plan	1.39	4.02	4.14	4.02	4.14	0.22	5.63	5.75	5.63	5.75	XXX
77327	26	A	Radiation therapy dose plan	1.39	0.39	0.53	0.39	0.53	0.06	1.84	1.98	1.84	1.98	XXX
77327	TC	A	Radiation therapy dose plan	0.00	3.63	3.61	3.63	3.61	0.16	3.79	3.77	3.79	3.77	XXX
77328	.....	A	Radiation therapy dose plan	2.09	5.78	5.96	5.78	5.96	0.31	8.18	8.36	8.18	8.36	XXX
77328	26	A	Radiation therapy dose plan	2.09	0.59	0.80	0.59	0.80	0.08	2.76	2.97	2.76	2.97	XXX
77328	TC	A	Radiation therapy dose plan	0.00	5.19	5.16	5.19	5.16	0.23	5.42	5.39	5.42	5.39	XXX
77331	.....	A	Special radiation dosimetry	0.87	0.77	0.86	0.77	0.86	0.05	1.69	1.78	1.69	1.78	XXX
77331	26	A	Special radiation dosimetry	0.87	0.25	0.34	0.25	0.34	0.03	1.15	1.24	1.15	1.24	XXX
77331	TC	A	Special radiation dosimetry	0.00	0.52	0.52	0.52	0.52	0.02	0.54	0.54	0.54	0.54	XXX
77332	.....	A	Radiation treatment aid(s)	0.54	1.56	1.61	1.56	1.61	0.08	2.18	2.23	2.18	2.23	XXX
77332	26	A	Radiation treatment aid(s)	0.54	0.15	0.21	0.15	0.21	0.02	0.71	0.77	0.71	0.77	XXX
77332	TC	A	Radiation treatment aid(s)	0.00	1.41	1.40	1.41	1.40	0.06	1.47	1.46	1.47	1.46	XXX
77333	.....	A	Radiation treatment aid(s)	0.84	2.22	2.30	2.22	2.30	0.12	3.18	3.26	3.18	3.26	XXX
77333	26	A	Radiation treatment aid(s)	0.84	0.24	0.33	0.24	0.33	0.03	1.11	1.20	1.11	1.20	XXX
77333	TC	A	Radiation treatment aid(s)	0.00	1.98	1.97	1.98	1.97	0.09	2.07	2.06	2.07	2.06	XXX
77334	.....	A	Radiation treatment aid(s)	1.24	3.75	3.85	3.75	3.85	0.20	5.19	5.29	5.19	5.29	XXX
77334	26	A	Radiation treatment aid(s)	1.24	0.35	0.47	0.35	0.47	0.05	1.64	1.76	1.64	1.76	XXX
77334	TC	A	Radiation treatment aid(s)	0.00	3.40	3.38	3.40	3.38	0.15	3.55	3.53	3.55	3.53	XXX
77336	.....	A	Radiation physics consult	0.00	3.12	3.10	3.12	3.10	0.14	3.26	3.24	3.26	3.24	XXX
77370	.....	A	Radiation physics consult	0.00	3.65	3.63	3.65	3.63	0.16	3.81	3.79	3.81	3.79	XXX
77380	.....	C	Proton beam delivery	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
77380	26	C	Proton beam delivery	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
77380	TC	C	Proton beam delivery	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
77381	.....	C	Proton beam treatment	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
77381	26	C	Proton beam treatment	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
77381	TC	C	Proton beam treatment	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
77399	.....	C	External radiation dosimetry	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
77399	26	C	External radiation dosimetry	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
77399	TC	C	External radiation dosimetry	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
77401	.....	A	Radiation treatment delivery	0.00	1.85	1.84	1.85	1.84	0.09	1.94	1.93	1.94	1.93	XXX
77402	.....	A	Radiation treatment delivery	0.00	1.85	1.84	1.85	1.84	0.09	1.94	1.93	1.94	1.93	XXX
77403	.....	A	Radiation treatment delivery	0.00	1.85	1.84	1.85	1.84	0.09	1.94	1.93	1.94	1.93	XXX
77404	.....	A	Radiation treatment delivery	0.00	1.85	1.84	1.85	1.84	0.09	1.94	1.93	1.94	1.93	XXX
77406	.....	A	Radiation treatment delivery	0.00	1.85	1.84	1.85	1.84	0.09	1.94	1.93	1.94	1.93	XXX
77407	.....	A	Radiation treatment delivery	0.00	2.18	2.17	2.18	2.17	0.10	2.28	2.27	2.28	2.27	XXX
77408	.....	A	Radiation treatment delivery	0.00	2.18	2.17	2.18	2.17	0.10	2.28	2.27	2.28	2.27	XXX
77409	.....	A	Radiation treatment delivery	0.00	2.18	2.17	2.18	2.17	0.10	2.28	2.27	2.28	2.27	XXX
77411	.....	A	Radiation treatment delivery	0.00	2.18	2.17	2.18	2.17	0.10	2.28	2.27	2.28	2.27	XXX
77412	.....	A	Radiation treatment delivery	0.00	2.43	2.42	2.43	2.42	0.12	2.55	2.54	2.55	2.54	XXX
77413	.....	A	Radiation treatment delivery	0.00	2.43	2.42	2.43	2.42	0.12	2.55	2.54	2.55	2.54	XXX
77414	.....	A	Radiation treatment delivery	0.00	2.43	2.42	2.43	2.42	0.12	2.55	2.54	2.55	2.54	XXX
77416	.....	A	Radiation treatment delivery	0.00	2.43	2.42	2.43	2.42	0.12	2.55	2.54	2.55	2.54	XXX
77417	.....	A	Radiology port film(s)	0.00	0.61	0.61	0.61	0.61	0.03	0.64	0.64	0.64	0.64	XXX
77419	.....	A	Weekly radiation therapy	3.60	1.16	1.46	1.16	1.46	0.14	4.90	5.20	4.90	5.20	XXX
77420	.....	A	Weekly radiation therapy	1.61	0.55	0.67	0.55	0.67	0.06	2.22	2.34	2.22	2.34	XXX
77425	.....	A	Weekly radiation therapy	2.44	0.80	1.00	0.80	1.00	0.10	3.34	3.54	3.34	3.54	XXX
77430	.....	A	Weekly radiation therapy	3.60	1.16	1.46	1.16	1.46	0.14	4.90	5.20	4.90	5.20	XXX
77431	.....	A	Radiation therapy management	1.81	0.64	0.76	0.64	0.76	0.07	2.52	2.64	2.52	2.64	XXX
77432	.....	A	Stereotactic radiation trmt	7.93	2.62	3.99	2.62	3.99	0.32	10.87	12.24	10.87	12.24	XXX
77470	.....	A	Special radiation treatment	2.09	12.23	12.39	12.23	12.39	0.60	14.92	15.08	14.92	15.08	XXX
77470	26	A	Special radiation treatment	2.09	0.59	0.80	0.59	0.80	0.08	2.76	2.97	2.76	2.97	XXX
77470	TC	A	Special radiation treatment	0.00	11.65	11.59	11.65	11.59	0.52	12.17	12.11	12.17	12.11	XXX
77499	.....	C	Radiation therapy management	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
77499	26	C	Radiation therapy management	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
77499	TC	C	Radiation therapy management	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
77600	.....	R	Hyperthermia treatment	1.56	3.62	3.77	3.62	3.77	0.21	5.39	5.54	5.39	5.54	XXX
77600	26	R	Hyperthermia treatment	1.56	0.44	0.60	0.44	0.60	0.07	2.07	2.23	2.07	2.23	XXX

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[3] + Indicates RVUs are not used for Medicare payment.

[4] PE RVUs = Practice Expense Relative Value Units.

[5] # Indicates new CPT/HCPCS codes which were not factored into budget neutrality adjustments.

ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT[1]/ HCPCS[2]	MOD	Status	Description	Physician work RVUs[3,5]	Fully implemented non-facility PE RVUs	Year 2000 transitional non-facility PE RVUs	Fully implemented facility PE RVUs	Year 2000 transitional facility PE RVUs	Malpractice RVUs	Fully implemented non-facility total	Year 2000 transitional non-facility total	Fully implemented facility total	Year 2000 transitional facility total	Global
77600	TC	R	Hyperthermia treatment	0.00	3.18	3.17	3.18	3.17	0.14	3.32	3.31	3.32	3.31	XXX
77605		R	Hyperthermia treatment	2.09	4.83	5.02	4.83	5.02	0.29	7.21	7.40	7.21	7.40	XXX
77605	26	R	Hyperthermia treatment	2.09	0.59	0.80	0.59	0.80	0.09	2.77	2.98	2.77	2.98	XXX
77605	TC	R	Hyperthermia treatment	0.00	4.25	4.23	4.25	4.23	0.20	4.45	4.43	4.45	4.43	XXX
77610		R	Hyperthermia treatment	1.56	3.67	3.79	3.67	3.79	0.20	5.43	5.55	5.43	5.55	XXX
77610	26	R	Hyperthermia treatment	1.56	0.49	0.63	0.49	0.63	0.06	2.11	2.25	2.11	2.25	XXX
77610	TC	R	Hyperthermia treatment	0.00	3.18	3.17	3.18	3.17	0.14	3.32	3.31	3.32	3.31	XXX
77615		R	Hyperthermia treatment	2.09	4.82	5.02	4.82	5.02	0.28	7.19	7.39	7.19	7.39	XXX
77615	26	R	Hyperthermia treatment	2.09	0.57	0.79	0.57	0.79	0.08	2.74	2.96	2.74	2.96	XXX
77615	TC	R	Hyperthermia treatment	0.00	4.25	4.23	4.25	4.23	0.20	4.45	4.43	4.45	4.43	XXX
77620		R	Hyperthermia treatment	1.56	3.69	3.80	3.69	3.80	0.20	5.45	5.56	5.45	5.56	XXX
77620	26	R	Hyperthermia treatment	1.56	0.52	0.64	0.52	0.64	0.06	2.14	2.26	2.14	2.26	XXX
77620	TC	R	Hyperthermia treatment	0.00	3.18	3.17	3.18	3.17	0.14	3.32	3.31	3.32	3.31	XXX
77750		A	Infuse radioactive materials	4.91	2.77	3.19	2.77	3.19	0.26	7.94	8.36	7.94	8.36	090
77750	26	A	Infuse radioactive materials	4.91	1.39	1.81	1.39	1.81	0.20	6.50	6.92	6.50	6.92	090
77750	TC	A	Infuse radioactive materials	0.00	1.39	1.39	1.39	1.39	0.06	1.45	1.45	1.45	1.45	090
77761		A	Radioelement application	3.81	3.61	3.97	3.61	3.97	0.30	7.72	8.08	7.72	8.08	090
77761	26	A	Radioelement application	3.81	0.98	1.36	0.98	1.36	0.17	4.96	5.34	4.96	5.34	090
77761	TC	A	Radioelement application	0.00	2.63	2.61	2.63	2.61	0.13	2.76	2.74	2.76	2.74	090
77762		A	Radioelement application	5.72	5.35	5.84	5.35	5.84	0.42	11.49	11.98	11.49	11.98	090
77762	26	A	Radioelement application	5.72	1.57	2.08	1.57	2.08	0.25	7.54	8.05	7.54	8.05	090
77762	TC	A	Radioelement application	0.00	3.77	3.75	3.77	3.75	0.17	3.94	3.92	3.94	3.92	090
77763		A	Radioelement application	8.57	7.01	7.77	7.01	7.77	0.58	16.16	16.92	16.16	16.92	090
77763	26	A	Radioelement application	8.57	2.31	3.10	2.31	3.10	0.37	11.25	12.04	11.25	12.04	090
77763	TC	A	Radioelement application	0.00	4.70	4.67	4.70	4.67	0.21	4.91	4.88	4.91	4.88	090
77776		A	Radioelement application	4.66	3.48	4.00	3.48	4.00	0.32	8.46	8.98	8.46	8.98	XXX
77776	26	A	Radioelement application	4.66	1.20	1.74	1.20	1.74	0.21	6.07	6.61	6.07	6.61	XXX
77776	TC	A	Radioelement application	0.00	2.27	2.26	2.27	2.26	0.11	2.38	2.37	2.38	2.37	XXX
77777		A	Radioelement application	7.48	6.67	7.23	6.67	7.23	0.52	14.67	15.23	14.67	15.23	090
77777	26	A	Radioelement application	7.48	2.23	2.82	2.23	2.82	0.32	10.03	10.62	10.03	10.62	090
77777	TC	A	Radioelement application	0.00	4.44	4.41	4.44	4.41	0.20	4.64	4.61	4.64	4.61	090
77778		A	Radioelement application	11.19	8.56	9.48	8.56	9.48	0.71	20.46	21.38	20.46	21.38	090
77778	26	A	Radioelement application	11.19	3.20	4.15	3.20	4.15	0.47	14.86	15.81	14.86	15.81	090
77778	TC	A	Radioelement application	0.00	5.36	5.34	5.36	5.34	0.24	5.60	5.58	5.60	5.58	090
77781		A	High intensity brachytherapy	1.66	21.71	21.73	21.71	21.73	1.02	24.39	24.41	24.39	24.41	090
77781	26	A	High intensity brachytherapy	1.66	0.49	0.62	0.49	0.62	0.07	2.22	2.35	2.22	2.35	090
77781	TC	A	High intensity brachytherapy	0.00	21.23	21.12	21.23	21.12	0.95	22.18	22.07	22.18	22.07	090
77782		A	High intensity brachytherapy	2.49	21.93	22.04	21.93	22.04	1.05	25.47	25.58	25.47	25.58	090
77782	26	A	High intensity brachytherapy	2.49	0.71	0.93	0.71	0.93	0.10	3.30	3.52	3.30	3.52	090
77782	TC	A	High intensity brachytherapy	0.00	21.23	21.12	21.23	21.12	0.95	22.18	22.07	22.18	22.07	090
77783		A	High intensity brachytherapy	3.73	22.28	22.48	22.28	22.48	1.10	27.11	27.31	27.11	27.31	090
77783	26	A	High intensity brachytherapy	3.73	1.05	1.37	1.05	1.37	0.15	4.93	5.25	4.93	5.25	090
77783	TC	A	High intensity brachytherapy	0.00	21.23	21.12	21.23	21.12	0.95	22.18	22.07	22.18	22.07	090
77784		A	High intensity brachytherapy	5.61	22.82	23.18	22.82	23.18	1.18	29.61	29.97	29.61	29.97	090
77784	26	A	High intensity brachytherapy	5.61	1.59	2.07	1.59	2.07	0.23	7.43	7.91	7.43	7.91	090
77784	TC	A	High intensity brachytherapy	0.00	21.23	21.12	21.23	21.12	0.95	22.18	22.07	22.18	22.07	090
77789		A	Radioelement application	1.12	0.80	0.89	0.80	0.89	0.06	1.98	2.07	1.98	2.07	090
77789	26	A	Radioelement application	1.12	0.33	0.42	0.33	0.42	0.04	1.49	1.58	1.49	1.58	090
77789	TC	A	Radioelement application	0.00	0.47	0.47	0.47	0.47	0.02	0.49	0.49	0.49	0.49	090
77790		A	Radioelement handling	1.05	0.82	0.92	0.82	0.92	0.06	1.93	2.03	1.93	2.03	XXX
77790	26	A	Radioelement handling	1.05	0.30	0.40	0.30	0.40	0.04	1.39	1.49	1.39	1.49	XXX
77790	TC	A	Radioelement handling	0.00	0.52	0.52	0.52	0.52	0.02	0.54	0.54	0.54	0.54	XXX
77799		C	Radium/radioisotope therapy	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
77799	26	C	Radium/radioisotope therapy	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
77799	TC	C	Radium/radioisotope therapy	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78000		A	Thyroid, single uptake	0.19	1.06	1.08	1.06	1.08	0.06	1.31	1.33	1.31	1.33	XXX
78000	26	A	Thyroid, single uptake	0.19	0.05	0.08	0.05	0.08	0.01	0.25	0.28	0.25	0.28	XXX
78000	TC	A	Thyroid, single uptake	0.00	1.01	1.01	1.01	1.01	0.05	1.06	1.06	1.06	1.06	XXX
78001		A	Thyroid, multiple uptakes	0.26	1.43	1.46	1.43	1.46	0.07	1.76	1.79	1.76	1.79	XXX
78001	26	A	Thyroid, multiple uptakes	0.26	0.07	0.10	0.07	0.10	0.01	0.34	0.37	0.34	0.37	XXX
78001	TC	A	Thyroid, multiple uptakes	0.00	1.36	1.36	1.36	1.36	0.06	1.42	1.42	1.42	1.42	XXX
78003		A	Thyroid suppress/stimul	0.33	1.10	1.13	1.10	1.13	0.06	1.49	1.52	1.49	1.52	XXX
78003	26	A	Thyroid suppress/stimul	0.33	0.09	0.13	0.09	0.13	0.01	0.43	0.47	0.43	0.47	XXX
78003	TC	A	Thyroid suppress/stimul	0.00	1.01	1.01	1.01	1.01	0.05	1.06	1.06	1.06	1.06	XXX
78006		A	Thyroid,imaging with uptake	0.49	2.63	2.67	2.63	2.67	0.14	3.26	3.30	3.26	3.30	XXX
78006	26	A	Thyroid,imaging with uptake	0.49	0.14	0.19	0.14	0.19	0.02	0.65	0.70	0.65	0.70	XXX
78006	TC	A	Thyroid,imaging with uptake	0.00	2.49	2.48	2.49	2.48	0.12	2.61	2.60	2.61	2.60	XXX
78007		A	Thyroid, image, mult uptakes	0.50	2.82	2.87	2.82	2.87	0.15	3.47	3.52	3.47	3.52	XXX
78007	26	A	Thyroid, image, mult uptakes	0.50	0.14	0.20	0.14	0.20	0.02	0.66	0.72	0.66	0.72	XXX
78007	TC	A	Thyroid, image, mult uptakes	0.00	2.69	2.68	2.69	2.68	0.13	2.82	2.81	2.82	2.81	XXX
78010		A	Thyroid imaging	0.39	2.01	2.04	2.01	2.04	0.11	2.51	2.54	2.51	2.54	XXX
78010	26	A	Thyroid imaging	0.39	0.11	0.15	0.11	0.15	0.02	0.52	0.56	0.52	0.56	XXX
78010	TC	A	Thyroid imaging	0.00	1.90	1.89	1.90	1.89	0.09	1.99	1.98	1.99	1.98	XXX
78011		A	Thyroid imaging with flow	0.45	2.64	2.68	2.64	2.68	0.14	3.23	3.27	3.23	3.27	XXX
78011	26	A	Thyroid imaging with flow	0.45	0.12	0.18	0.12	0.18	0.02	0.59	0.65	0.59	0.65	XXX
78011	TC	A	Thyroid imaging with flow	0.00	2.52	2.51	2.52	2.51	0.12	2.64	2.63	2.64	2.63	XXX
78015		A	Thyroid met imaging	0.67	2.87	2.94	2.87	2.94	0.16	3.70	3.77	3.70	3.77	XXX
78015	26	A	Thyroid met imaging	0.67	0.18	0.26	0.18	0.26	0.03	0.88	0.96	0.88	0.96	XXX
78015	TC	A	Thyroid met imaging	0.00	2.69	2.68	2.69	2.68	0.13	2.82	2.81	2.82	2.81	XXX
78016		A	Thyroid met imaging/studies	0.82	3.87	3.94	3.87	3.94	0.19	4.88	4.95	4.88	4.95	XXX
78016	26	A	Thyroid met imaging/studies	0.82	0.23	0.32	0.23	0.32	0.03	1.08	1.17	1.08	1.17	XXX
78016	TC	A	Thyroid met imaging/studies	0.00	3.64	3.62	3.64	3.62	0.16	3.80	3.78	3.80	3.78	XXX
78018		A	Thyroid, met imaging, body	0.86	5.92	6.00	5.92	6.00	0.29	7.07	7.15	7.07	7.15	XXX
78018	26	A	Thyroid, met imaging, body	0.86	0.25	0.36	0.25	0.36	0.03	1.14	1.25	1.14	1.25	XXX

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[3] + Indicates RVUs are not used for Medicare payment.

[4] PE RVUs = Practice Expense Relative Value Units.

[5] # Indicates new CPT/HCPCS codes which were not factored into budget neutrality adjustments.

ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT[1]/ HCPCS[2]	MOD	Status	Description	Physician work RVUs[3,5]	Fully implemented non-facility PE RVUs	Year 2000 transitional non-facility PE RVUs	Fully implemented facility PE RVUs	Year 2000 transitional facility PE RVUs	Malpractice RVUs	Fully implemented non-facility total	Year 2000 transitional non-facility total	Fully implemented facility total	Year 2000 transitional facility total	Global
78018	TC	A	Thyroid, met imaging, body	0.00	5.67	5.64	5.67	5.64	0.26	5.93	5.90	5.93	5.90	XXX
78020		A	Thyroid met uptake	0.60	0.17	0.17	0.17	0.17	0.08	0.85	0.85	0.85	0.85	ZZZ
78020	26	A	Thyroid met uptake	#0.60	0.02	0.02	0.02	0.02	0.02	0.64	0.64	0.64	0.64	ZZZ
78020	TC	A	Thyroid met uptake	#0.00	0.15	0.15	0.15	0.15	0.06	0.21	0.21	0.21	0.21	ZZZ
78070		A	Parathyroid nuclear imaging	0.82	2.13	2.13	2.13	2.13	0.12	3.07	3.07	3.07	3.07	XXX
78070	26	A	Parathyroid nuclear imaging	0.82	0.23	0.24	0.23	0.24	0.03	1.08	1.09	1.08	1.09	XXX
78070	TC	A	Parathyroid nuclear imaging	0.00	1.90	1.89	1.90	1.89	0.09	1.99	1.98	1.99	1.98	XXX
78075		A	Adrenal nuclear imaging	0.74	5.88	5.93	5.88	5.93	0.29	6.91	6.96	6.91	6.96	XXX
78075	26	A	Adrenal nuclear imaging	0.74	0.21	0.29	0.21	0.29	0.03	0.98	1.06	0.98	1.06	XXX
78075	TC	A	Adrenal nuclear imaging	0.00	5.67	5.64	5.67	5.64	0.26	5.93	5.90	5.93	5.90	XXX
78099		C	Endocrine nuclear procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78099	26	C	Endocrine nuclear procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78099	TC	C	Endocrine nuclear procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78102		A	Bone marrow imaging, ltd	0.55	2.29	2.34	2.29	2.34	0.12	2.96	3.01	2.96	3.01	XXX
78102	26	A	Bone marrow imaging, ltd	0.55	0.16	0.22	0.16	0.22	0.02	0.73	0.79	0.73	0.79	XXX
78102	TC	A	Bone marrow imaging, ltd	0.00	2.13	2.12	2.13	2.12	0.10	2.23	2.22	2.23	2.22	XXX
78103		A	Bone marrow imaging, mult	0.75	3.52	3.59	3.52	3.59	0.18	4.45	4.52	4.45	4.52	XXX
78103	26	A	Bone marrow imaging, mult	0.75	0.21	0.29	0.21	0.29	0.03	0.99	1.07	0.99	1.07	XXX
78103	TC	A	Bone marrow imaging, mult	0.00	3.31	3.30	3.31	3.30	0.15	3.46	3.45	3.46	3.45	XXX
78104		A	Bone marrow imaging, body	0.80	4.48	4.55	4.48	4.55	0.23	5.51	5.58	5.51	5.58	XXX
78104	26	A	Bone marrow imaging, body	0.80	0.22	0.31	0.22	0.31	0.03	1.05	1.14	1.05	1.14	XXX
78104	TC	A	Bone marrow imaging, body	0.00	4.26	4.24	4.26	4.24	0.20	4.46	4.44	4.46	4.44	XXX
78110		A	Plasma volume, single	0.19	1.04	1.06	1.04	1.06	0.06	1.29	1.31	1.29	1.31	XXX
78110	26	A	Plasma volume, single	0.19	0.06	0.08	0.06	0.08	0.01	0.26	0.28	0.26	0.28	XXX
78110	TC	A	Plasma volume, single	0.00	0.99	0.99	0.99	0.99	0.05	1.04	1.04	1.04	1.04	XXX
78111		A	Plasma volume, multiple	0.22	2.75	2.76	2.75	2.76	0.14	3.11	3.12	3.11	3.12	XXX
78111	26	A	Plasma volume, multiple	0.22	0.06	0.09	0.06	0.09	0.01	0.29	0.32	0.29	0.32	XXX
78111	TC	A	Plasma volume, multiple	0.00	2.69	2.68	2.69	2.68	0.13	2.82	2.81	2.82	2.81	XXX
78120		A	Red cell mass, single	0.23	1.88	1.90	1.88	1.90	0.10	2.21	2.23	2.21	2.23	XXX
78120	26	A	Red cell mass, single	0.23	0.07	0.10	0.07	0.10	0.01	0.31	0.34	0.31	0.34	XXX
78120	TC	A	Red cell mass, single	0.00	1.81	1.80	1.81	1.80	0.09	1.90	1.89	1.90	1.89	XXX
78121		A	Red cell mass, multiple	0.32	3.13	3.15	3.13	3.15	0.14	3.59	3.61	3.59	3.61	XXX
78121	26	A	Red cell mass, multiple	0.32	0.09	0.13	0.09	0.13	0.01	0.42	0.46	0.42	0.46	XXX
78121	TC	A	Red cell mass, multiple	0.00	3.04	3.03	3.04	3.03	0.13	3.17	3.16	3.17	3.16	XXX
78122		A	Blood volume	0.45	4.95	4.97	4.95	4.97	0.24	5.64	5.66	5.64	5.66	XXX
78122	26	A	Blood volume	0.45	0.13	0.18	0.13	0.18	0.02	0.60	0.65	0.60	0.65	XXX
78122	TC	A	Blood volume	0.00	4.82	4.79	4.82	4.79	0.22	5.04	5.01	5.04	5.01	XXX
78130		A	Red cell survival study	0.61	3.17	3.21	3.17	3.21	0.15	3.93	3.97	3.93	3.97	XXX
78130	26	A	Red cell survival study	0.61	0.18	0.24	0.18	0.24	0.02	0.81	0.87	0.81	0.87	XXX
78130	TC	A	Red cell survival study	0.00	2.99	2.97	2.99	2.97	0.13	3.12	3.10	3.12	3.10	XXX
78135		A	Red cell survival kinetics	0.64	5.27	5.31	5.27	5.31	0.25	6.16	6.20	6.16	6.20	XXX
78135	26	A	Red cell survival kinetics	0.64	0.18	0.25	0.18	0.25	0.02	0.84	0.91	0.84	0.91	XXX
78135	TC	A	Red cell survival kinetics	0.00	5.09	5.07	5.09	5.07	0.23	5.32	5.30	5.32	5.30	XXX
78140		A	Red cell sequestration	0.61	4.30	4.34	4.30	4.34	0.21	5.12	5.16	5.12	5.16	XXX
78140	26	A	Red cell sequestration	0.61	0.18	0.24	0.18	0.24	0.02	0.81	0.87	0.81	0.87	XXX
78140	TC	A	Red cell sequestration	0.00	4.11	4.09	4.11	4.09	0.19	4.30	4.28	4.30	4.28	XXX
78160		A	Plasma iron turnover	0.33	3.96	3.96	3.96	3.96	0.18	4.47	4.47	4.47	4.47	XXX
78160	26	A	Plasma iron turnover	0.33	0.13	0.15	0.13	0.15	0.01	0.47	0.49	0.47	0.49	XXX
78160	TC	A	Plasma iron turnover	0.00	3.83	3.81	3.83	3.81	0.17	4.00	3.98	4.00	3.98	XXX
78162		A	Iron absorption exam	0.45	3.54	3.54	3.54	3.54	0.16	4.15	4.15	4.15	4.15	XXX
78162	26	A	Iron absorption exam	0.45	0.19	0.21	0.19	0.21	0.01	0.65	0.67	0.65	0.67	XXX
78162	TC	A	Iron absorption exam	0.00	3.35	3.33	3.35	3.33	0.15	3.50	3.48	3.50	3.48	XXX
78170		A	Red cell iron utilization	0.41	5.67	5.68	5.67	5.68	0.27	6.35	6.36	6.35	6.36	XXX
78170	26	A	Red cell iron utilization	0.41	0.12	0.16	0.12	0.16	0.02	0.55	0.59	0.55	0.59	XXX
78170	TC	A	Red cell iron utilization	0.00	5.55	5.52	5.55	5.52	0.25	5.80	5.77	5.80	5.77	XXX
78172		C	Total body iron estimation	0.00	0.00	0.00	0.00	0.00	0.02	0.02	0.02	0.02	0.02	XXX
78172	26	A	Total body iron estimation	0.53	0.15	0.21	0.15	0.21	0.02	0.70	0.76	0.70	0.76	XXX
78172	TC	C	Total body iron estimation	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78185		A	Spleen imaging	0.40	2.58	2.61	2.58	2.61	0.14	3.12	3.15	3.12	3.15	XXX
78185	26	A	Spleen imaging	0.40	0.11	0.16	0.11	0.16	0.02	0.53	0.58	0.53	0.58	XXX
78185	TC	A	Spleen imaging	0.00	2.46	2.45	2.46	2.45	0.12	2.58	2.57	2.58	2.57	XXX
78190		A	Platelet survival, kinetics	1.09	6.30	6.37	6.30	6.37	0.31	7.70	7.77	7.70	7.77	XXX
78190	26	A	Platelet survival, kinetics	1.09	0.33	0.43	0.33	0.43	0.04	1.46	1.56	1.46	1.56	XXX
78190	TC	A	Platelet survival, kinetics	0.00	5.98	5.95	5.98	5.95	0.27	6.25	6.22	6.25	6.22	XXX
78191		A	Platelet survival	0.61	7.84	7.87	7.84	7.87	0.36	8.81	8.84	8.81	8.84	XXX
78191	26	A	Platelet survival	0.61	0.18	0.24	0.18	0.24	0.02	0.81	0.87	0.81	0.87	XXX
78191	TC	A	Platelet survival	0.00	7.67	7.63	7.67	7.63	0.34	8.01	7.97	8.01	7.97	XXX
78195		A	Lymph system imaging	1.20	4.60	4.58	4.60	4.58	0.25	6.05	6.03	6.05	6.03	XXX
78195	26	A	Lymph system imaging	1.20	0.35	0.35	0.35	0.35	0.05	1.60	1.60	1.60	1.60	XXX
78195	TC	A	Lymph system imaging	0.00	4.26	4.24	4.26	4.24	0.20	4.46	4.44	4.46	4.44	XXX
78199		C	Blood/lymph nuclear exam	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78199	26	C	Blood/lymph nuclear exam	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78199	TC	C	Blood/lymph nuclear exam	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78201		A	Liver imaging	0.44	2.59	2.62	2.59	2.62	0.14	3.17	3.20	3.17	3.20	XXX
78201	26	A	Liver imaging	0.44	0.12	0.17	0.12	0.17	0.02	0.58	0.63	0.58	0.63	XXX
78201	TC	A	Liver imaging	0.00	2.46	2.45	2.46	2.45	0.12	2.58	2.57	2.58	2.57	XXX
78202		A	Liver imaging with flow	0.51	3.16	3.20	3.16	3.20	0.15	3.82	3.86	3.82	3.86	XXX
78202	26	A	Liver imaging with flow	0.51	0.14	0.20	0.14	0.20	0.02	0.67	0.73	0.67	0.73	XXX
78202	TC	A	Liver imaging with flow	0.00	3.02	3.00	3.02	3.00	0.13	3.15	3.13	3.15	3.13	XXX
78205		A	Liver imaging (3D)	0.71	6.38	6.43	6.38	6.43	0.31	7.40	7.45	7.40	7.45	XXX
78205	26	A	Liver imaging (3D)	0.71	0.20	0.28	0.20	0.28	0.03	0.94	1.02	0.94	1.02	XXX
78205	TC	A	Liver imaging (3D)	0.00	6.18	6.15	6.18	6.15	0.28	6.46	6.43	6.46	6.43	XXX
78206		A	Liver image (3-d) w/flow	0.96	6.46	6.46	6.46	6.46	0.13	7.55	7.55	7.55	7.55	XXX
78206	26	A	Liver image (3-d) w/flow	0.96	0.28	0.28	0.28	0.28	0.04	1.28	1.28	1.28	1.28	XXX

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[3] + Indicates RVUs are not used for Medicare payment.

[4] PE RVUs = Practice Expense Relative Value Units.

[5] # Indicates new CPT/HCPCS codes which were not factored into budget neutrality adjustments.

ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT[1]/ HCPCS[2]	MOD	Status	Description	Physician work RVUs[3,5]	Fully implemented non-facility PE RVUs	Year 2000 transitional non-facility PE RVUs	Fully implemented facility PE RVUs	Year 2000 transitional facility PE RVUs	Malpractice RVUs	Fully implemented non-facility total	Year 2000 transitional non-facility total	Fully implemented facility total	Year 2000 transitional facility total	Global
78206	TC	A	Liver image (3-d) w/flow	0.00	6.18	6.18	6.18	6.18	0.09	6.27	6.27	6.27	6.27	XXX
78215		A	Liver and spleen imaging	0.49	3.20	3.24	3.20	3.24	0.15	3.84	3.88	3.84	3.88	XXX
78215	26	A	Liver and spleen imaging	0.49	0.14	0.19	0.14	0.19	0.02	0.65	0.70	0.65	0.70	XXX
78215	TC	A	Liver and spleen imaging	0.00	3.07	3.06	3.07	3.06	0.13	3.20	3.19	3.20	3.19	XXX
78216		A	Liver & spleen image, flow	0.57	3.80	3.84	3.80	3.84	0.18	4.55	4.59	4.55	4.59	XXX
78216	26	A	Liver & spleen image, flow	0.57	0.16	0.22	0.16	0.22	0.02	0.75	0.81	0.75	0.81	XXX
78216	TC	A	Liver & spleen image, flow	0.00	3.64	3.62	3.64	3.62	0.16	3.80	3.78	3.80	3.78	XXX
78220		A	Liver function study	0.49	4.03	4.06	4.03	4.06	0.19	4.71	4.74	4.71	4.74	XXX
78220	26	A	Liver function study	0.49	0.14	0.19	0.14	0.19	0.02	0.65	0.70	0.65	0.70	XXX
78220	TC	A	Liver function study	0.00	3.89	3.87	3.89	3.87	0.17	4.06	4.04	4.06	4.04	XXX
78223		A	Hepatobiliary imaging	0.84	4.06	4.13	4.06	4.13	0.20	5.10	5.17	5.10	5.17	XXX
78223	26	A	Hepatobiliary imaging	0.84	0.23	0.32	0.23	0.32	0.03	1.10	1.19	1.10	1.19	XXX
78223	TC	A	Hepatobiliary imaging	0.00	3.83	3.81	3.83	3.81	0.17	4.00	3.98	4.00	3.98	XXX
78230		A	Salivary gland imaging	0.45	2.40	2.44	2.40	2.44	0.13	2.98	3.02	2.98	3.02	XXX
78230	26	A	Salivary gland imaging	0.45	0.13	0.18	0.13	0.18	0.02	0.60	0.65	0.60	0.65	XXX
78230	TC	A	Salivary gland imaging	0.00	2.27	2.26	2.27	2.26	0.11	2.38	2.37	2.38	2.37	XXX
78231		A	Serial salivary imaging	0.52	3.46	3.50	3.46	3.50	0.17	4.15	4.19	4.15	4.19	XXX
78231	26	A	Serial salivary imaging	0.52	0.15	0.21	0.15	0.21	0.02	0.69	0.75	0.69	0.75	XXX
78231	TC	A	Serial salivary imaging	0.00	3.31	3.30	3.31	3.30	0.15	3.46	3.45	3.46	3.45	XXX
78232		A	Salivary gland function exam	0.47	3.83	3.87	3.83	3.87	0.18	4.48	4.52	4.48	4.52	XXX
78232	26	A	Salivary gland function exam	0.47	0.13	0.19	0.13	0.19	0.02	0.62	0.68	0.62	0.68	XXX
78232	TC	A	Salivary gland function exam	0.00	3.70	3.68	3.70	3.68	0.16	3.86	3.84	3.86	3.84	XXX
78258		A	Esophageal motility study	0.74	3.22	3.29	3.22	3.29	0.16	4.12	4.19	4.12	4.19	XXX
78258	26	A	Esophageal motility study	0.74	0.21	0.29	0.21	0.29	0.03	0.98	1.06	0.98	1.06	XXX
78258	TC	A	Esophageal motility study	0.00	3.02	3.00	3.02	3.00	0.13	3.15	3.13	3.15	3.13	XXX
78261		A	Gastric mucosa imaging	0.69	4.48	4.54	4.48	4.54	0.23	5.40	5.46	5.40	5.46	XXX
78261	26	A	Gastric mucosa imaging	0.69	0.19	0.27	0.19	0.27	0.03	0.91	0.99	0.91	0.99	XXX
78261	TC	A	Gastric mucosa imaging	0.00	4.29	4.27	4.29	4.27	0.20	4.49	4.47	4.49	4.47	XXX
78262		A	Gastroesophageal reflux exam	0.68	4.64	4.69	4.64	4.69	0.23	5.55	5.60	5.55	5.60	XXX
78262	26	A	Gastroesophageal reflux exam	0.68	0.20	0.27	0.20	0.27	0.03	0.91	0.98	0.91	0.98	XXX
78262	TC	A	Gastroesophageal reflux exam	0.00	4.45	4.43	4.45	4.43	0.20	4.65	4.63	4.65	4.63	XXX
78264		A	Gastric emptying study	0.78	4.53	4.60	4.53	4.60	0.23	5.54	5.61	5.54	5.61	XXX
78264	26	A	Gastric emptying study	0.78	0.22	0.31	0.22	0.31	0.03	1.03	1.12	1.03	1.12	XXX
78264	TC	A	Gastric emptying study	0.00	4.32	4.30	4.32	4.30	0.20	4.52	4.50	4.52	4.50	XXX
78270		A	Vit B-12 absorption exam	0.20	1.67	1.69	1.67	1.69	0.09	1.96	1.98	1.96	1.98	XXX
78270	26	A	Vit B-12 absorption exam	0.20	0.06	0.09	0.06	0.09	0.01	0.27	0.30	0.27	0.30	XXX
78270	TC	A	Vit B-12 absorption exam	0.00	1.61	1.61	1.61	1.61	0.08	1.69	1.69	1.69	1.69	XXX
78271		A	Vit B-12 absorp exam, IF	0.20	1.78	1.80	1.78	1.80	0.09	2.07	2.09	2.07	2.09	XXX
78271	26	A	Vit B-12 absorp exam, IF	0.20	0.06	0.09	0.06	0.09	0.01	0.27	0.30	0.27	0.30	XXX
78271	TC	A	Vit B-12 absorp exam, IF	0.00	1.72	1.71	1.72	1.71	0.08	1.80	1.79	1.80	1.79	XXX
78272		A	Vit B-12 absorp, combined	0.27	2.50	2.52	2.50	2.52	0.13	2.90	2.92	2.90	2.92	XXX
78272	26	A	Vit B-12 absorp, combined	0.27	0.08	0.11	0.08	0.11	0.01	0.36	0.39	0.36	0.39	XXX
78272	TC	A	Vit B-12 absorp, combined	0.00	2.42	2.41	2.42	2.41	0.12	2.54	2.53	2.54	2.53	XXX
78278		A	Acute GI blood loss imaging	0.99	5.36	5.45	5.36	5.45	0.27	6.62	6.71	6.62	6.71	XXX
78278	26	A	Acute GI blood loss imaging	0.99	0.27	0.38	0.27	0.38	0.04	1.30	1.41	1.30	1.41	XXX
78278	TC	A	Acute GI blood loss imaging	0.00	5.09	5.07	5.09	5.07	0.23	5.32	5.30	5.32	5.30	XXX
78282		C	GI protein loss exam	0.00	0.00	0.00	0.00	0.00	0.01	0.01	0.01	0.01	0.01	XXX
78282	26	A	GI protein loss exam	0.38	0.11	0.15	0.11	0.15	0.01	0.50	0.54	0.50	0.54	XXX
78282	TC	C	GI protein loss exam	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78290		A	Meckel's divert exam	0.68	3.37	3.43	3.37	3.43	0.17	4.22	4.28	4.22	4.28	XXX
78290	26	A	Meckel's divert exam	0.68	0.19	0.27	0.19	0.27	0.03	0.90	0.98	0.90	0.98	XXX
78290	TC	A	Meckel's divert exam	0.00	3.18	3.17	3.18	3.17	0.14	3.32	3.31	3.32	3.31	XXX
78291		A	Leveen/shunt patency exam	0.88	3.44	3.52	3.44	3.52	0.17	4.49	4.57	4.49	4.57	XXX
78291	26	A	Leveen/shunt patency exam	0.88	0.24	0.33	0.24	0.33	0.03	1.15	1.24	1.15	1.24	XXX
78291	TC	A	Leveen/shunt patency exam	0.00	3.20	3.19	3.20	3.19	0.14	3.34	3.33	3.34	3.33	XXX
78299		C	GI nuclear procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78299	26	C	GI nuclear procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78299	TC	C	GI nuclear procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78300		A	Bone imaging, limited area	0.62	2.77	2.83	2.77	2.83	0.15	3.54	3.60	3.54	3.60	XXX
78300	26	A	Bone imaging, limited area	0.62	0.17	0.24	0.17	0.24	0.02	0.81	0.88	0.81	0.88	XXX
78300	TC	A	Bone imaging, limited area	0.00	2.60	2.59	2.60	2.59	0.13	2.73	2.72	2.73	2.72	XXX
78305		A	Bone imaging, multiple areas	0.83	4.06	4.13	4.06	4.13	0.20	5.09	5.16	5.09	5.16	XXX
78305	26	A	Bone imaging, multiple areas	0.83	0.23	0.32	0.23	0.32	0.03	1.09	1.18	1.09	1.18	XXX
78305	TC	A	Bone imaging, multiple areas	0.00	3.83	3.81	3.83	3.81	0.17	4.00	3.98	4.00	3.98	XXX
78306		A	Bone imaging, whole body	0.86	4.70	4.77	4.70	4.77	0.23	5.79	5.86	5.79	5.86	XXX
78306	26	A	Bone imaging, whole body	0.86	0.24	0.33	0.24	0.33	0.03	1.13	1.22	1.13	1.22	XXX
78306	TC	A	Bone imaging, whole body	0.00	4.47	4.45	4.47	4.45	0.20	4.67	4.65	4.67	4.65	XXX
78315		A	Bone imaging, 3 phase	1.02	5.27	5.35	5.27	5.35	0.27	6.56	6.64	6.56	6.64	XXX
78315	26	A	Bone imaging, 3 phase	1.02	0.28	0.39	0.28	0.39	0.04	1.34	1.45	1.34	1.45	XXX
78315	TC	A	Bone imaging, 3 phase	0.00	4.99	4.97	4.99	4.97	0.23	5.22	5.20	5.22	5.20	XXX
78320		A	Bone imaging (3D)	1.04	6.48	6.55	6.48	6.55	0.32	7.84	7.91	7.84	7.91	XXX
78320	26	A	Bone imaging (3D)	1.04	0.30	0.40	0.30	0.40	0.04	1.38	1.48	1.38	1.48	XXX
78320	TC	A	Bone imaging (3D)	0.00	6.18	6.15	6.18	6.15	0.28	6.46	6.43	6.46	6.43	XXX
78350		A	Bone mineral, single photon	0.22	0.87	0.88	0.87	0.88	0.05	1.14	1.15	1.14	1.15	XXX
78350	26	A	Bone mineral, single photon	0.22	0.08	0.10	0.08	0.10	0.01	0.31	0.33	0.31	0.33	XXX
78350	TC	A	Bone mineral, single photon	0.00	0.79	0.79	0.79	0.79	0.04	0.83	0.83	0.83	0.83	XXX
78351		N	Bone mineral, dual photon	+0.30	1.42	0.82	0.11	0.16	0.01	1.73	1.13	0.42	0.47	XXX
78399		C	Musculoskeletal nuclear exam	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78399	26	C	Musculoskeletal nuclear exam	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78399	TC	C	Musculoskeletal nuclear exam	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78414		C	Non-imaging heart function	0.00	0.00	0.00	0.00	0.00	0.02	0.02	0.02	0.02	0.02	XXX
78414	26	A	Non-imaging heart function	0.45	0.15	0.19	0.15	0.19	0.02	0.62	0.66	0.62	0.66	XXX
78414	TC	C	Non-imaging heart function	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78428		A	Cardiac shunt imaging	0.78	2.64	2.68	2.64	2.68	0.14	3.56	3.60	3.56	3.60	XXX

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[3] + Indicates RVUs are not used for Medicare payment.
[4] PE RVUs = Practice Expense Relative Value Units.
[5] # Indicates new CPT/HCPCS codes which were not factored into budget neutrality adjustments.

ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT[1]/ HCPCS[2]	MOD	Status	Description	Physician work RVUs[3,5]	Fully implemented non-facility PE RVUs	Year 2000 transitional non-facility PE RVUs	Fully implemented facility PE RVUs	Year 2000 transitional facility PE RVUs	Malpractice RVUs	Fully implemented non-facility total	Year 2000 transitional non-facility total	Fully implemented facility total	Year 2000 transitional facility total	Global
78428	26	A	Cardiac shunt imaging	0.78	0.29	0.34	0.29	0.34	0.03	1.10	1.15	1.10	1.15	XXX
78428	TC	A	Cardiac shunt imaging	0.00	2.35	2.34	2.35	2.34	0.11	2.46	2.45	2.46	2.45	XXX
78445		A	Vascular flow imaging	0.49	2.09	2.14	2.09	2.14	0.11	2.69	2.74	2.69	2.74	XXX
78445	26	A	Vascular flow imaging	0.49	0.14	0.20	0.14	0.20	0.02	0.65	0.71	0.65	0.71	XXX
78445	TC	A	Vascular flow imaging	0.00	1.94	1.93	1.94	1.93	0.09	2.03	2.02	2.03	2.02	XXX
78455		A	Venous thrombosis study	0.73	4.37	4.43	4.37	4.43	0.22	5.32	5.38	5.32	5.38	XXX
78455	26	A	Venous thrombosis study	0.73	0.20	0.28	0.20	0.28	0.03	0.96	1.04	0.96	1.04	XXX
78455	TC	A	Venous thrombosis study	0.00	4.16	4.14	4.16	4.14	0.19	4.35	4.33	4.35	4.33	XXX
78457		A	Venous thrombosis imaging	0.77	2.99	3.06	2.99	3.06	0.16	3.92	3.99	3.92	3.99	XXX
78457	26	A	Venous thrombosis imaging	0.77	0.22	0.30	0.22	0.30	0.03	1.02	1.10	1.02	1.10	XXX
78457	TC	A	Venous thrombosis imaging	0.00	2.78	2.77	2.78	2.77	0.13	2.91	2.90	2.91	2.90	XXX
78458		A	Ven thrombosis images, bilat	0.90	4.48	4.54	4.48	4.54	0.22	5.60	5.66	5.60	5.66	XXX
78458	26	A	Ven thrombosis images, bilat	0.90	0.27	0.35	0.27	0.35	0.03	1.20	1.28	1.20	1.28	XXX
78458	TC	A	Ven thrombosis images, bilat	0.00	4.21	4.19	4.21	4.19	0.19	4.40	4.38	4.40	4.38	XXX
78459		I	Heart muscle imaging (PET)	0.00	0.00	0.00	0.00	0.00	0.07	0.07	0.07	0.07	0.07	XXX
78459	26	I	Heart muscle imaging (PET)	1.88	0.72	1.09	0.72	1.09	0.07	2.67	3.04	2.67	3.04	XXX
78459	TC	I	Heart muscle imaging (PET)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78460		A	Heart muscle blood single	0.86	2.73	2.80	2.73	2.80	0.15	3.74	3.81	3.74	3.81	XXX
78460	26	A	Heart muscle blood single	0.86	0.26	0.34	0.26	0.34	0.03	1.15	1.23	1.15	1.23	XXX
78460	TC	A	Heart muscle blood single	0.00	2.46	2.45	2.46	2.45	0.12	2.58	2.57	2.58	2.57	XXX
78461		A	Heart muscle blood multiple	1.23	5.34	5.41	5.34	5.41	0.28	6.85	6.92	6.85	6.92	XXX
78461	26	A	Heart muscle blood multiple	1.23	0.40	0.50	0.40	0.50	0.05	1.68	1.78	1.68	1.78	XXX
78461	TC	A	Heart muscle blood multiple	0.00	4.94	4.91	4.94	4.91	0.23	5.17	5.14	5.17	5.14	XXX
78464		A	Heart image (3D) single	1.09	7.73	7.78	7.73	7.78	0.38	9.20	9.25	9.20	9.25	XXX
78464	26	A	Heart image (3D) single	1.09	0.33	0.43	0.33	0.43	0.04	1.46	1.56	1.46	1.56	XXX
78464	TC	A	Heart image (3D) single	0.00	7.39	7.35	7.39	7.35	0.34	7.73	7.69	7.73	7.69	XXX
78465		A	Heart image (3D) multiple	1.46	12.81	12.86	12.81	12.86	0.60	14.87	14.92	14.87	14.92	XXX
78465	26	A	Heart image (3D) multiple	1.46	0.48	0.60	0.48	0.60	0.05	1.99	2.11	1.99	2.11	XXX
78465	TC	A	Heart image (3D) multiple	0.00	12.33	12.27	12.33	12.27	0.55	12.88	12.82	12.88	12.82	XXX
78466		A	Heart infarct image	0.69	2.95	3.01	2.95	3.01	0.16	3.80	3.86	3.80	3.86	XXX
78466	26	A	Heart infarct image	0.69	0.20	0.28	0.20	0.28	0.03	0.92	1.00	0.92	1.00	XXX
78466	TC	A	Heart infarct image	0.00	2.75	2.73	2.75	2.73	0.13	2.88	2.86	2.88	2.86	XXX
78468		A	Heart infarct image, EF	0.80	4.07	4.13	4.07	4.13	0.20	5.07	5.13	5.07	5.13	XXX
78468	26	A	Heart infarct image, EF	0.80	0.24	0.32	0.24	0.32	0.03	1.07	1.15	1.07	1.15	XXX
78468	TC	A	Heart infarct image, EF	0.00	3.83	3.81	3.83	3.81	0.17	4.00	3.98	4.00	3.98	XXX
78469		A	Heart infarct image (3D)	0.92	5.75	5.80	5.75	5.80	0.28	6.95	7.00	6.95	7.00	XXX
78469	26	A	Heart infarct image (3D)	0.92	0.28	0.36	0.28	0.36	0.03	1.23	1.31	1.23	1.31	XXX
78469	TC	A	Heart infarct image (3D)	0.00	5.46	5.43	5.46	5.43	0.25	5.71	5.68	5.71	5.68	XXX
78472		A	Gated heart, planar single	0.98	6.07	6.13	6.07	6.13	0.31	7.36	7.42	7.36	7.42	XXX
78472	26	A	Gated heart, planar single	0.98	0.30	0.39	0.30	0.39	0.04	1.32	1.41	1.32	1.41	XXX
78472	TC	A	Gated heart, planar single	0.00	5.76	5.73	5.76	5.73	0.27	6.03	6.00	6.03	6.00	XXX
78473		A	Gated heart, multiple	1.47	9.09	9.17	9.09	9.17	0.43	10.99	11.07	10.99	11.07	XXX
78473	26	A	Gated heart, multiple	1.47	0.46	0.59	0.46	0.59	0.05	1.98	2.11	1.98	2.11	XXX
78473	TC	A	Gated heart, multiple	0.00	8.63	8.59	8.63	8.59	0.38	9.01	8.97	9.01	8.97	XXX
78478		A	Heart wall motion add-on	0.62	1.83	1.87	1.83	1.87	0.10	2.55	2.59	2.55	2.59	ZZZ
78478	26	A	Heart wall motion add-on	0.62	0.21	0.26	0.21	0.26	0.02	0.85	0.90	0.85	0.90	ZZZ
78478	TC	A	Heart wall motion add-on	0.00	1.62	1.62	1.62	1.62	0.08	1.70	1.70	1.70	1.70	ZZZ
78480		A	Heart function add-on	0.62	1.83	1.87	1.83	1.87	0.10	2.55	2.59	2.55	2.59	ZZZ
78480	26	A	Heart function add-on	0.62	0.21	0.26	0.21	0.26	0.02	0.85	0.90	0.85	0.90	ZZZ
78480	TC	A	Heart function add-on	0.00	1.62	1.62	1.62	1.62	0.08	1.70	1.70	1.70	1.70	ZZZ
78481		A	Heart first pass single	0.98	5.80	5.84	5.80	5.84	0.28	7.06	7.10	7.06	7.10	XXX
78481	26	A	Heart first pass single	0.98	0.34	0.41	0.34	0.41	0.03	1.35	1.42	1.35	1.42	XXX
78481	TC	A	Heart first pass single	0.00	5.46	5.43	5.46	5.43	0.25	5.71	5.68	5.71	5.68	XXX
78483		A	Heart first pass multiple	1.47	8.76	8.81	8.76	8.81	0.42	10.65	10.70	10.65	10.70	XXX
78483	26	A	Heart first pass multiple	1.47	0.53	0.62	0.53	0.62	0.05	2.05	2.14	2.05	2.14	XXX
78483	TC	A	Heart first pass multiple	0.00	8.23	8.19	8.23	8.19	0.37	8.60	8.56	8.60	8.56	XXX
78491		I	Heart image (pet) single	0.00	0.00	0.00	0.00	0.00	0.06	0.06	0.06	0.06	0.06	XXX
78491	26	I	Heart image (pet) single	1.50	0.57	1.01	0.57	1.01	0.06	2.13	2.57	2.13	2.57	XXX
78491	TC	I	Heart image (pet) single	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78492		I	Heart image (pet) multiple	0.00	0.00	0.00	0.00	0.00	0.07	0.07	0.07	0.07	0.07	XXX
78492	26	I	Heart image (pet) multiple	1.87	0.71	1.08	0.71	1.08	0.07	2.65	3.02	2.65	3.02	XXX
78492	TC	I	Heart image (pet) multiple	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78494		A	Heart image, spect	1.19	6.13	6.13	6.13	6.13	0.31	7.63	7.63	7.63	7.63	XXX
78494	26	A	Heart image, spect	1.19	0.37	0.37	0.37	0.37	0.04	1.60	1.60	1.60	1.60	XXX
78494	TC	A	Heart image, spect	0.00	5.76	5.76	5.76	5.76	0.27	6.03	6.03	6.03	6.03	XXX
78496		A	Heart first pass add-on	0.50	1.81	1.81	1.81	1.81	0.29	2.60	2.60	2.60	2.60	ZZZ
78496	26	A	Heart first pass add-on	0.50	0.19	0.19	0.19	0.19	0.02	0.71	0.71	0.71	0.71	ZZZ
78496	TC	A	Heart first pass add-on	0.00	1.62	1.62	1.62	1.62	0.27	1.89	1.89	1.89	1.89	ZZZ
78499		C	Cardiovascular nuclear exam	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78499	26	C	Cardiovascular nuclear exam	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78499	TC	C	Cardiovascular nuclear exam	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78580		A	Lung perfusion imaging	0.74	3.80	3.86	3.80	3.86	0.19	4.73	4.79	4.73	4.79	XXX
78580	26	A	Lung perfusion imaging	0.74	0.21	0.29	0.21	0.29	0.03	0.98	1.06	0.98	1.06	XXX
78580	TC	A	Lung perfusion imaging	0.00	3.59	3.57	3.59	3.57	0.16	3.75	3.73	3.75	3.73	XXX
78584		A	Lung V/Q image single breath	0.99	3.62	3.71	3.62	3.71	0.19	4.80	4.89	4.80	4.89	XXX
78584	26	A	Lung V/Q image single breath	0.99	0.27	0.38	0.27	0.38	0.04	1.30	1.41	1.30	1.41	XXX
78584	TC	A	Lung V/Q image single breath	0.00	3.35	3.33	3.35	3.33	0.15	3.50	3.48	3.50	3.48	XXX
78585		A	Lung V/Q imaging	1.09	6.19	6.27	6.19	6.27	0.31	7.59	7.67	7.59	7.67	XXX
78585	26	A	Lung V/Q imaging	1.09	0.30	0.41	0.30	0.41	0.04	1.43	1.54	1.43	1.54	XXX
78585	TC	A	Lung V/Q imaging	0.00	5.90	5.87	5.90	5.87	0.27	6.17	6.14	6.17	6.14	XXX
78586		A	Aerosol lung image, single	0.40	2.81	2.85	2.81	2.85	0.15	3.36	3.40	3.36	3.40	XXX
78586	26	A	Aerosol lung image, single	0.40	0.11	0.16	0.11	0.16	0.02	0.53	0.58	0.53	0.58	XXX
78586	TC	A	Aerosol lung image, single	0.00	2.71	2.70	2.71	2.70	0.13	2.84	2.83	2.84	2.83	XXX
78587		A	Aerosol lung image, multiple	0.49	3.06	3.10	3.06	3.10	0.15	3.70	3.74	3.70	3.74	XXX

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[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.
[4] PE RVUs = Practice Expense Relative Value Units.
[5] # Indicates new CPT/HCPCS codes which were not factored into budget neutrality adjustments.

ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT[1]/ HCPCS[2]	MOD	Status	Description	Physician work RVUs[3,5]	Fully implemented non-facility PE RVUs	Year 2000 transitional non-facility PE RVUs	Fully implemented facility PE RVUs	Year 2000 transitional facility PE RVUs	Malpractice RVUs	Fully implemented non-facility total	Year 2000 transitional non-facility total	Fully implemented facility total	Year 2000 transitional facility total	Global
78587	26	A	Aerosol lung image, multiple	0.49	0.14	0.19	0.14	0.19	0.02	0.65	0.70	0.65	0.70	XXX
78587	TC	A	Aerosol lung image, multiple	0.00	2.93	2.92	2.93	2.92	0.13	3.06	3.05	3.06	3.05	XXX
78588		A	Perfusion lung image	1.09	3.89	3.89	3.89	3.89	0.20	5.18	5.18	5.18	5.18	XXX
78588	26	A	Perfusion lung image	1.09	0.30	0.30	0.30	0.30	0.04	1.43	1.43	1.43	1.43	XXX
78588	TC	A	Perfusion lung image	0.00	3.59	3.59	3.59	3.59	0.16	3.75	3.75	3.75	3.75	XXX
78591		A	Vent image, 1 breath, 1 proj	0.40	3.10	3.13	3.10	3.13	0.15	3.65	3.68	3.65	3.68	XXX
78591	26	A	Vent image, 1 breath, 1 proj	0.40	0.11	0.16	0.11	0.16	0.02	0.53	0.58	0.53	0.58	XXX
78591	TC	A	Vent image, 1 breath, 1 proj	0.00	2.99	2.97	2.99	2.97	0.13	3.12	3.10	3.12	3.10	XXX
78593		A	Vent image, 1 proj, gas	0.49	3.75	3.78	3.75	3.78	0.18	4.42	4.45	4.42	4.45	XXX
78593	26	A	Vent image, 1 proj, gas	0.49	0.14	0.19	0.14	0.19	0.02	0.65	0.70	0.65	0.70	XXX
78593	TC	A	Vent image, 1 proj, gas	0.00	3.61	3.59	3.61	3.59	0.16	3.77	3.75	3.77	3.75	XXX
78594		A	Vent image, mult proj, gas	0.53	5.36	5.39	5.36	5.39	0.25	6.14	6.17	6.14	6.17	XXX
78594	26	A	Vent image, mult proj, gas	0.53	0.15	0.21	0.15	0.21	0.02	0.70	0.76	0.70	0.76	XXX
78594	TC	A	Vent image, mult proj, gas	0.00	5.21	5.18	5.21	5.18	0.23	5.44	5.41	5.44	5.41	XXX
78596		A	Lung differential function	1.27	7.75	7.84	7.75	7.84	0.39	9.41	9.50	9.41	9.50	XXX
78596	26	A	Lung differential function	1.27	0.36	0.49	0.36	0.49	0.05	1.68	1.81	1.68	1.81	XXX
78596	TC	A	Lung differential function	0.00	7.39	7.35	7.39	7.35	0.34	7.73	7.69	7.73	7.69	XXX
78599		C	Respiratory nuclear exam	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78599	26	C	Respiratory nuclear exam	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78599	TC	C	Respiratory nuclear exam	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78600		A	Brain imaging, ltd static	0.44	3.14	3.17	3.14	3.17	0.15	3.73	3.76	3.73	3.76	XXX
78600	26	A	Brain imaging, ltd static	0.44	0.12	0.17	0.12	0.17	0.02	0.58	0.63	0.58	0.63	XXX
78600	TC	A	Brain imaging, ltd static	0.00	3.02	3.00	3.02	3.00	0.13	3.15	3.13	3.15	3.13	XXX
78601		A	Brain ltd imaging & flow	0.51	3.70	3.74	3.70	3.74	0.18	4.39	4.43	4.39	4.43	XXX
78601	26	A	Brain ltd imaging & flow	0.51	0.14	0.20	0.14	0.20	0.02	0.67	0.73	0.67	0.73	XXX
78601	TC	A	Brain ltd imaging & flow	0.00	3.55	3.54	3.55	3.54	0.16	3.71	3.70	3.71	3.70	XXX
78605		A	Brain imaging, complete	0.53	3.70	3.75	3.70	3.75	0.18	4.41	4.46	4.41	4.46	XXX
78605	26	A	Brain imaging, complete	0.53	0.15	0.21	0.15	0.21	0.02	0.70	0.76	0.70	0.76	XXX
78605	TC	A	Brain imaging, complete	0.00	3.55	3.54	3.55	3.54	0.16	3.71	3.70	3.71	3.70	XXX
78606		A	Brain imaging comp & flow	0.64	4.22	4.27	4.22	4.27	0.20	5.06	5.11	5.06	5.11	XXX
78606	26	A	Brain imaging comp & flow	0.64	0.18	0.25	0.18	0.25	0.02	0.84	0.91	0.84	0.91	XXX
78606	TC	A	Brain imaging comp & flow	0.00	4.04	4.02	4.04	4.02	0.18	4.22	4.20	4.22	4.20	XXX
78607		A	Brain imaging (3D)	1.23	7.22	7.30	7.22	7.30	0.36	8.81	8.89	8.81	8.89	XXX
78607	26	A	Brain imaging (3D)	1.23	0.36	0.48	0.36	0.48	0.05	1.64	1.76	1.64	1.76	XXX
78607	TC	A	Brain imaging (3D)	0.00	6.86	6.82	6.86	6.82	0.31	7.17	7.13	7.17	7.13	XXX
78608		N	Brain imaging (PET)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78609		N	Brain imaging (PET)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78610		A	Brain flow imaging only	0.30	1.74	1.76	1.74	1.76	0.09	2.13	2.15	2.13	2.15	XXX
78610	26	A	Brain flow imaging only	0.30	0.09	0.12	0.09	0.12	0.01	0.40	0.43	0.40	0.43	XXX
78610	TC	A	Brain flow imaging only	0.00	1.65	1.64	1.65	1.64	0.08	1.73	1.72	1.73	1.72	XXX
78615		A	Cerebral blood flow imaging	0.42	4.16	4.18	4.16	4.18	0.20	4.78	4.80	4.78	4.80	XXX
78615	26	A	Cerebral blood flow imaging	0.42	0.13	0.17	0.13	0.17	0.02	0.57	0.61	0.57	0.61	XXX
78615	TC	A	Cerebral blood flow imaging	0.00	4.02	4.00	4.02	4.00	0.18	4.20	4.18	4.20	4.18	XXX
78630		A	Cerebrospinal fluid scan	0.68	5.45	5.50	5.45	5.50	0.27	6.40	6.45	6.40	6.45	XXX
78630	26	A	Cerebrospinal fluid scan	0.68	0.19	0.27	0.19	0.27	0.03	0.90	0.98	0.90	0.98	XXX
78630	TC	A	Cerebrospinal fluid scan	0.00	5.26	5.24	5.26	5.24	0.24	5.50	5.48	5.50	5.48	XXX
78635		A	CSF ventriculography	0.61	2.89	2.91	2.89	2.91	0.15	3.65	3.67	3.65	3.67	XXX
78635	26	A	CSF ventriculography	0.61	0.23	0.27	0.23	0.27	0.02	0.86	0.90	0.86	0.90	XXX
78635	TC	A	CSF ventriculography	0.00	2.66	2.65	2.66	2.65	0.13	2.79	2.78	2.79	2.78	XXX
78645		A	CSF shunt evaluation	0.57	3.75	3.79	3.75	3.79	0.18	4.50	4.54	4.50	4.54	XXX
78645	26	A	CSF shunt evaluation	0.57	0.16	0.22	0.16	0.22	0.02	0.75	0.81	0.75	0.81	XXX
78645	TC	A	CSF shunt evaluation	0.00	3.59	3.57	3.59	3.57	0.16	3.75	3.73	3.75	3.73	XXX
78647		A	Cerebrospinal fluid scan	0.90	6.44	6.50	6.44	6.50	0.31	7.65	7.71	7.65	7.71	XXX
78647	26	A	Cerebrospinal fluid scan	0.90	0.26	0.35	0.26	0.35	0.03	1.19	1.28	1.19	1.28	XXX
78647	TC	A	Cerebrospinal fluid scan	0.00	6.18	6.15	6.18	6.15	0.28	6.46	6.43	6.46	6.43	XXX
78650		A	CSF leakage imaging	0.61	5.03	5.07	5.03	5.07	0.24	5.88	5.92	5.88	5.92	XXX
78650	26	A	CSF leakage imaging	0.61	0.18	0.24	0.18	0.24	0.02	0.81	0.87	0.81	0.87	XXX
78650	TC	A	CSF leakage imaging	0.00	4.85	4.83	4.85	4.83	0.22	5.07	5.05	5.07	5.05	XXX
78660		A	Nuclear exam of tear flow	0.53	2.36	2.41	2.36	2.41	0.12	3.01	3.06	3.01	3.06	XXX
78660	26	A	Nuclear exam of tear flow	0.53	0.14	0.21	0.14	0.21	0.02	0.69	0.76	0.69	0.76	XXX
78660	TC	A	Nuclear exam of tear flow	0.00	2.21	2.20	2.21	2.20	0.10	2.31	2.30	2.31	2.30	XXX
78699		C	Nervous system nuclear exam	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78699	26	C	Nervous system nuclear exam	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78699	TC	C	Nervous system nuclear exam	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78700		A	Kidney imaging, static	0.45	3.30	3.34	3.30	3.34	0.16	3.91	3.95	3.91	3.95	XXX
78700	26	A	Kidney imaging, static	0.45	0.12	0.17	0.12	0.17	0.02	0.59	0.64	0.59	0.64	XXX
78700	TC	A	Kidney imaging, static	0.00	3.18	3.17	3.18	3.17	0.14	3.32	3.31	3.32	3.31	XXX
78701		A	Kidney imaging with flow	0.49	3.86	3.89	3.86	3.89	0.18	4.53	4.56	4.53	4.56	XXX
78701	26	A	Kidney imaging with flow	0.49	0.13	0.19	0.13	0.19	0.02	0.64	0.70	0.64	0.70	XXX
78701	TC	A	Kidney imaging with flow	0.00	3.72	3.70	3.72	3.70	0.16	3.88	3.86	3.88	3.86	XXX
78704		A	Imaging renogram	0.74	4.34	4.40	4.34	4.40	0.22	5.30	5.36	5.30	5.36	XXX
78704	26	A	Imaging renogram	0.74	0.20	0.29	0.20	0.29	0.03	0.97	1.06	0.97	1.06	XXX
78704	TC	A	Imaging renogram	0.00	4.13	4.11	4.13	4.11	0.19	4.32	4.30	4.32	4.30	XXX
78707		A	Kidney flow & function image	0.96	4.94	5.01	4.94	5.01	0.25	6.15	6.22	6.15	6.22	XXX
78707	26	A	Kidney flow & function image	0.96	0.27	0.37	0.27	0.37	0.04	1.27	1.37	1.27	1.37	XXX
78707	TC	A	Kidney flow & function image	0.00	4.68	4.65	4.68	4.65	0.21	4.89	4.86	4.89	4.86	XXX
78708		A	Kidney flow & function image	1.21	5.01	5.05	5.01	5.05	0.26	6.48	6.52	6.48	6.52	XXX
78708	26	A	Kidney flow & function image	1.21	0.34	0.40	0.34	0.40	0.05	1.60	1.66	1.60	1.66	XXX
78708	TC	A	Kidney flow & function image	0.00	4.68	4.65	4.68	4.65	0.21	4.89	4.86	4.89	4.86	XXX
78709		A	Kidney flow & function image	1.41	5.07	5.08	5.07	5.08	0.27	6.75	6.76	6.75	6.76	XXX
78709	26	A	Kidney flow & function image	1.41	0.39	0.43	0.39	0.43	0.06	1.86	1.90	1.86	1.90	XXX
78709	TC	A	Kidney flow & function image	0.00	4.68	4.65	4.68	4.65	0.21	4.89	4.86	4.89	4.86	XXX
78710		A	Kidney imaging (3D)	0.66	6.36	6.40	6.36	6.40	0.31	7.33	7.37	7.33	7.37	XXX
78710	26	A	Kidney imaging (3D)	0.66	0.18	0.26	0.18	0.26	0.03	0.87	0.95	0.87	0.95	XXX

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[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.
[4] PE RVUs = Practice Expense Relative Value Units.
[5] # Indicates new CPT/HCPCS codes which were not factored into budget neutrality adjustments.

ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT[1]/ HCPCS[2]	MOD	Status	Description	Physician work RVUs[3,5]	Fully implemented non-facility PE RVUs	Year 2000 transitional non-facility PE RVUs	Fully implemented facility PE RVUs	Year 2000 transitional facility PE RVUs	Malpractice RVUs	Fully implemented non-facility total	Year 2000 transitional non-facility total	Fully implemented facility total	Year 2000 transitional facility total	Global
78710	TC	A	Kidney imaging (3D)	0.00	6.18	6.15	6.18	6.15	0.28	6.46	6.43	6.46	6.43	XXX
78715		A	Renal vascular flow exam	0.30	1.74	1.76	1.74	1.76	0.09	2.13	2.15	2.13	2.15	XXX
78715	26	A	Renal vascular flow exam	0.30	0.09	0.12	0.09	0.12	0.01	0.40	0.43	0.40	0.43	XXX
78715	TC	A	Renal vascular flow exam	0.00	1.65	1.64	1.65	1.64	0.08	1.73	1.72	1.73	1.72	XXX
78725		A	Kidney function study	0.38	1.97	2.00	1.97	2.00	0.10	2.45	2.48	2.45	2.48	XXX
78725	26	A	Kidney function study	0.38	0.11	0.15	0.11	0.15	0.01	0.50	0.54	0.50	0.54	XXX
78725	TC	A	Kidney function study	0.00	1.86	1.85	1.86	1.85	0.09	1.95	1.94	1.95	1.94	XXX
78730		A	Urinary bladder retention	0.36	1.64	1.66	1.64	1.66	0.09	2.09	2.11	2.09	2.11	XXX
78730	26	A	Urinary bladder retention	0.36	0.11	0.14	0.11	0.14	0.02	0.49	0.52	0.49	0.52	XXX
78730	TC	A	Urinary bladder retention	0.00	1.53	1.52	1.53	1.52	0.07	1.60	1.59	1.60	1.59	XXX
78740		A	Ureteral reflux study	0.57	2.37	2.42	2.37	2.42	0.12	3.06	3.11	3.06	3.11	XXX
78740	26	A	Ureteral reflux study	0.57	0.16	0.22	0.16	0.22	0.02	0.75	0.81	0.75	0.81	XXX
78740	TC	A	Ureteral reflux study	0.00	2.21	2.20	2.21	2.20	0.10	2.31	2.30	2.31	2.30	XXX
78760		A	Testicular imaging	0.66	2.97	3.04	2.97	3.04	0.16	3.79	3.86	3.79	3.86	XXX
78760	26	A	Testicular imaging	0.66	0.18	0.26	0.18	0.26	0.03	0.87	0.95	0.87	0.95	XXX
78760	TC	A	Testicular imaging	0.00	2.80	2.79	2.80	2.79	0.13	2.93	2.92	2.93	2.92	XXX
78761		A	Testicular imaging & flow	0.71	3.55	3.61	3.55	3.61	0.18	4.44	4.50	4.44	4.50	XXX
78761	26	A	Testicular imaging & flow	0.71	0.20	0.28	0.20	0.28	0.03	0.94	1.02	0.94	1.02	XXX
78761	TC	A	Testicular imaging & flow	0.00	3.35	3.33	3.35	3.33	0.15	3.50	3.48	3.50	3.48	XXX
78799		C	Genitourinary nuclear exam	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78799	26	C	Genitourinary nuclear exam	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78799	TC	C	Genitourinary nuclear exam	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78800		A	Tumor imaging, limited area	0.66	3.74	3.80	3.74	3.80	0.19	4.59	4.65	4.59	4.65	XXX
78800	26	A	Tumor imaging, limited area	0.66	0.19	0.26	0.19	0.26	0.03	0.88	0.95	0.88	0.95	XXX
78800	TC	A	Tumor imaging, limited area	0.00	3.55	3.54	3.55	3.54	0.16	3.71	3.70	3.71	3.70	XXX
78801		A	Tumor imaging, mult areas	0.79	4.64	4.70	4.64	4.70	0.23	5.66	5.72	5.66	5.72	XXX
78801	26	A	Tumor imaging, mult areas	0.79	0.22	0.31	0.22	0.31	0.03	1.04	1.13	1.04	1.13	XXX
78801	TC	A	Tumor imaging, mult areas	0.00	4.42	4.40	4.42	4.40	0.20	4.62	4.60	4.62	4.60	XXX
78802		A	Tumor imaging, whole body	0.86	6.03	6.09	6.03	6.09	0.30	7.19	7.25	7.19	7.25	XXX
78802	26	A	Tumor imaging, whole body	0.86	0.24	0.33	0.24	0.33	0.03	1.13	1.22	1.13	1.22	XXX
78802	TC	A	Tumor imaging, whole body	0.00	5.78	5.75	5.78	5.75	0.27	6.05	6.02	6.05	6.02	XXX
78803		A	Tumor imaging (3D)	1.09	7.19	7.25	7.19	7.25	0.35	8.63	8.69	8.63	8.69	XXX
78803	26	A	Tumor imaging (3D)	1.09	0.32	0.42	0.32	0.42	0.04	1.45	1.55	1.45	1.55	XXX
78803	TC	A	Tumor imaging (3D)	0.00	6.86	6.82	6.86	6.82	0.31	7.17	7.13	7.17	7.13	XXX
78805		A	Abscess imaging, ltd area	0.73	3.76	3.82	3.76	3.82	0.19	4.68	4.74	4.68	4.74	XXX
78805	26	A	Abscess imaging, ltd area	0.73	0.20	0.28	0.20	0.28	0.03	0.96	1.04	0.96	1.04	XXX
78805	TC	A	Abscess imaging, ltd area	0.00	3.55	3.54	3.55	3.54	0.16	3.71	3.70	3.71	3.70	XXX
78806		A	Abscess imaging, whole body	0.86	6.96	7.01	6.96	7.01	0.34	8.16	8.21	8.16	8.21	XXX
78806	26	A	Abscess imaging, whole body	0.86	0.24	0.33	0.24	0.33	0.03	1.13	1.22	1.13	1.22	XXX
78806	TC	A	Abscess imaging, whole body	0.00	6.72	6.69	6.72	6.69	0.31	7.03	7.00	7.03	7.00	XXX
78807		A	Nuclear localization/abscess	1.09	7.18	7.24	7.18	7.24	0.35	8.62	8.68	8.62	8.68	XXX
78807	26	A	Nuclear localization/abscess	1.09	0.32	0.42	0.32	0.42	0.04	1.45	1.55	1.45	1.55	XXX
78807	TC	A	Nuclear localization/abscess	0.00	6.86	6.82	6.86	6.82	0.31	7.17	7.13	7.17	7.13	XXX
78810		N	Tumor imaging (PET)	0.00	0.00	0.00	0.00	0.00	0.07	0.07	0.07	0.07	0.07	XXX
78810	26	N	Tumor imaging (PET)	+1.93	0.74	1.12	0.74	1.12	0.07	2.74	3.12	2.74	3.12	XXX
78810	TC	N	Tumor imaging (PET)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78890		B	Nuclear medicine data proc	0.05	1.38	1.38	1.38	1.38	0.06	1.49	1.49	1.49	1.49	XXX
78890	26	B	Nuclear medicine data proc	0.05	0.02	0.02	0.02	0.02	0.00	0.07	0.07	0.07	0.07	XXX
78890	TC	B	Nuclear medicine data proc	0.00	1.36	1.36	1.36	1.36	0.06	1.42	1.42	1.42	1.42	XXX
78891		B	Nuclear med data proc	0.10	2.78	2.77	2.78	2.77	0.13	3.01	3.00	3.01	3.00	XXX
78891	26	B	Nuclear med data proc	0.10	0.04	0.05	0.04	0.05	0.00	0.14	0.15	0.14	0.15	XXX
78891	TC	B	Nuclear med data proc	0.00	2.75	2.73	2.75	2.73	0.13	2.88	2.86	2.88	2.86	XXX
78990		I	Provide diag radionuclide(s)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78999		C	Nuclear diagnostic exam	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78999	26	C	Nuclear diagnostic exam	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78999	TC	C	Nuclear diagnostic exam	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
79000		A	Intial hyperthyroid therapy	1.80	3.26	3.43	3.26	3.43	0.20	5.26	5.43	5.26	5.43	XXX
79000	26	A	Intial hyperthyroid therapy	1.80	0.51	0.70	0.51	0.70	0.07	2.38	2.57	2.38	2.57	XXX
79000	TC	A	Intial hyperthyroid therapy	0.00	2.75	2.73	2.75	2.73	0.13	2.88	2.86	2.88	2.86	XXX
79001		A	Repeat hyperthyroid therapy	1.05	1.66	1.76	1.66	1.76	0.10	2.81	2.91	2.81	2.91	XXX
79001	26	A	Repeat hyperthyroid therapy	1.05	0.30	0.40	0.30	0.40	0.04	1.39	1.49	1.39	1.49	XXX
79001	TC	A	Repeat hyperthyroid therapy	0.00	1.36	1.36	1.36	1.36	0.06	1.42	1.42	1.42	1.42	XXX
79020		A	Thyroid ablation	1.81	3.24	3.42	3.24	3.42	0.20	5.25	5.43	5.25	5.43	XXX
79020	26	A	Thyroid ablation	1.81	0.49	0.69	0.49	0.69	0.07	2.37	2.57	2.37	2.57	XXX
79020	TC	A	Thyroid ablation	0.00	2.75	2.73	2.75	2.73	0.13	2.88	2.86	2.88	2.86	XXX
79030		A	Thyroid ablation, carcinoma	2.10	3.34	3.54	3.34	3.54	0.21	5.65	5.85	5.65	5.85	XXX
79030	26	A	Thyroid ablation, carcinoma	2.10	0.59	0.81	0.59	0.81	0.08	2.77	2.99	2.77	2.99	XXX
79030	TC	A	Thyroid ablation, carcinoma	0.00	2.75	2.73	2.75	2.73	0.13	2.88	2.86	2.88	2.86	XXX
79035		A	Thyroid metastatic therapy	2.52	3.48	3.71	3.48	3.71	0.22	6.22	6.45	6.22	6.45	XXX
79035	26	A	Thyroid metastatic therapy	2.52	0.73	0.98	0.73	0.98	0.09	3.34	3.59	3.34	3.59	XXX
79035	TC	A	Thyroid metastatic therapy	0.00	2.75	2.73	2.75	2.73	0.13	2.88	2.86	2.88	2.86	XXX
79100		A	Hematopoetic nuclear therapy	1.32	3.14	3.24	3.14	3.24	0.18	4.64	4.74	4.64	4.74	XXX
79100	26	A	Hematopoetic nuclear therapy	1.32	0.39	0.51	0.39	0.51	0.05	1.76	1.88	1.76	1.88	XXX
79100	TC	A	Hematopoetic nuclear therapy	0.00	2.75	2.73	2.75	2.73	0.13	2.88	2.86	2.88	2.86	XXX
79200		A	Intracavitary nuc treatment	1.99	3.36	3.52	3.36	3.52	0.21	5.56	5.72	5.56	5.72	XXX
79200	26	A	Intracavitary nuc treatment	1.99	0.61	0.79	0.61	0.79	0.08	2.68	2.86	2.68	2.86	XXX
79200	TC	A	Intracavitary nuc treatment	0.00	2.75	2.73	2.75	2.73	0.13	2.88	2.86	2.88	2.86	XXX
79300		C	Interstitial nuclear therapy	0.00	0.00	0.00	0.00	0.00	0.06	0.06	0.06	0.06	0.06	XXX
79300	26	A	Interstitial nuclear therapy	1.60	0.43	0.60	0.43	0.60	0.06	2.09	2.26	2.09	2.26	XXX
79300	TC	C	Interstitial nuclear therapy	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
79400		A	Nonhemato nuclear therapy	1.96	3.31	3.48	3.31	3.48	0.21	5.48	5.65	5.48	5.65	XXX
79400	26	A	Nonhemato nuclear therapy	1.96	0.56	0.75	0.56	0.75	0.08	2.60	2.79	2.60	2.79	XXX
79400	TC	A	Nonhemato nuclear therapy	0.00	2.75	2.73	2.75	2.73	0.13	2.88	2.86	2.88	2.86	XXX
79420		C	Intravascular nuc therapy	0.00	0.00	0.00	0.00	0.00	0.06	0.06	0.06	0.06	0.06	XXX

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[5] # Indicates new CPT/HCPCS codes which were not factored into budget neutrality adjustments.

ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT[1]/ HCPCS[2]	MOD	Status	Description	Physician work RVUs[3,5]	Fully implemented non-facility PE RVUs	Year 2000 transitional non-facility PE RVUs	Fully implemented facility PE RVUs	Year 2000 transitional facility PE RVUs	Malpractice RVUs	Fully implemented non-facility total	Year 2000 transitional non-facility total	Fully implemented facility total	Year 2000 transitional facility total	Global
79420	26	A	Intravascular nuc therapy	1.51	0.42	0.58	0.42	0.58	0.06	1.99	2.15	1.99	2.15	XXX
79420	TC	C	Intravascular nuc therapy	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
79440		A	Nuclear joint therapy	1.99	3.31	3.50	3.31	3.50	0.21	5.51	5.70	5.51	5.70	XXX
79440	26	A	Nuclear joint therapy	1.99	0.56	0.77	0.56	0.77	0.08	2.63	2.84	2.63	2.84	XXX
79440	TC	A	Nuclear joint therapy	0.00	2.75	2.73	2.75	2.73	0.13	2.88	2.86	2.88	2.86	XXX
79900		C	Provide ther radiopharm(s)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
79999		C	Nuclear medicine therapy	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
79999	26	C	Nuclear medicine therapy	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
79999	TC	C	Nuclear medicine therapy	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80049		X	Metabolic panel, basic	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80050		N	General health panel	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80051		X	Electrolyte panel	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80054		X	Comprehen metabolic panel	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80055		I	Obstetric panel	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80058		X	Hepatic function panel	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80059		X	Hepatitis panel	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80061		X	Lipid panel	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80072		X	Arthritis panel	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80090		X	Torch antibody panel	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80091		X	Thyroid panel	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80092		X	Thyroid panel w/TSH	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80100		X	Drug screen	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80101		X	Drug screen	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80102		X	Drug confirmation	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80103		X	Drug analysis, tissue prep	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80150		X	Assay of amikacin	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80152		X	Assay of amitriptyline	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80154		X	Assay of benzodiazepines	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80156		X	Assay carbamazepine	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80158		X	Assay of cyclosporine	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80160		X	Assay of desipramine	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80162		X	Assay for digoxin	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80164		X	Assay, dipropylacetic acid	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80166		X	Assay of doxepin	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80168		X	Assay of ethosuximide	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80170		X	Gentamicin	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80172		X	Assay for gold	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80174		X	Assay of imipramine	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80176		X	Assay for lidocaine	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80178		X	Assay for lithium	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80182		X	Assay for nortriptyline	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80184		X	Assay for phenobarbital	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80185		X	Assay for phenytoin	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80186		X	Assay for phenytoin, free	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80188		X	Assay for primidone	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80190		X	Assay for procainamide	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80192		X	Assay for procainamide	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80194		X	Assay for quinidine	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80196		X	Assay for salicylate	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80197		X	Assay for tacrolimus	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80198		X	Assay for theophylline	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80200		X	Assay for tobramycin	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80201		X	Assay for topiramate	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80202		X	Assay for vancomycin	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80299		X	Quantitative assay, drug	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80400		X	Acth stimulation panel	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80402		X	Acth stimulation panel	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80406		X	Acth stimulation panel	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80408		X	Aldosterone suppression eval	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80410		X	Calcitonin stimul panel	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80412		X	CRH stimulation panel	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80414		X	Testosterone response	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80415		X	Estradiol response panel	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80416		X	Renin stimulation panel	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80417		X	Renin stimulation panel	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80418		X	Pituitary evaluation panel	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80420		X	Dexamethasone panel	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80422		X	Glucagon tolerance panel	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80424		X	Glucagon tolerance panel	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80426		X	Gonadotropin hormone panel	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80428		X	Growth hormone panel	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80430		X	Growth hormone panel	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80432		X	Insulin suppression panel	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80434		X	Insulin tolerance panel	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80435		X	Insulin tolerance panel	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80436		X	Metyrapone panel	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80438		X	TRH stimulation panel	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80439		X	TRH stimulation panel	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80440		X	TRH stimulation panel	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80500		A	Lab pathology consultation	0.37	0.20	0.21	0.16	0.19	0.01	0.58	0.59	0.54	0.57	XXX
80502		A	Lab pathology consultation	1.33	0.63	0.50	0.59	0.48	0.04	2.00	1.87	1.96	1.85	XXX
81000		X	Urinalysis, nonauto, w/scope	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
81001		X	Urinalysis, auto, w/scope	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
81002		X	Urinalysis nonauto w/o scope	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX

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[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.
[4] PE RVUs = Practice Expense Relative Value Units.
[5] # Indicates new CPT/HCPCS codes which were not factored into budget neutrality adjustments.

ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT[1]/ HCPCS[2]	MOD	Status	Description	Physician work RVUs[3,5]	Fully implemented non-facility PE RVUs	Year 2000 transitional non-facility PE RVUs	Fully implemented facility PE RVUs	Year 2000 transitional facility PE RVUs	Malpractice RVUs	Fully implemented non-facility total	Year 2000 transitional non-facility total	Fully implemented facility total	Year 2000 transitional facility total	Global
81003	.....	X	Urinalysis, auto, w/o scope	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
81005	.....	X	Urinalysis	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
81007	.....	X	Urine screen for bacteria	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
81015	.....	X	Microscopic exam of urine	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
81020	.....	X	Urinalysis, glass test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
81025	.....	X	Urine pregnancy test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
81050	.....	X	Urinalysis, volume measure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
81099	.....	X	Urinalysis test procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82000	.....	X	Assay blood acetaldehyde	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82003	.....	X	Assay acetaminophen	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82009	.....	X	Test for acetone/ketones	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82010	.....	X	Acetone assay	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82013	.....	X	Acetylcholinesterase assay	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82016	.....	X	Acylcarnitines, qual	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82017	.....	X	Acylcarnitines, quant	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82024	.....	X	ACTH	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82030	.....	X	ADP & AMP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82040	.....	X	Assay serum albumin	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82042	.....	X	Assay urine albumin	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82043	.....	X	Microalbumin, quantitative	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82044	.....	X	Microalbumin, semiquant	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82055	.....	X	Assay ethanol	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82075	.....	X	Assay breath ethanol	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82085	.....	X	Assay of aldolase	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82088	.....	X	Aldosterone	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82101	.....	X	Assay of urine alkaloids	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82103	.....	X	Alpha-1-antitrypsin, total	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82104	.....	X	Alpha-1-antitrypsin, pheno	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82105	.....	X	Alpha-fetoprotein, serum	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82106	.....	X	Alpha-fetoprotein; amniotic	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82108	.....	X	Assay, aluminum	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82127	.....	X	Amino acid, single qual	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82128	.....	X	Amino acids, mult qual	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82131	.....	X	Amino acids, single quant	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82135	.....	X	Assay, aminolevulinic acid	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82136	.....	X	Amino acids, 2-5 quant	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82139	.....	X	Amino acids, 6+ quant	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82140	.....	X	Assay of ammonia	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82143	.....	X	Amniotic fluid scan	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82145	.....	X	Assay of amphetamines	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82150	.....	X	Assay of amylase	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82154	.....	X	Androstanediol glucuronide	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82157	.....	X	Assay of androstenedione	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82160	.....	X	Androsterone assay	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82163	.....	X	Assay of angiotensin II	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82164	.....	X	Angiotensin I enzyme test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82172	.....	X	Apolipoprotein	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82175	.....	X	Assay of arsenic	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82180	.....	X	Assay of ascorbic acid	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82190	.....	X	Atomic absorption	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82205	.....	X	Assay of barbiturates	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82232	.....	X	Beta-2 protein	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82239	.....	X	Bile acids, total	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82240	.....	X	Bile acids, cholylglycine	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82247	.....	X	Bilirubin total	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82248	.....	X	Bilirubin direct	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82251	.....	X	Assay bilirubin	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82252	.....	X	Fecal bilirubin test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82261	.....	X	Assay biotinidase	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82270	.....	X	Test feces for blood	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82273	.....	X	Test for blood, other source	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82286	.....	X	Assay of bradykinin	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82300	.....	X	Assay cadmium	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82306	.....	X	Assay of vitamin D	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82307	.....	X	Assay of vitamin D	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82308	.....	X	Assay of calcitonin	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82310	.....	X	Assay calcium	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82330	.....	X	Assay calcium	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82331	.....	X	Calcium infusion test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82340	.....	X	Assay calcium in urine	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82355	.....	X	Calculus (stone) analysis	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82360	.....	X	Calculus (stone) assay	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82365	.....	X	Calculus (stone) assay	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82370	.....	X	X-ray assay,calculus (stone)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82374	.....	X	Assay blood carbon dioxide	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82375	.....	X	Assay blood carbon monoxide	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82376	.....	X	Test for carbon monoxide	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82378	.....	X	Carcinoembryonic antigen	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82379	.....	X	Assay carnitine	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82380	.....	X	Assay carotene	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82382	.....	X	Assay urine catecholamines	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82383	.....	X	Assay blood catecholamines	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82384	.....	X	Assay three catecholamines	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82387	.....	X	Cathepsin-D	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX

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[3] + Indicates RVUs are not used for Medicare payment.
[4] PE RVUs = Practice Expense Relative Value Units.
[5] # Indicates new CPT/HCPCS codes which were not factored into budget neutrality adjustments.

ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT[1]/ HCPCS[2]	MOD	Status	Description	Physician work RVUs[3,5]	Fully implemented non-facility PE RVUs	Year 2000 transitional non-facility PE RVUs	Fully implemented facility PE RVUs	Year 2000 transitional facility PE RVUs	Malpractice RVUs	Fully implemented non-facility total	Year 2000 transitional non-facility total	Fully implemented facility total	Year 2000 transitional facility total	Global
82390	.....	X	Assay ceruloplasmin	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82397	.....	X	Chemiluminescent assay	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82415	.....	X	Assay chloramphenicol	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82435	.....	X	Assay blood chloride	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82436	.....	X	Assay urine chloride	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82438	.....	X	Assay other fluid chlorides	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82441	.....	X	Test for chlorohydrocarbons	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82465	.....	X	Assay serum cholesterol	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82480	.....	X	Assay serum cholinesterase	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82482	.....	X	Assay rbc cholinesterase	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82485	.....	X	Assay chondroitin sulfate	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82486	.....	X	Gas/liquid chromatography	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82487	.....	X	Paper chromatography	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82488	.....	X	Paper chromatography	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82489	.....	X	Thin layer chromatography	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82491	.....	X	Chromotography, quantitative	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82492	.....	X	Chromotography, quant, mult	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82495	.....	X	Assay chromium	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82507	.....	X	Assay citrate	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82520	.....	X	Assay for cocaine	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82523	.....	X	Collagen crosslinks	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82525	.....	X	Assay copper	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82528	.....	X	Assay corticosterone	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82530	.....	X	Cortisol, free	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82533	.....	X	Total cortisol	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82540	.....	X	Assay creatine	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82541	.....	X	Column chromotography qual	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82542	.....	X	Column chromotography quant	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82543	.....	X	Column chromotograph/isotope	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82544	.....	X	Column chromotography quant	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82550	.....	X	Assay CK (CPK)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82552	.....	X	Assay CPK in blood	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82553	.....	X	Creatine, MB fraction	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82554	.....	X	Creatine, isoforms	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82565	.....	X	Assay creatinine	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82570	.....	X	Assay urine creatinine	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82575	.....	X	Creatinine clearance test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82585	.....	X	Assay cryofibrinogen	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82595	.....	X	Assay cryoglobulin	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82600	.....	X	Assay cyanide	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82607	.....	X	Vitamin B-12	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82608	.....	X	B-12 binding capacity	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82615	.....	X	Test for urine cystines	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82626	.....	X	Dehydroepiandrosterone	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82627	.....	X	Dehydroepiandrosterone	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82633	.....	X	Desoxycorticosterone	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82634	.....	X	Deoxycortisol	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82638	.....	X	Assay dibucaine number	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82646	.....	X	Assay of dihydrocodeinone	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82649	.....	X	Assay of dihydromorphinone	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82651	.....	X	Dihydrotestosterone assay	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82652	.....	X	Assay, dihydroxyvitamin D	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82654	.....	X	Assay of dimethadione	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82657	.....	X	Enzyme cell activity	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82658	.....	X	Enzyme cell activity ra	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82664	.....	X	Electrophoretic test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82666	.....	X	Epiandrosterone assay	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82668	.....	X	Erythropoietin	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82670	.....	X	Estradiol	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82671	.....	X	Estrogens assay	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82672	.....	X	Estrogen assay	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82677	.....	X	Estriol	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82679	.....	X	Estrone	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82690	.....	X	Ethchlorvynol	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82693	.....	X	Ethylene glycol	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82696	.....	X	Etiocholanolone	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82705	.....	X	Fats/lipids,feces,qualitativ	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82710	.....	X	Fats/lipids,feces,quantitati	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82715	.....	X	Fecal fat assay	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82725	.....	X	Assay blood fatty acids	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82726	.....	X	Long chain fatty acids	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82728	.....	X	Assay ferritin	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82731	.....	X	Fetal fibronectin	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82735	.....	X	Assay fluoride	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82742	.....	X	Assay of flurazepam	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82746	.....	X	Blood folic acid serum	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82747	.....	X	Folic acid, RBC	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82757	.....	X	Assay semen fructose	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82759	.....	X	RBC galactokinase assay	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82760	.....	X	Assay galactose	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82775	.....	X	Assay galactose transferase	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82776	.....	X	Galactose transferase test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82784	.....	X	Assay gammaglobulin IgM	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82785	.....	X	Assay, gammaglobulin IgE	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT[1]/ HCPCS[2]	MOD	Status	Description	Physician work RVUs[3,5]	Fully implemented non-facility PE RVUs	Year 2000 transitional non-facility PE RVUs	Fully implemented facility PE RVUs	Year 2000 transitional facility PE RVUs	Malpractice RVUs	Fully implemented non-facility total	Year 2000 transitional non-facility total	Fully implemented facility total	Year 2000 transitional facility total	Global
82787	.....	X	IgG1, 2, 3 and 4	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82800	.....	X	Blood pH	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82803	.....	X	Blood gases: pH, pO2 & pCO2	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82805	.....	X	Blood gases W/02 saturation	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82810	.....	X	Blood gases, O2 sat only	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82820	.....	X	Hemoglobin-oxygen affinity	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82926	.....	X	Assay gastric acid	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82928	.....	X	Assay gastric acid	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82938	.....	X	Gastrin test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82941	.....	X	Assay of gastrin	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82943	.....	X	Assay of glucagon	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82946	.....	X	Glucagon tolerance test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82947	.....	X	Assay quantitative, glucose	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82948	.....	X	Reagent strip/blood glucose	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82950	.....	X	Glucose test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82951	.....	X	Glucose tolerance test (GTT)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82952	.....	X	GTT-added samples	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82953	.....	X	Glucose-tolbutamide test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82955	.....	X	Assay G6PD enzyme	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82960	.....	X	Test for G6PD enzyme	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82962	.....	X	Glucose blood test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82963	.....	X	Glucosidase assay	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82965	.....	X	Assay GDH enzyme	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82975	.....	X	Assay glutamine	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82977	.....	X	Assay of GGT	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82978	.....	X	Glutathione assay	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82979	.....	X	Assay RBC glutathione enzyme	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82980	.....	X	Assay of glutethimide	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82985	.....	X	Glycated protein	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83001	.....	X	Gonadotropin (FSH)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83002	.....	X	Gonadotropin (LH)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83003	.....	X	Assay growth hormone (HGH)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83008	.....	X	Assay guanosine	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83010	.....	X	Quant assay haptoglobin	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83012	.....	X	Assay haptoglobins	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83013	.....	X	H pylori breath test anal	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83014	.....	X	H pylori drug admin/collect	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83015	.....	X	Heavy metal screen	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83018	.....	X	Quantitative screen, metals	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83020	.....	X	Hemoglobin electrophoresis	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83020	26	A	Hemoglobin electrophoresis	0.37	0.16	0.19	0.16	0.19	0.01	0.54	0.57	0.54	0.57	XXX
83021	.....	X	Hemoglobin chromotography	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83026	.....	X	Hemoglobin, copper sulfate	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83030	.....	X	Fetal hemoglobin assay	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83033	.....	X	Fetal fecal hemoglobin assay	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83036	.....	X	Glycated hemoglobin test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83045	.....	X	Blood methemoglobin test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83050	.....	X	Blood methemoglobin assay	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83051	.....	X	Assay plasma hemoglobin	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83055	.....	X	Blood sulfhemoglobin test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83060	.....	X	Blood sulfhemoglobin assay	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83065	.....	X	Hemoglobin heat assay	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83068	.....	X	Hemoglobin stability screen	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83069	.....	X	Assay urine hemoglobin	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83070	.....	X	Qualt assay hemosiderin	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83071	.....	X	Quant assay of hemosiderin	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83080	.....	X	B hexosaminidase assay	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83088	.....	X	Assay histamine	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83150	.....	X	Assay for HVA	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83491	.....	X	Assay of corticosteroids	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83497	.....	X	Assay 5-HIAA	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83498	.....	X	Assay of progesterone	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83499	.....	X	Assay of progesterone	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83500	.....	X	Assay free hydroxyproline	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83505	.....	X	Assay total hydroxyproline	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83516	.....	X	Immunoassay, non antibody	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83518	.....	X	Immunoassay, dipstick	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83519	.....	X	Immunoassay nonantibody	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83520	.....	X	Immunoassay, RIA	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83525	.....	X	Assay of insulin	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83527	.....	X	Assay of insulin	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83528	.....	X	Assay intrinsic factor	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83540	.....	X	Assay iron	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83550	.....	X	Iron binding test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83570	.....	X	Assay IDH enzyme	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83582	.....	X	Assay ketogenic steroids	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83586	.....	X	Assay 17-(17-KS)ketosteroids	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83593	.....	X	Fractionation ketosteroids	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83605	.....	X	Lactic acid assay	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83615	.....	X	Lactate (LD) (LDH) enzyme	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83625	.....	X	Assay LDH enzymes	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83632	.....	X	Placental lactogen	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83633	.....	X	Test urine for lactose	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83634	.....	X	Assay urine for lactose	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX

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[3] + Indicates RVUs are not used for Medicare payment.
[4] PE RVUs = Practice Expense Relative Value Units.
[5] # Indicates new CPT/HCPCS codes which were not factored into budget neutrality adjustments.

ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT[1]/ HCPCS[2]	MOD	Status	Description	Physician work RVUs[3,5]	Fully implemented non-facility PE RVUs	Year 2000 transitional non-facility PE RVUs	Fully implemented facility PE RVUs	Year 2000 transitional facility PE RVUs	Malpractice RVUs	Fully implemented non-facility total	Year 2000 transitional non-facility total	Fully implemented facility total	Year 2000 transitional facility total	Global
83655	.....	X	Assay for lead	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83661	.....	X	Assay L/S ratio	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83662	.....	X	L/S ratio, foam stability	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83670	.....	X	Assay LAP enzyme	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83690	.....	X	Assay lipase	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83715	.....	X	Assay blood lipoproteins	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83716	.....	X	Assay blood lipoproteins	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83718	.....	X	Blood lipoprotein assay	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83719	.....	X	Blood lipoprotein assay	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83721	.....	X	Blood lipoprotein assay	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83727	.....	X	LRH hormone assay	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83735	.....	X	Assay magnesium	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83775	.....	X	Assay of md enzyme	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83785	.....	X	Assay of manganese	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83788	.....	X	Mass spectrometry qual	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83789	.....	X	Mass spectrometry quant	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83805	.....	X	Assay of meprobamate	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83825	.....	X	Assay mercury	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83835	.....	X	Assay metanephrines	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83840	.....	X	Assay methadone	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83857	.....	X	Assay methemalbumin	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83858	.....	X	Assay methsuximide	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83864	.....	X	Mucopolysaccharides	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83866	.....	X	Mucopolysaccharides screen	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83872	.....	X	Assay synovial fluid mucin	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83873	.....	X	Assay, CSF protein	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83874	.....	X	Myoglobin	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83883	.....	X	Nephelometry, not specified	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83885	.....	X	Assay for nickel	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83887	.....	X	Assay nicotine	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83890	.....	X	Molecule isolate	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83891	.....	X	Molecule isolate nucleic	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83892	.....	X	Molecular diagnostics	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83893	.....	X	Molecule dot/slot/blot	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83894	.....	X	Molecule gel electrophor	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83896	.....	X	Molecular diagnostics	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83897	.....	X	Molecule nucleic transfer	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83898	.....	X	Molecule nucleic amp	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83901	.....	X	Molecule nucleic amp	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83902	.....	X	Molecular diagnostics	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83903	.....	X	Molecule mutation scan	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83904	.....	X	Molecule mutation identify	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83905	.....	X	Molecule mutation identify	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83906	.....	X	Molecule mutation identify	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83912	.....	X	Genetic examination	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83912	26	A	Genetic examination	0.37	0.14	0.18	0.14	0.18	0.01	0.52	0.56	0.52	0.56	XXX
83915	.....	X	Assay nucleotidase	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83916	.....	X	Oligoclonal bands	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83918	.....	X	Assay organic acids quant	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83919	.....	X	Assay organic acids qual	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83925	.....	X	Opiates	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83930	.....	X	Assay blood osmolality	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83935	.....	X	Assay urine osmolality	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83937	.....	X	Assay for osteocalcin	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83945	.....	X	Assay oxalate	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83970	.....	X	Assay of parathormone	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83986	.....	X	Assay body fluid acidity	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83992	.....	X	Assay for phencyclidine	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84022	.....	X	Assay of phenothiazine	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84030	.....	X	Assay blood PKU	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84035	.....	X	Assay phenylketones	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84060	.....	X	Assay acid phosphatase	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84061	.....	X	Phosphatase, forensic exam	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84066	.....	X	Assay prostate phosphatase	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84075	.....	X	Assay alkaline phosphatase	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84078	.....	X	Assay alkaline phosphatase	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84080	.....	X	Assay alkaline phosphatases	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84081	.....	X	Amniotic fluid enzyme test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84085	.....	X	Assay RBC PG6D enzyme	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84087	.....	X	Assay phosphohexose enzymes	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84100	.....	X	Assay phosphorus	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84105	.....	X	Assay urine phosphorus	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84106	.....	X	Test for porphobilinogen	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84110	.....	X	Assay porphobilinogen	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84119	.....	X	Test urine for porphyrins	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84120	.....	X	Assay urine porphyrins	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84126	.....	X	Assay feces porphyrins	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84127	.....	X	Porphyrins, feces	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84132	.....	X	Assay serum potassium	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84133	.....	X	Assay urine potassium	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84134	.....	X	Prealbumin	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84135	.....	X	Assay pregnanediol	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84138	.....	X	Assay pregnanetriol	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84140	.....	X	Assay for pregnenolone	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX

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[5] # Indicates new CPT/HCPCS codes which were not factored into budget neutrality adjustments.

ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT[1]/ HCPCS[2]	MOD	Status	Description	Physician work RVUs[3,5]	Fully implemented non-facility PE RVUs	Year 2000 transitional non-facility PE RVUs	Fully implemented facility PE RVUs	Year 2000 transitional facility PE RVUs	Malpractice RVUs	Fully implemented non-facility total	Year 2000 transitional non-facility total	Fully implemented facility total	Year 2000 transitional facility total	Global
84143	.....	X	Assay/17-hydroxypregnenolone	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84144	.....	X	Assay progesterone	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84146	.....	X	Assay for prolactin	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84150	.....	X	Assay of prostaglandin	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84153	.....	X	Psa total	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84154	.....	X	Psa free	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84155	.....	X	Assay protein	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84160	.....	X	Assay serum protein	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84165	.....	X	Assay serum proteins	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84165	26	A	Assay serum proteins	0.37	0.16	0.19	0.16	0.19	0.01	0.54	0.57	0.54	0.57	XXX
84181	.....	X	Western blot test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84181	26	A	Western blot test	0.37	0.14	0.18	0.14	0.18	0.01	0.52	0.56	0.52	0.56	XXX
84182	.....	X	Protein, western blot test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84182	26	A	Protein, western blot test	0.37	0.14	0.18	0.14	0.18	0.01	0.52	0.56	0.52	0.56	XXX
84202	.....	X	Assay RBC protoporphyrin	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84203	.....	X	Test RBC protoporphyrin	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84206	.....	X	Assay of proinsulin	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84207	.....	X	Assay vitamin B-6	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84210	.....	X	Assay pyruvate	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84220	.....	X	Assay pyruvate kinase	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84228	.....	X	Assay quinine	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84233	.....	X	Assay estrogen	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84234	.....	X	Assay progesterone	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84235	.....	X	Assay endocrine hormone	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84238	.....	X	Assay non-endocrine receptor	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84244	.....	X	Assay of renin	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84252	.....	X	Assay vitamin B-2	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84255	.....	X	Assay selenium	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84260	.....	X	Assay serotonin	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84270	.....	X	Sex hormone globulin (SHBG)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84275	.....	X	Assay sialic acid	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84285	.....	X	Assay silica	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84295	.....	X	Assay serum sodium	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84300	.....	X	Assay urine sodium	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84305	.....	X	Somatomedin	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84307	.....	X	Somatostatin	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84311	.....	X	Spectrophotometry	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84315	.....	X	Body fluid specific gravity	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84375	.....	X	Chromatogram assay, sugars	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84376	.....	X	Sugars single qual	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84377	.....	X	Sugars multiple qual	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84378	.....	X	Sugars single quant	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84379	.....	X	Sugars multiple quant	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84392	.....	X	Assay urine sulfate	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84402	.....	X	Testosterone	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84403	.....	X	Assay total testosterone	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84425	.....	X	Assay vitamin B-1	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84430	.....	X	Assay thiocyanate	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84432	.....	X	Thyroglobulin	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84436	.....	X	Assay, total thyroxine	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84437	.....	X	Assay neonatal thyroxine	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84439	.....	X	Assay, free thyroxine	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84442	.....	X	Thyroid activity (TBG) assay	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84443	.....	X	Assay thyroid stim hormone	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84445	.....	X	Thyroid immunoglobulins TSI	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84446	.....	X	Assay vitamin E	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84449	.....	X	Assay for transcortin	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84450	.....	X	Transferase (AST) (SGOT)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84460	.....	X	Alanine amino (ALT) (SGPT)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84466	.....	X	Transferrin	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84478	.....	X	Assay triglycerides	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84479	.....	X	Assay thyroid (t-3 or t-4)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84480	.....	X	Assay triiodothyronine (t-3)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84481	.....	X	Free assay (FT-3)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84482	.....	X	T3 reverse	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84484	.....	X	Troponin, quant	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84485	.....	X	Assay duodenal fluid trypsin	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84488	.....	X	Test feces for trypsin	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84490	.....	X	Assay feces for trypsin	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84510	.....	X	Assay tyrosine	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84512	.....	X	Troponin, qual	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84520	.....	X	Assay urea nitrogen	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84525	.....	X	Urea nitrogen semi-quant	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84540	.....	X	Assay urine urea-N	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84545	.....	X	Urea-N clearance test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84550	.....	X	Assay blood uric acid	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84560	.....	X	Assay urine uric acid	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84577	.....	X	Assay feces urobilinogen	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84578	.....	X	Test urine urobilinogen	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84580	.....	X	Assay urine urobilinogen	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84583	.....	X	Assay urine urobilinogen	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84585	.....	X	Assay urine VMA	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84586	.....	X	VIP assay	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84588	.....	X	Assay vasopressin	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX

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[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.
[4] PE RVUs = Practice Expense Relative Value Units.
[5] # Indicates new CPT/HCPCS codes which were not factored into budget neutrality adjustments.

ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT[1]/ HCPCS[2]	MOD	Status	Description	Physician work RVUs[3,5]	Fully implemented non-facility PE RVUs	Year 2000 transitional non-facility PE RVUs	Fully implemented facility PE RVUs	Year 2000 transitional facility PE RVUs	Malpractice RVUs	Fully implemented non-facility total	Year 2000 transitional non-facility total	Fully implemented facility total	Year 2000 transitional facility total	Global
84590	.....	X	Assay vitamin-A	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84597	.....	X	Assay vitamin-K	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84600	.....	X	Assay for volatiles	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84620	.....	X	Xylose tolerance test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84630	.....	X	Assay zinc	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84681	.....	X	Assay C-peptide	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84702	.....	X	Chorionic gonadotropin test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84703	.....	X	Chorionic gonadotropin assay	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84830	.....	X	Ovulation tests	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84999	.....	X	Clinical chemistry test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85002	.....	X	Bleeding time test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85007	.....	X	Differential WBC count	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85008	.....	X	Nondifferential WBC count	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85009	.....	X	Differential WBC count	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85013	.....	X	Hematocrit	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85014	.....	X	Hematocrit	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85018	.....	X	Hemoglobin	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85021	.....	X	Automated hemogram	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85022	.....	X	Automated hemogram	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85023	.....	X	Automated hemogram	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85024	.....	X	Automated hemogram	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85025	.....	X	Automated hemogram	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85027	.....	X	Automated hemogram	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85031	.....	X	Manual hemogram,complete cbc	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85041	.....	X	Red blood cell (RBC) count	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85044	.....	X	Reticulocyte count	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85045	.....	X	Reticulocyte count	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85046	.....	X	Reticyte, hgb concentrate	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85048	.....	X	White blood cell (WBC) count	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85060	.....	A	Blood smear interpretation	0.45	0.72	0.48	0.20	0.22	0.01	1.18	0.94	0.66	0.68	XXX
85095	.....	A	Bone marrow aspiration	1.08	4.38	2.56	0.43	0.58	0.03	5.49	3.67	1.54	1.69	XXX
85097	.....	A	Bone marrow interpretation	0.94	2.81	1.67	0.41	0.47	0.03	3.78	2.64	1.38	1.44	XXX
85102	.....	A	Bone marrow biopsy	1.37	4.50	2.69	0.54	0.71	0.04	5.91	4.10	1.95	2.12	XXX
85130	.....	X	Chromogenic substrate assay	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85170	.....	X	Blood clot retraction	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85175	.....	X	Blood clot lysis time	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85210	.....	X	Blood clot factor II test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85220	.....	X	Blood clot factor V test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85230	.....	X	Blood clot factor VII test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85240	.....	X	Blood clot factor VIII test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85244	.....	X	Blood clot factor VIII test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85245	.....	X	Blood clot factor VIII test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85246	.....	X	Blood clot factor VIII test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85247	.....	X	Blood clot factor VIII test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85250	.....	X	Blood clot factor IX test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85260	.....	X	Blood clot factor X test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85270	.....	X	Blood clot factor XI test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85280	.....	X	Blood clot factor XII test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85290	.....	X	Blood clot factor XIII test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85291	.....	X	Blood clot factor XIII test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85292	.....	X	Blood clot factor assay	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85293	.....	X	Blood clot factor assay	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85300	.....	X	Antithrombin III test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85301	.....	X	Antithrombin III test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85302	.....	X	Blood clot inhibitor antigen	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85303	.....	X	Blood clot inhibitor test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85305	.....	X	Blood clot inhibitor assay	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85306	.....	X	Blood clot inhibitor test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85335	.....	X	Factor inhibitor test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85337	.....	X	Thrombomodulin	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85345	.....	X	Coagulation time	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85347	.....	X	Coagulation time	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85348	.....	X	Coagulation time	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85360	.....	X	Euglobulin lysis	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85362	.....	X	Fibrin degradation products	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85366	.....	X	Fibrinogen test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85370	.....	X	Fibrinogen test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85378	.....	X	Fibrin degradation	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85379	.....	X	Fibrin degradation	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85384	.....	X	Fibrinogen	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85385	.....	X	Fibrinogen	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85390	.....	X	Fibrinolysins screen	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85390	26	A	Fibrinolysins screen	0.37	0.15	0.19	0.15	0.19	0.01	0.53	0.57	0.53	0.57	XXX
85400	.....	X	Fibrinolytic plasmin	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85410	.....	X	Fibrinolytic antiplasmin	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85415	.....	X	Fibrinolytic plasminogen	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85420	.....	X	Fibrinolytic plasminogen	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85421	.....	X	Fibrinolytic plasminogen	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85441	.....	X	Heinz bodies; direct	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85445	.....	X	Heinz bodies; induced	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85460	.....	X	Hemoglobin, fetal	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85461	.....	X	Hemoglobin, fetal	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85475	.....	X	Hemolysin	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85520	.....	X	Heparin assay	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX

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[3] + Indicates RVUs are not used for Medicare payment.
[4] PE RVUs = Practice Expense Relative Value Units.
[5] # Indicates new CPT/HCPCS codes which were not factored into budget neutrality adjustments.

ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT[1]/ HCPCS[2]	MOD	Status	Description	Physician work RVUs[3,5]	Fully implemented non-facility PE RVUs	Year 2000 transitional non-facility PE RVUs	Fully implemented facility PE RVUs	Year 2000 transitional facility PE RVUs	Malpractice RVUs	Fully implemented non-facility total	Year 2000 transitional non-facility total	Fully implemented facility total	Year 2000 transitional facility total	Global
85525	.....	X	Heparin	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85530	.....	X	Heparin-protamine tolerance	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85535	.....	X	Iron stain, blood cells	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85540	.....	X	Wbc alkaline phosphatase	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85547	.....	X	RBC mechanical fragility	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85549	.....	X	Muramidase	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85555	.....	X	RBC osmotic fragility	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85557	.....	X	RBC osmotic fragility	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85576	.....	X	Blood platelet aggregation	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85576	26	A	Blood platelet aggregation	0.37	0.16	0.19	0.16	0.19	0.01	0.54	0.57	0.54	0.57	XXX
85585	.....	X	Blood platelet estimation	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85590	.....	X	Platelet manual count	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85595	.....	X	Platelet count, automated	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85597	.....	X	Platelet neutralization	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85610	.....	X	Prothrombin time	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85611	.....	X	Prothrombin test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85612	.....	X	Viper venom prothrombin time	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85613	.....	X	Russell viper venom, diluted	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85635	.....	X	Reptilase test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85651	.....	X	Rbc sed rate, nonauto	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85652	.....	X	Rbc sed rate, auto	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85660	.....	X	RBC sickle cell test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85670	.....	X	Thrombin time, plasma	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85675	.....	X	Thrombin time, titer	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85705	.....	X	Thromboplastin inhibition	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85730	.....	X	Thromboplastin time, partial	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85732	.....	X	Thromboplastin time, partial	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85810	.....	X	Blood viscosity examination	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85999	.....	X	Hematology procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86000	.....	X	Agglutinins; febrile	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86003	.....	X	Allergen specific IgE	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86005	.....	X	Allergen specific IgE	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86021	.....	X	WBC antibody identification	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86022	.....	X	Platelet antibodies	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86023	.....	X	Immunoglobulin assay	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86038	.....	X	Antinuclear antibodies	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86039	.....	X	Antinuclear antibodies (ANA)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86060	.....	X	Antistreptolysin O titer	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86063	.....	X	Antistreptolysin O screen	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86077	.....	A	Physician blood bank service	0.94	0.48	0.41	0.41	0.37	0.03	1.45	1.38	1.38	1.34	XXX
86078	.....	A	Physician blood bank service	0.94	0.54	0.46	0.41	0.39	0.03	1.51	1.43	1.38	1.36	XXX
86079	.....	A	Physician blood bank service	0.94	0.53	0.45	0.42	0.39	0.03	1.50	1.42	1.39	1.36	XXX
86140	.....	X	C-reactive protein	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86147	.....	X	Cardiolipin antibody	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86148	.....	X	Phospholipid antibody	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86155	.....	X	Chemotaxis assay	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86156	.....	X	Cold agglutinin screen	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86157	.....	X	Cold agglutinin, titer	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86160	.....	X	Complement, antigen	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86161	.....	X	Complement/function activity	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86162	.....	X	Complement, total (CH50)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86171	.....	X	Complement fixation, each	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86185	.....	X	Counterimmunoelectrophoresis	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86215	.....	X	Deoxyribonuclease, antibody	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86225	.....	X	DNA antibody	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86226	.....	X	DNA antibody, single strand	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86235	.....	X	Nuclear antigen antibody	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86243	.....	X	Fc receptor	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86255	.....	X	Fluorescent antibody; screen	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86255	26	A	Fluorescent antibody; screen	0.37	0.17	0.20	0.16	0.19	0.01	0.55	0.58	0.54	0.57	XXX
86256	.....	X	Fluorescent antibody; titer	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86256	26	A	Fluorescent antibody; titer	0.37	0.16	0.19	0.16	0.19	0.01	0.54	0.57	0.54	0.57	XXX
86277	.....	X	Growth hormone antibody	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86280	.....	X	Hemagglutination inhibition	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86308	.....	X	Heterophile antibodies	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86309	.....	X	Heterophile antibodies	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86310	.....	X	Heterophile antibodies	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86316	.....	X	Immunoassay, tumor antigen	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86317	.....	X	Immunoassay,infectious agent	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86318	.....	X	Immunoassay,infectious agent	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86320	.....	X	Serum immunoelectrophoresis	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86320	26	A	Serum immunoelectrophoresis	0.37	0.17	0.20	0.16	0.19	0.01	0.55	0.58	0.54	0.57	XXX
86325	.....	X	Other immunoelectrophoresis	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86325	26	A	Other immunoelectrophoresis	0.37	0.16	0.19	0.16	0.19	0.01	0.54	0.57	0.54	0.57	XXX
86327	.....	X	Immunoelectrophoresis assay	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86327	26	A	Immunoelectrophoresis assay	0.42	0.16	0.19	0.16	0.19	0.01	0.59	0.62	0.59	0.62	XXX
86329	.....	X	Immunodiffusion	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86331	.....	X	Immunodiffusion ouchterlony	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86332	.....	X	Immune complex assay	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86334	.....	X	Immunofixation procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86334	26	A	Immunofixation procedure	0.37	0.15	0.19	0.15	0.19	0.01	0.53	0.57	0.53	0.57	XXX
86337	.....	X	Insulin antibodies	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86340	.....	X	Intrinsic factor antibody	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86341	.....	X	Islet cell antibody	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT[1]/ HCPCS[2]	MOD	Status	Description	Physician work RVUs[3,5]	Fully implemented non-facility PE RVUs	Year 2000 transitional non-facility PE RVUs	Fully implemented facility PE RVUs	Year 2000 transitional facility PE RVUs	Malpractice RVUs	Fully implemented non-facility total	Year 2000 transitional non-facility total	Fully implemented facility total	Year 2000 transitional facility total	Global
86343		X	Leukocyte histamine release	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86344		X	Leukocyte phagocytosis	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86353		X	Lymphocyte transformation	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86359		X	T cells, total count	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86360		X	T cell absolute count/ratio	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86361		X	T cell absolute count	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86376		X	Microsomal antibody	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86378		X	Migration inhibitory factor	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86382		X	Neutralization test, viral	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86384		X	Nitroblue tetrazolium dye	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86403		X	Particle agglutination test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86406		X	Particle agglutination test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86430		X	Rheumatoid factor test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86431		X	Rheumatoid factor, quant	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86485		C	Skin test, candida	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86490		A	Coccidioidomycosis skin test	0.00	0.31	0.31	0.31	0.31	0.02	0.33	0.33	0.33	0.33	XXX
86510		A	Histoplasmosis skin test	0.00	0.33	0.33	0.33	0.33	0.02	0.35	0.35	0.35	0.35	XXX
86580		A	TB intradermal test	0.00	0.26	0.26	0.26	0.26	0.02	0.28	0.28	0.28	0.28	XXX
86585		A	TB tine test	0.00	0.21	0.21	0.21	0.21	0.01	0.22	0.22	0.22	0.22	XXX
86586		C	Skin test, unlisted	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86588		X	Streptocollus, direct screen	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86590		X	Streptokinase, antibody	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86592		X	Blood serology, qualitative	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86593		X	Blood serology, quantitative	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86602		X	Antinomyces antibody	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86603		X	Adenovirus, antibody	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86606		X	Aspergillus antibody	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86609		X	Bacterium, antibody	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86612		X	Blastomyces, antibody	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86615		X	Bordetella antibody	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86617		X	Lyme disease antibody	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86618		X	Lyme disease antibody	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86619		X	Borrelia antibody	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86622		X	Brucella, antibody	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86625		X	Campylobacter, antibody	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86628		X	Candida, antibody	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86631		X	Chlamydia, antibody	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86632		X	Chlamydia, IgM, antibody	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86635		X	Coccidioides, antibody	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86638		X	Q fever antibody	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86641		X	Cryptococcus antibody	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86644		X	CMV antibody	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86645		X	CMV antibody, IgM	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86648		X	Diphtheria antibody	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86651		X	Encephalitis antibody	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86652		X	Encephalitis antibody	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86653		X	Encephalitis, antibody	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86654		X	Encephalitis, antibody	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86658		X	Enterovirus, antibody	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86663		X	Epstein-barr antibody	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86664		X	Epstein-barr antibody	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86665		X	Epstein-barr, antibody	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86668		X	Francisella tularensis	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86671		X	Fungus, antibody	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86674		X	Giardia lamblia	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86677		X	Helicobacter pylori	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86682		X	Helminth, antibody	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86684		X	Hemophilus influenza	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86687		X	HTLV I	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86688		X	HTLV-II	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86689		X	HTLV/HIV confirmatory test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86692		X	Hepatitis, delta agent	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86694		X	Herpes simplex test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86695		X	Herpes simplex test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86698		X	Histoplasma	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86701		X	HIV-1	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86702		X	HIV-2	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86703		X	HIV-1/HIV-2, single assay	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86704		X	Hep b core ab test, igg & m	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86705		X	Hep b core ab test, igm	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86706		X	Hepatitis b surface ab test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86707		X	Hepatitis be ab test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86708		X	Hep a ab test, igg & m	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86709		X	Hep a ab test, igm	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86710		X	Influenza virus	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86713		X	Legionella	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86717		X	Leishmania	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86720		X	Leptospira	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86723		X	Listeria monocytogenes	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86727		X	Lymph choriomeningitis	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86729		X	Lympho venereum	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86732		X	Mucormycosis	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86735		X	Mumps	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86738		X	Mycoplasma	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX

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[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.
[4] PE RVUs = Practice Expense Relative Value Units.
[5] # Indicates new CPT/HCPCS codes which were not factored into budget neutrality adjustments.

ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT[1]/ HCPCS[2]	MOD	Status	Description	Physician work RVUs[3,5]	Fully implemented non-facility PE RVUs	Year 2000 transitional non-facility PE RVUs	Fully implemented facility PE RVUs	Year 2000 transitional facility PE RVUs	Malpractice RVUs	Fully implemented non-facility total	Year 2000 transitional non-facility total	Fully implemented facility total	Year 2000 transitional facility total	Global
86741	.....	X	Neisseria meningitidis	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86744	.....	X	Nocardia	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86747	.....	X	Parvovirus	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86750	.....	X	Malaria	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86753	.....	X	Protozoa, not elsewhere	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86756	.....	X	Respiratory virus	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86759	.....	X	Rotavirus	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86762	.....	X	Rubella	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86765	.....	X	Rubeola	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86768	.....	X	Salmonella	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86771	.....	X	Shigella	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86774	.....	X	Tetanus	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86777	.....	X	Toxoplasma	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86778	.....	X	Toxoplasma, IgM	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86781	.....	X	Treponema pallidum confirm	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86784	.....	X	Trichinella	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86787	.....	X	Varicella-zoster	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86790	.....	X	Virus, not specified	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86793	.....	X	Yersinia	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86800	.....	X	Thyroglobulin antibody	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86803	.....	X	Hepatitis c ab test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86804	.....	X	Hep c ab test, confirm	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86805	.....	X	Lymphocytotoxicity assay	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86806	.....	X	Lymphocytotoxicity assay	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86807	.....	X	Cytotoxic antibody screening	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86808	.....	X	Cytotoxic antibody screening	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86812	.....	X	HLA typing, A, B, or C	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86813	.....	X	HLA typing, A, B, or C	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86816	.....	X	HLA typing, DR/DQ	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86817	.....	X	HLA typing, DR/DQ	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86821	.....	X	Lymphocyte culture, mixed	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86822	.....	X	Lymphocyte culture, primed	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86849	.....	X	Immunology procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86850	.....	X	RBC antibody screen	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86860	.....	X	RBC antibody elution	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86870	.....	X	RBC antibody identification	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86880	.....	X	Coombs test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86885	.....	X	Coombs test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86886	.....	X	Coombs test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86890	.....	X	Autologous blood process	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86891	.....	X	Autologous blood, op salvage	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86900	.....	X	Blood typing, ABO	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86901	.....	X	Blood typing, Rh (D)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86903	.....	X	Blood typing, antigen screen	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86904	.....	X	Blood typing, patient serum	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86905	.....	X	Blood typing, RBC antigens	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86906	.....	X	Blood typing, Rh phenotype	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86910	.....	N	Blood typing, paternity test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86911	.....	N	Blood typing, antigen system	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86915	.....	X	Bone marrow	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86920	.....	X	Compatibility test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86921	.....	X	Compatibility test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86922	.....	X	Compatibility test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86927	.....	X	Plasma, fresh frozen	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86930	.....	X	Frozen blood prep	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86931	.....	X	Frozen blood thaw	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86932	.....	X	Frozen blood, freeze/thaw	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86940	.....	X	Hemolysins/agglutinins auto	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86941	.....	X	Hemolysins/agglutinins	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86945	.....	X	Blood product/irradiation	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86950	.....	X	Leukacyte transfusion	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86965	.....	X	Pooling blood platelets	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86970	.....	X	RBC pretreatment	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86971	.....	X	RBC pretreatment	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86972	.....	X	RBC pretreatment	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86975	.....	X	RBC pretreatment, serum	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86976	.....	X	RBC pretreatment, serum	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86977	.....	X	RBC pretreatment, serum	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86978	.....	X	RBC pretreatment, serum	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86985	.....	X	Split blood or products	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86999	.....	X	Transfusion procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87001	.....	X	Small animal inoculation	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87003	.....	X	Small animal inoculation	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87015	.....	X	Specimen concentration	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87040	.....	X	Blood culture for bacteria	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87045	.....	X	Stool culture for bacteria	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87060	.....	X	Nose/throat culture,bacteria	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87070	.....	X	Culture specimen, bacteria	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87072	.....	X	Culture of specimen by kit	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87075	.....	X	Culture specimen, bacteria	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87076	.....	X	Bacteria identification	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87081	.....	X	Bacteria culture screen	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87082	.....	X	Culture of specimen by kit	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87083	.....	X	Culture of specimen by kit	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX

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[5] # Indicates new CPT/HCPCS codes which were not factored into budget neutrality adjustments.

ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT[1]/ HCPCS[2]	MOD	Status	Description	Physician work RVUs[3,5]	Fully implemented non-facility PE RVUs	Year 2000 transitional non-facility PE RVUs	Fully implemented facility PE RVUs	Year 2000 transitional facility PE RVUs	Malpractice RVUs	Fully implemented non-facility total	Year 2000 transitional non-facility total	Fully implemented facility total	Year 2000 transitional facility total	Global
87084	.....	X	Culture of specimen by kit	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87085	.....	X	Culture of specimen by kit	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87086	.....	X	Urine culture, colony count	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87087	.....	X	Urine bacteria culture	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87088	.....	X	Urine bacteria culture	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87101	.....	X	Skin fungus culture	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87102	.....	X	Fungus isolation culture	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87103	.....	X	Blood fungus culture	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87106	.....	X	Fungus identification	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87109	.....	X	Mycoplasma culture	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87110	.....	X	Culture, chlamydia	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87116	.....	X	Mycobacteria culture	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87117	.....	X	Mycobacteria culture	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87118	.....	X	Mycobacteria identification	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87140	.....	X	Culture typing, fluorescent	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87143	.....	X	Culture typing, GLC method	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87145	.....	X	Culture typing, phage method	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87147	.....	X	Culture typing, serologic	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87151	.....	X	Culture typing, serologic	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87155	.....	X	Culture typing, precipitin	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87158	.....	X	Culture typing, added method	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87163	.....	X	Special microbiology culture	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87164	.....	X	Dark field examination	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87164	26	A	Dark field examination	0.37	0.11	0.17	0.11	0.17	0.01	0.49	0.55	0.49	0.55	XXX
87166	.....	X	Dark field examination	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87174	.....	X	Endotoxin, bacterial	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87175	.....	X	Assay, endotoxin, bacterial	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87176	.....	X	Endotoxin, bacterial	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87177	.....	X	Ova and parasites smears	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87181	.....	X	Antibiotic sensitivity, each	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87184	.....	X	Antibiotic sensitivity, each	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87186	.....	X	Antibiotic sensitivity, MIC	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87187	.....	X	Antibiotic sensitivity, MBC	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87188	.....	X	Antibiotic sensitivity, each	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87190	.....	X	TB antibiotic sensitivity	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87192	.....	X	Antibiotic sensitivity, each	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87197	.....	X	Bactericidal level, serum	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87205	.....	X	Smear, stain & interpret	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87206	.....	X	Smear, stain & interpret	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87207	.....	X	Smear, stain & interpret	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87207	26	A	Smear, stain & interpret	0.37	0.17	0.20	0.17	0.20	0.01	0.55	0.58	0.55	0.58	XXX
87208	.....	X	Smear, stain & interpret	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87210	.....	X	Smear, stain & interpret	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87211	.....	X	Smear, stain & interpret	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87220	.....	X	Tissue exam for fungi	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87230	.....	X	Assay, toxin or antitoxin	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87250	.....	X	Virus inoculation for test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87252	.....	X	Virus inoculation for test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87253	.....	X	Virus inoculation for test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87260	.....	X	Adenovirus ag, dfa	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87265	.....	X	Pertussis ag, dfa	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87270	.....	X	Chylmd trach ag, dfa	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87272	.....	X	Cryptosporidum ag, dfa	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87274	.....	X	Herpes simplex ag, dfa	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87276	.....	X	Influenza ag, dfa	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87278	.....	X	Legion pneumo ag, dfa	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87280	.....	X	Resp syncytial ag, dfa	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87285	.....	X	Trepon pallidum ag, dfa	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87290	.....	X	Varicella ag, dfa	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87299	.....	X	Ag detection nos, dfa	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87301	.....	X	Adenovirus ag, eia	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87320	.....	X	Chylmd trach ag, eia	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87324	.....	X	Clostridium ag, eia	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87328	.....	X	Cryptospor ag, eia	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87332	.....	X	Cytomegalovirus ag, eia	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87335	.....	X	E coli 0157 ag, eia	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87340	.....	X	Hepatitis b surface ag, eia	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87350	.....	X	Hepatitis b ag, eia	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87380	.....	X	Hepatitis delta ag, eia	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87385	.....	X	Histoplasma capsul ag, eia	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87390	.....	X	Hiv-1 ag, eia	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87391	.....	X	Hiv-2 ag, eia	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87420	.....	X	Resp syncytial ag, eia	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87425	.....	X	Rotavirus ag, eia	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87430	.....	X	Strep a ag, eia	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87449	.....	X	Ag detect nos, eia, mult	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87450	.....	X	Ag detect nos, eia, single	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87470	.....	X	Bartonella, dna, dir probe	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87471	.....	X	Bartonella, dna, amp probe	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87472	.....	X	Bartonella, dna, quant	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87475	.....	X	Lyme dis, dna, dir probe	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87476	.....	X	Lyme dis, dna, amp probe	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87477	.....	X	Lyme dis, dna, quant	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87480	.....	X	Candida, dna, dir probe	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX

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[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.
[4] PE RVUs = Practice Expense Relative Value Units.
[5] # Indicates new CPT/HCPCS codes which were not factored into budget neutrality adjustments.

ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT[1]/ HCPCS[2]	MOD	Status	Description	Physician work RVUs[3,5]	Fully implemented non-facility PE RVUs	Year 2000 transitional non-facility PE RVUs	Fully implemented facility PE RVUs	Year 2000 transitional facility PE RVUs	Malpractice RVUs	Fully implemented non-facility total	Year 2000 transitional non-facility total	Fully implemented facility total	Year 2000 transitional facility total	Global
87481	.....	X	Candida, dna, amp probe	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87482	.....	X	Candida, dna, quant	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87485	.....	X	Chylmd pneum, dna, dir probe	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87486	.....	X	Chylmd pneum, dna, amp probe	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87487	.....	X	Chylmd pneum, dna, quant	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87490	.....	X	Chylmd trach, dna, dir probe	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87491	.....	X	Chylmd trach, dna, amp probe	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87492	.....	X	Chylmd trach, dna, quant	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87495	.....	X	Cytomeg, dna, dir probe	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87496	.....	X	Cytomeg, dna, amp probe	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87497	.....	X	Cytomeg, dna, quant	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87510	.....	X	Gardner vag, dna, dir probe	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87511	.....	X	Gardner vag, dna, amp probe	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87512	.....	X	Gardner vag, dna, quant	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87515	.....	X	Hepatitis b, dna, dir probe	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87516	.....	X	Hepatitis b , dna, amp probe	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87517	.....	X	Hepatitis b , dna, quant	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87520	.....	X	Hepatitis c , rna, dir probe	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87521	.....	X	Hepatitis c , rna, amp probe	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87522	.....	X	Hepatitis c, rna, quant	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87525	.....	X	Hepatitis g , dna, dir probe	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87526	.....	X	Hepatitis g, dna, amp probe	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87527	.....	X	Hepatitis g, dna, quant	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87528	.....	X	Hsv, dna, dir probe	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87529	.....	X	Hsv, dna, amp probe	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87530	.....	X	Hsv, dna, quant	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87531	.....	X	Hhv-6, dna, dir probe	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87532	.....	X	Hhv-6, dna, amp probe	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87533	.....	X	Hhv-6, dna, quant	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87534	.....	X	Hiv-1, dna, dir probe	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87535	.....	X	Hiv-1, dna, amp probe	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87536	.....	X	Hiv-1, dna, quant	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87537	.....	X	Hiv-2, dna, dir probe	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87538	.....	X	Hiv-2, dna, amp probe	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87539	.....	X	Hiv-2, dna, quant	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87540	.....	X	Legion pneumo, dna, dir prob	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87541	.....	X	Legion pneumo, dna, amp prob	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87542	.....	X	Legion pneumo, dna, quant	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87550	.....	X	Mycobacteria, dna, dir probe	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87551	.....	X	Mycobacteria, dna, amp probe	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87552	.....	X	Mycobacteria, dna, quant	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87555	.....	X	M.tuberculo, dna, dir probe	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87556	.....	X	M.tuberculo, dna, amp probe	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87557	.....	X	M.tuberculo, dna, quant	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87560	.....	X	M.avium-intra, dna, dir prob	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87561	.....	X	M.avium-intra, dna, amp prob	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87562	.....	X	M.avium-intra, dna, quant	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87580	.....	X	M.pneumon, dna, dir probe	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87581	.....	X	M.pneumon, dna, amp probe	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87582	.....	X	M.pneumon, dna, quant	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87590	.....	X	N.gonorrhoeae, dna, dir prob	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87591	.....	X	N.gonorrhoeae, dna, amp prob	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87592	.....	X	N.gonorrhoeae, dna, quant	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87620	.....	X	Hpv, dna, dir probe	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87621	.....	X	Hpv, dna, amp probe	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87622	.....	X	Hpv, dna, quant	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87650	.....	X	Strep a, dna, dir probe	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87651	.....	X	Strep a, dna, amp probe	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87652	.....	X	Strep a, dna, quant	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87797	.....	X	Detect agent nos, dna, dir	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87798	.....	X	Detect agent nos, dna, amp	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87799	.....	X	Detect agent nos, dna, quant	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87810	.....	X	Chylmd trach assay w/optic	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87850	.....	X	N. gonorrhoeae assay w/optic	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87880	.....	X	Strep a assay w/optic	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87899	.....	X	Agent nos assay w/optic	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87999	.....	X	Microbiology procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88000	.....	N	Autopsy (necropsy), gross	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88005	.....	N	Autopsy (necropsy), gross	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88007	.....	N	Autopsy (necropsy), gross	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88012	.....	N	Autopsy (necropsy), gross	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88014	.....	N	Autopsy (necropsy), gross	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88016	.....	N	Autopsy (necropsy), gross	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88020	.....	N	Autopsy (necropsy), complete	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88025	.....	N	Autopsy (necropsy), complete	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88027	.....	N	Autopsy (necropsy), complete	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88028	.....	N	Autopsy (necropsy), complete	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88029	.....	N	Autopsy (necropsy), complete	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88036	.....	N	Limited autopsy	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88037	.....	N	Limited autopsy	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88040	.....	N	Forensic autopsy (necropsy)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88045	.....	N	Coroner's autopsy (necropsy)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88099	.....	N	Necropsy (autopsy) procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88104	.....	A	Cytopathology, fluids	0.56	0.48	0.48	0.48	0.48	0.04	1.08	1.08	1.08	1.08	XXX

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[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.
[4] PE RVUs = Practice Expense Relative Value Units.
[5] # Indicates new CPT/HCPCS codes which were not factored into budget neutrality adjustments.

ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT[1]/ HCPCS[2]	MOD	Status	Description	Physician work RVUs[3,5]	Fully implemented non-facility PE RVUs	Year 2000 transitional non-facility PE RVUs	Fully implemented facility PE RVUs	Year 2000 transitional facility PE RVUs	Malpractice RVUs	Fully implemented non-facility total	Year 2000 transitional non-facility total	Fully implemented facility total	Year 2000 transitional facility total	Global
88104	26	A	Cytopathology, fluids	0.56	0.25	0.25	0.25	0.25	0.02	0.83	0.83	0.83	0.83	XXX
88104	TC	A	Cytopathology, fluids	0.00	0.23	0.23	0.23	0.23	0.02	0.25	0.25	0.25	0.25	XXX
88106		A	Cytopathology, fluids	0.56	0.44	0.42	0.44	0.42	0.03	1.03	1.01	1.03	1.01	XXX
88106	26	A	Cytopathology, fluids	0.56	0.25	0.24	0.25	0.24	0.01	0.82	0.81	0.82	0.81	XXX
88106	TC	A	Cytopathology, fluids	0.00	0.19	0.19	0.19	0.19	0.02	0.21	0.21	0.21	0.21	XXX
88107		A	Cytopathology, fluids	0.76	0.59	0.55	0.59	0.55	0.04	1.39	1.35	1.39	1.35	XXX
88107	26	A	Cytopathology, fluids	0.76	0.34	0.30	0.34	0.30	0.02	1.12	1.08	1.12	1.08	XXX
88107	TC	A	Cytopathology, fluids	0.00	0.25	0.25	0.25	0.25	0.02	0.27	0.27	0.27	0.27	XXX
88108		A	Cytopath, concentrate tech	0.56	0.50	0.51	0.50	0.51	0.03	1.09	1.10	1.09	1.10	XXX
88108	26	A	Cytopath, concentrate tech	0.56	0.25	0.26	0.25	0.26	0.01	0.82	0.83	0.82	0.83	XXX
88108	TC	A	Cytopath, concentrate tech	0.00	0.25	0.25	0.25	0.25	0.02	0.27	0.27	0.27	0.27	XXX
88125		A	Forensic cytopathology	0.26	0.16	0.14	0.16	0.14	0.01	0.43	0.41	0.43	0.41	XXX
88125	26	A	Forensic cytopathology	0.26	0.12	0.10	0.12	0.10	0.01	0.39	0.37	0.39	0.37	XXX
88125	TC	A	Forensic cytopathology	0.00	0.04	0.04	0.04	0.04	0.00	0.04	0.04	0.04	0.04	XXX
88130		X	Sex chromatin identification	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88140		X	Sex chromatin identification	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88141		A	Cytpath c/vag interpret	0.42	0.18	0.31	0.18	0.31	0.01	0.61	0.74	0.61	0.74	ZZZ
88142		X	Cytpath c/vag t/layer	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88143		X	Cytpath c/vag t/layer redo	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88144		X	Cytpathc/vagt/layerauto redo	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88145		X	Cytpath c/vag t/layer select	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88147		X	Cytpath c/vag automated	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88148		X	Cytpath c/vag auto rescreen	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88150		X	Cytpath c/vag manual	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88152		X	Cytpath c/vag auto redo	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88153		X	Cytpath c/vag redo	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88154		X	Cytpath c/vag select	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88155		X	Cytpath c/vag index add-on	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	ZZZ
88160		A	Cytopath smear, other source	0.50	0.39	0.37	0.39	0.37	0.03	0.92	0.90	0.92	0.90	XXX
88160	26	A	Cytopath smear, other source	0.50	0.22	0.20	0.22	0.20	0.01	0.73	0.71	0.73	0.71	XXX
88160	TC	A	Cytopath smear, other source	0.00	0.17	0.17	0.17	0.17	0.02	0.19	0.19	0.19	0.19	XXX
88161		A	Cytopath smear, other source	0.50	0.43	0.43	0.43	0.43	0.03	0.96	0.96	0.96	0.96	XXX
88161	26	A	Cytopath smear, other source	0.50	0.22	0.22	0.22	0.22	0.01	0.73	0.73	0.73	0.73	XXX
88161	TC	A	Cytopath smear, other source	0.00	0.21	0.21	0.21	0.21	0.02	0.23	0.23	0.23	0.23	XXX
88162		A	Cytopath smear, other source	0.76	0.75	0.80	0.75	0.80	0.04	1.55	1.60	1.55	1.60	XXX
88162	26	A	Cytopath smear, other source	0.76	0.34	0.39	0.34	0.39	0.02	1.12	1.17	1.12	1.17	XXX
88162	TC	A	Cytopath smear, other source	0.00	0.41	0.41	0.41	0.41	0.02	0.43	0.43	0.43	0.43	XXX
88164		X	Cytpath tbs c/vag manual	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88165		X	Cytpath tbs c/vag redo	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88166		X	Cytpath tbs c/vag auto redo	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88167		X	Cytpath tbs c/vag select	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88170		A	Fine needle aspiration	1.27	1.05	1.06	1.05	1.06	0.08	2.40	2.41	2.40	2.41	XXX
88170	26	A	Fine needle aspiration	1.27	0.54	0.55	0.54	0.55	0.05	1.86	1.87	1.86	1.87	XXX
88170	TC	A	Fine needle aspiration	0.00	0.51	0.51	0.51	0.51	0.03	0.54	0.54	0.54	0.54	XXX
88171		A	Fine needle aspiration	1.27	1.16	1.31	1.16	1.31	0.07	2.50	2.65	2.50	2.65	XXX
88171	26	A	Fine needle aspiration	1.27	0.46	0.62	0.46	0.62	0.04	1.77	1.93	1.77	1.93	XXX
88171	TC	A	Fine needle aspiration	0.00	0.70	0.70	0.70	0.70	0.03	0.73	0.73	0.73	0.73	XXX
88172		A	Evaluation of smear	0.60	0.65	0.71	0.65	0.71	0.04	1.29	1.35	1.29	1.35	XXX
88172	26	A	Evaluation of smear	0.60	0.27	0.33	0.27	0.33	0.02	0.89	0.95	0.89	0.95	XXX
88172	TC	A	Evaluation of smear	0.00	0.38	0.38	0.38	0.38	0.02	0.40	0.40	0.40	0.40	XXX
88173		A	Interpretation of smear	1.39	1.08	1.02	1.08	1.02	0.06	2.53	2.47	2.53	2.47	XXX
88173	26	A	Interpretation of smear	1.39	0.62	0.56	0.62	0.56	0.04	2.05	1.99	2.05	1.99	XXX
88173	TC	A	Interpretation of smear	0.00	0.46	0.46	0.46	0.46	0.02	0.48	0.48	0.48	0.48	XXX
88180		A	Cell marker study	0.36	0.33	0.34	0.33	0.34	0.03	0.72	0.73	0.72	0.73	XXX
88180	26	A	Cell marker study	0.36	0.16	0.17	0.16	0.17	0.01	0.53	0.54	0.53	0.54	XXX
88180	TC	A	Cell marker study	0.00	0.17	0.17	0.17	0.17	0.02	0.19	0.19	0.19	0.19	XXX
88182		A	Cell marker study	0.77	0.82	0.90	0.82	0.90	0.05	1.64	1.72	1.64	1.72	XXX
88182	26	A	Cell marker study	0.77	0.34	0.42	0.34	0.42	0.02	1.13	1.21	1.13	1.21	XXX
88182	TC	A	Cell marker study	0.00	0.48	0.48	0.48	0.48	0.03	0.51	0.51	0.51	0.51	XXX
88199		C	Cytopathology procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88199	26	C	Cytopathology procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88199	TC	C	Cytopathology procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88230		X	Tissue culture, lymphocyte	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88233		X	Tissue culture, skin/biopsy	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88235		X	Tissue culture, placenta	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88237		X	Tissue culture, bone marrow	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88239		X	Tissue culture, tumor	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88240		X	Cell cryopreserve/storage	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88241		X	Frozen cell preparation	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88245		X	Chromosome analysis, 20-25	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88248		X	Chromosome analysis, 50-100	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88249		X	Chromosome analysis, 100	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88261		X	Chromosome analysis, 5	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88262		X	Chromosome analysis, 15-20	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88263		X	Chromosome analysis, 45	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88264		X	Chromosome analysis, 20-25	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88267		X	Chromosome analysis:placenta	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88269		X	Chromosome analysis:amniotic	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88271		X	Cytogenetics, dna probe	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88272		X	Cytogenetics, 3-5	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88273		X	Cytogenetics, 10-30	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88274		X	Cytogenetics, 25-99	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88275		X	Cytogenetics, 100-300	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88280		X	Chromosome karyotype study	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX

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[3] + Indicates RVUs are not used for Medicare payment.

[4] PE RVUs = Practice Expense Relative Value Units.

[5] # Indicates new CPT/HCPCS codes which were not factored into budget neutrality adjustments.

ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT[1]/ HCPCS[2]	MOD	Status	Description	Physician work RVUs[3,5]	Fully implemented non-facility PE RVUs	Year 2000 transitional non-facility PE RVUs	Fully implemented facility PE RVUs	Year 2000 transitional facility PE RVUs	Malpractice RVUs	Fully implemented non-facility total	Year 2000 transitional non-facility total	Fully implemented facility total	Year 2000 transitional facility total	Global
88283	.....	X	Chromosome banding study	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88285	.....	X	Chromosome count: additional	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88289	.....	X	Chromosome study: additional	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88291	.....	A	Cyto/molecular report	0.52	0.21	0.21	0.21	0.21	0.01	0.74	0.74	0.74	0.74	XXX
88299	.....	C	Cytogenetic study	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88300	.....	A	Surg path, gross	0.08	0.15	0.19	0.15	0.19	0.00	0.23	0.27	0.23	0.27	XXX
88300	26	A	Surg path, gross	0.08	0.04	0.08	0.04	0.08	0.00	0.12	0.16	0.12	0.16	XXX
88300	TC	A	Surg path, gross	0.00	0.11	0.11	0.11	0.11	0.00	0.11	0.11	0.11	0.11	XXX
88302	.....	A	Tissue exam by pathologist	0.13	0.31	0.37	0.31	0.37	0.02	0.46	0.52	0.46	0.52	XXX
88302	26	A	Tissue exam by pathologist	0.13	0.06	0.12	0.06	0.12	0.00	0.19	0.25	0.19	0.25	XXX
88302	TC	A	Tissue exam by pathologist	0.00	0.25	0.25	0.25	0.25	0.02	0.27	0.27	0.27	0.27	XXX
88304	.....	A	Tissue exam by pathologist	0.22	0.46	0.54	0.46	0.54	0.03	0.71	0.79	0.71	0.79	XXX
88304	26	A	Tissue exam by pathologist	0.22	0.10	0.18	0.10	0.18	0.01	0.33	0.41	0.33	0.41	XXX
88304	TC	A	Tissue exam by pathologist	0.00	0.36	0.36	0.36	0.36	0.02	0.38	0.38	0.38	0.38	XXX
88305	.....	A	Tissue exam by pathologist	0.75	0.89	1.01	0.89	1.01	0.05	1.69	1.81	1.69	1.81	XXX
88305	26	A	Tissue exam by pathologist	0.75	0.34	0.46	0.34	0.46	0.02	1.11	1.23	1.11	1.23	XXX
88305	TC	A	Tissue exam by pathologist	0.00	0.55	0.55	0.55	0.55	0.03	0.58	0.58	0.58	0.58	XXX
88307	.....	A	Tissue exam by pathologist	1.59	1.52	1.59	1.52	1.59	0.09	3.20	3.27	3.20	3.27	XXX
88307	26	A	Tissue exam by pathologist	1.59	0.70	0.78	0.70	0.78	0.04	2.33	2.41	2.33	2.41	XXX
88307	TC	A	Tissue exam by pathologist	0.00	0.81	0.81	0.81	0.81	0.05	0.86	0.86	0.86	0.86	XXX
88309	.....	A	Tissue exam by pathologist	2.28	2.02	2.05	2.02	2.05	0.11	4.41	4.44	4.41	4.44	XXX
88309	26	A	Tissue exam by pathologist	2.28	1.01	1.04	1.01	1.04	0.06	3.35	3.38	3.35	3.38	XXX
88309	TC	A	Tissue exam by pathologist	0.00	1.02	1.02	1.02	1.02	0.05	1.07	1.07	1.07	1.07	XXX
88311	.....	A	Decalcify tissue	0.24	0.22	0.23	0.22	0.23	0.01	0.47	0.48	0.47	0.48	XXX
88311	26	A	Decalcify tissue	0.24	0.11	0.12	0.11	0.12	0.01	0.36	0.37	0.36	0.37	XXX
88311	TC	A	Decalcify tissue	0.00	0.11	0.11	0.11	0.11	0.00	0.11	0.11	0.11	0.11	XXX
88312	.....	A	Special stains	0.54	0.37	0.33	0.37	0.33	0.01	0.92	0.88	0.92	0.88	XXX
88312	26	A	Special stains	0.54	0.24	0.20	0.24	0.20	0.01	0.79	0.75	0.79	0.75	XXX
88312	TC	A	Special stains	0.00	0.13	0.13	0.13	0.13	0.00	0.13	0.13	0.13	0.13	XXX
88313	.....	A	Special stains	0.24	0.22	0.23	0.22	0.23	0.01	0.47	0.48	0.47	0.48	XXX
88313	26	A	Special stains	0.24	0.11	0.12	0.11	0.12	0.01	0.36	0.37	0.36	0.37	XXX
88313	TC	A	Special stains	0.00	0.11	0.11	0.11	0.11	0.00	0.11	0.11	0.11	0.11	XXX
88314	.....	A	Histochemical stain	0.45	0.49	0.58	0.49	0.58	0.03	0.97	1.06	0.97	1.06	XXX
88314	26	A	Histochemical stain	0.45	0.20	0.29	0.20	0.29	0.01	0.66	0.75	0.66	0.75	XXX
88314	TC	A	Histochemical stain	0.00	0.29	0.29	0.29	0.29	0.02	0.31	0.31	0.31	0.31	XXX
88318	.....	A	Chemical histochemistry	0.42	0.32	0.29	0.32	0.29	0.01	0.75	0.72	0.75	0.72	XXX
88318	26	A	Chemical histochemistry	0.42	0.19	0.16	0.19	0.16	0.01	0.62	0.59	0.62	0.59	XXX
88318	TC	A	Chemical histochemistry	0.00	0.13	0.13	0.13	0.13	0.00	0.13	0.13	0.13	0.13	XXX
88319	.....	A	Enzyme histochemistry	0.53	0.48	0.51	0.48	0.51	0.03	1.04	1.07	1.04	1.07	XXX
88319	26	A	Enzyme histochemistry	0.53	0.23	0.26	0.23	0.26	0.01	0.77	0.80	0.77	0.80	XXX
88319	TC	A	Enzyme histochemistry	0.00	0.25	0.25	0.25	0.25	0.02	0.27	0.27	0.27	0.27	XXX
88321	.....	A	Microslide consultation	1.30	1.02	0.73	0.57	0.51	0.04	2.36	2.07	1.91	1.85	XXX
88323	.....	A	Microslide consultation	1.35	0.97	0.88	0.97	0.88	0.06	2.38	2.29	2.38	2.29	XXX
88323	26	A	Microslide consultation	1.35	0.60	0.51	0.60	0.51	0.04	1.99	1.90	1.99	1.90	XXX
88323	TC	A	Microslide consultation	0.00	0.36	0.36	0.36	0.36	0.02	0.38	0.38	0.38	0.38	XXX
88325	.....	A	Comprehensive review of data	2.22	1.30	0.91	0.97	0.74	0.07	3.59	3.20	3.26	3.03	XXX
88329	.....	A	Pathology consult in surgery	0.67	0.40	0.40	0.30	0.35	0.02	1.09	1.09	0.99	1.04	XXX
88331	.....	A	Pathology consult in surgery	1.19	1.12	1.16	1.12	1.16	0.06	2.37	2.41	2.37	2.41	XXX
88331	26	A	Pathology consult in surgery	1.19	0.53	0.57	0.53	0.57	0.03	1.75	1.79	1.75	1.79	XXX
88331	TC	A	Pathology consult in surgery	0.00	0.59	0.59	0.59	0.59	0.03	0.62	0.62	0.62	0.62	XXX
88332	.....	A	Pathology consult in surgery	0.59	0.55	0.58	0.55	0.58	0.04	1.18	1.21	1.18	1.21	XXX
88332	26	A	Pathology consult in surgery	0.59	0.26	0.29	0.26	0.29	0.02	0.87	0.90	0.87	0.90	XXX
88332	TC	A	Pathology consult in surgery	0.00	0.29	0.29	0.29	0.29	0.02	0.31	0.31	0.31	0.31	XXX
88342	.....	A	Immunocytochemistry	0.85	0.72	0.71	0.72	0.71	0.04	1.61	1.60	1.61	1.60	XXX
88342	26	A	Immunocytochemistry	0.85	0.38	0.37	0.38	0.37	0.02	1.25	1.24	1.25	1.24	XXX
88342	TC	A	Immunocytochemistry	0.00	0.34	0.34	0.34	0.34	0.02	0.36	0.36	0.36	0.36	XXX
88346	.....	A	Immunofluorescent study	0.86	0.67	0.65	0.67	0.65	0.04	1.57	1.55	1.57	1.55	XXX
88346	26	A	Immunofluorescent study	0.86	0.38	0.36	0.38	0.36	0.02	1.26	1.24	1.26	1.24	XXX
88346	TC	A	Immunofluorescent study	0.00	0.29	0.29	0.29	0.29	0.02	0.31	0.31	0.31	0.31	XXX
88347	.....	A	Immunofluorescent study	0.86	0.65	0.55	0.65	0.55	0.04	1.55	1.45	1.55	1.45	XXX
88347	26	A	Immunofluorescent study	0.86	0.36	0.26	0.36	0.26	0.02	1.24	1.14	1.24	1.14	XXX
88347	TC	A	Immunofluorescent study	0.00	0.29	0.29	0.29	0.29	0.02	0.31	0.31	0.31	0.31	XXX
88348	.....	A	Electron microscopy	1.51	1.86	2.17	1.86	2.17	0.10	3.47	3.78	3.47	3.78	XXX
88348	26	A	Electron microscopy	1.51	0.66	0.98	0.66	0.98	0.04	2.21	2.53	2.21	2.53	XXX
88348	TC	A	Electron microscopy	0.00	1.20	1.19	1.20	1.19	0.06	1.26	1.25	1.26	1.25	XXX
88349	.....	A	Scanning electron microscopy	0.76	1.17	1.43	1.17	1.43	0.07	2.00	2.26	2.00	2.26	XXX
88349	26	A	Scanning electron microscopy	0.76	0.34	0.60	0.34	0.60	0.02	1.12	1.38	1.12	1.38	XXX
88349	TC	A	Scanning electron microscopy	0.00	0.83	0.83	0.83	0.83	0.05	0.88	0.88	0.88	0.88	XXX
88355	.....	A	Analysis, skeletal muscle	1.85	1.67	1.78	1.67	1.78	0.11	3.63	3.74	3.63	3.74	XXX
88355	26	A	Analysis, skeletal muscle	1.85	0.78	0.89	0.78	0.89	0.06	2.69	2.80	2.69	2.80	XXX
88355	TC	A	Analysis, skeletal muscle	0.00	0.90	0.90	0.90	0.90	0.05	0.95	0.95	0.95	0.95	XXX
88356	.....	A	Analysis, nerve	3.02	2.63	2.76	2.63	2.76	0.16	5.81	5.94	5.81	5.94	XXX
88356	26	A	Analysis, nerve	3.02	1.24	1.38	1.24	1.38	0.10	4.36	4.50	4.36	4.50	XXX
88356	TC	A	Analysis, nerve	0.00	1.39	1.39	1.39	1.39	0.06	1.45	1.45	1.45	1.45	XXX
88358	.....	A	Analysis, tumor	2.82	2.52	2.52	2.52	2.52	0.14	5.48	5.48	5.48	5.48	XXX
88358	26	A	Analysis, tumor	2.82	1.25	1.26	1.25	1.26	0.08	4.15	4.16	4.15	4.16	XXX
88358	TC	A	Analysis, tumor	0.00	1.27	1.27	1.27	1.27	0.06	1.33	1.33	1.33	1.33	XXX
88362	.....	A	Nerve teasing preparations	2.17	1.98	2.06	1.98	2.06	0.12	4.27	4.35	4.27	4.35	XXX
88362	26	A	Nerve teasing preparations	2.17	0.91	1.00	0.91	1.00	0.07	3.15	3.24	3.15	3.24	XXX
88362	TC	A	Nerve teasing preparations	0.00	1.07	1.06	1.07	1.06	0.05	1.12	1.11	1.12	1.11	XXX
88365	.....	A	Tissue hybridization	0.93	0.81	0.81	0.81	0.81	0.05	1.79	1.79	1.79	1.79	XXX
88365	26	A	Tissue hybridization	0.93	0.41	0.41	0.41	0.41	0.03	1.37	1.37	1.37	1.37	XXX
88365	TC	A	Tissue hybridization	0.00	0.40	0.40	0.40	0.40	0.02	0.42	0.42	0.42	0.42	XXX
88371	.....	X	Protein, western blot tissue	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX

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[2] Copyright 1994 American Dental Association. All rights reserved.

[3] + Indicates RVUs are not used for Medicare payment.

[4] PE RVUs = Practice Expense Relative Value Units.

[5] # Indicates new CPT/HCPCS codes which were not factored into budget neutrality adjustments.

ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT[1]/ HCPCS[2]	MOD	Status	Description	Physician work RVUs[3,5]	Fully implemented non-facility PE RVUs	Year 2000 transitional non-facility PE RVUs	Fully implemented facility PE RVUs	Year 2000 transitional facility PE RVUs	Malpractice RVUs	Fully implemented non-facility total	Year 2000 transitional non-facility total	Fully implemented facility total	Year 2000 transitional facility total	Global
88371	26	A	Protein, western blot tissue	0.37	0.12	0.17	0.12	0.17	0.01	0.50	0.55	0.50	0.55	XXX
88372		X	Protein analysis w/probe	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88372	26	A	Protein analysis w/probe	0.37	0.14	0.18	0.14	0.18	0.01	0.52	0.56	0.52	0.56	XXX
88399		C	Surgical pathology procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88399	26	C	Surgical pathology procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88399	TC	C	Surgical pathology procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
89050		X	Body fluid cell count	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
89051		X	Body fluid cell count	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
89060		X	Exam,synovial fluid crystals	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
89060	26	A	Exam,synovial fluid crystals	0.37	0.17	0.20	0.16	0.19	0.01	0.55	0.58	0.54	0.57	XXX
89100		A	Sample intestinal contents	0.60	1.14	0.80	0.21	0.34	0.02	1.76	1.42	0.83	0.96	XXX
89105		A	Sample intestinal contents	0.50	3.18	1.80	0.17	0.30	0.02	3.70	2.32	0.69	0.82	XXX
89125		X	Specimen fat stain	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
89130		A	Sample stomach contents	0.45	1.57	1.01	0.14	0.29	0.02	2.04	1.48	0.61	0.76	XXX
89132		A	Sample stomach contents	0.19	1.54	0.88	0.07	0.14	0.01	1.74	1.08	0.27	0.34	XXX
89135		A	Sample stomach contents	0.79	0.80	0.72	0.25	0.44	0.03	1.62	1.54	1.07	1.26	XXX
89136		A	Sample stomach contents	0.21	1.68	0.96	0.08	0.16	0.01	1.90	1.18	0.30	0.38	XXX
89140		A	Sample stomach contents	0.94	1.42	1.15	0.33	0.61	0.04	2.40	2.13	1.31	1.59	XXX
89141		A	Sample stomach contents	0.85	2.06	1.43	0.30	0.55	0.03	2.94	2.31	1.18	1.43	XXX
89160		X	Exam feces for meat fibers	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
89190		X	Nasal smear for eosinophils	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
89250		X	Fertilization of oocyte	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
89251		X	Culture oocyte w/embryos	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
89252		X	Assist oocyte fertilization	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
89253		X	Embryo hatching	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
89254		X	Oocyte identification	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
89255		X	Prepare embryo for transfer	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
89256		X	Prepare cryopreserved embryo	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
89257		X	Sperm identification	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
89258		X	Cryopreservation, embryo	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
89259		X	Cryopreservation, sperm	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
89260		X	Sperm isolation, simple	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
89261		X	Sperm isolation, complex	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
89264		X	Sperm tissue identify	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
89300		X	Semen analysis	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
89310		X	Semen analysis	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
89320		X	Semen analysis	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
89325		X	Sperm antibody test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
89329		X	Sperm evaluation test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
89330		X	Evaluation, cervical mucus	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
89350		A	Sputum specimen collection	0.00	0.43	0.43	0.43	0.43	0.02	0.45	0.45	0.45	0.45	XXX
89355		X	Exam feces for starch	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
89360		A	Collect sweat for test	0.00	0.47	0.47	0.47	0.47	0.02	0.49	0.49	0.49	0.49	XXX
89365		X	Water load test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
89399		C	Pathology lab procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
89399	26	C	Pathology lab procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
89399	TC	C	Pathology lab procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90281		I	Human ig, im	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90283		I	Human ig, iv	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90287		I	Botulinum antitoxin	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90288		I	Botulism ig, iv	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90291		I	Cmv ig, iv	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90296		E	Diphtheria antitoxin	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90371		X	Hepb ig, im	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90375		E	Rabies ig, im/sc	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90376		E	Rabies ig, heat treated	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90379		E	Rsv ig, iv	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90384		I	Rh ig, full-dose, im	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90385		E	Rh ig, minidose, im	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90386		I	Rh ig, iv	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90389		E	Tetanus ig, im	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90393		E	Vaccina ig, im	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90396		E	Varicella-zoster ig, im	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90399		I	Immune globulin	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90471		X	Immunization admin, single	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90472		X	Immunization admin, 2+	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90476		E	Adenovirus vaccine, type 4	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90477		E	Adenovirus vaccine, type 7	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90581		E	Anthrax vaccine, sc	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90585		E	Bcg vaccine, percut	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90586		E	Bcg vaccine, intravesical	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90592		E	Cholera vaccine, oral	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90632		E	Hepa vaccine adult im	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90633		E	Hepa vaccine ped/adol-2 dose	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90634		E	Hepa vaccine ped/adol-3 dose	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90636		E	Hepa/hepb vaccine adult im	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90645		E	Hib vaccine, hboc, im	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90646		E	Hib vaccine, prp-d, im	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90647		E	Hib vaccine, prp-omp, im	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90648		E	Hib vaccine, prp-t, im	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90657		X	Flu vaccine, 6-35 mo, im	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90658		X	Flu vaccine, 3 yrs, im	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90659		X	Flu vaccine, whole, im	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90660		X	Flu vaccine, nasal	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX

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[3] + Indicates RVUs are not used for Medicare payment.
[4] PE RVUs = Practice Expense Relative Value Units.
[5] # Indicates new CPT/HCPCS codes which were not factored into budget neutrality adjustments.

ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT[1]/ HCPCS[2]	MOD	Status	Description	Physician work RVUs[3,5]	Fully implemented non-facility PE RVUs	Year 2000 transitional non-facility PE RVUs	Fully implemented facility PE RVUs	Year 2000 transitional facility PE RVUs	Malpractice RVUs	Fully implemented non-facility total	Year 2000 transitional non-facility total	Fully implemented facility total	Year 2000 transitional facility total	Global
90665	.....	E	Lyme disease vaccine, im	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90669	.....	X	Pneumococcal vaccine, ped	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90675	.....	E	Rabies vaccine, im	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90676	.....	E	Rabies vaccine, id	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90680	.....	E	Rotovirus vaccine, oral	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90690	.....	E	Typhoid vaccine, oral	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90691	.....	E	Typhoid vaccine, im	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90692	.....	E	Typhoid vaccine, h-p, sc/id	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90693	.....	E	Typhoid vaccine, akd, sc	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90700	.....	E	Dtap vaccine, im	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90701	.....	E	Dtp vaccine, im	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90702	.....	E	Dt vaccine, im	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90703	.....	E	Tetanus vaccine, im	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90704	.....	E	Mumps vaccine, sc	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90705	.....	E	Measles vaccine, sc	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90706	.....	E	Rubella vaccine, sc	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90707	.....	E	Mmr vaccine, sc	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90708	.....	E	Measles-rubella vaccine sc	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90709	.....	E	Rubella & mumps vaccine sc	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90710	.....	E	Mmrv vaccine, sc	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90712	.....	E	Oral poliovirus vaccine	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90713	.....	E	Poliovirus, ipv, sc	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90716	.....	E	Chicken pox vaccine, sc	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90717	.....	E	Yellow fever vaccine, sc	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90718	.....	E	Td vaccine, im	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90719	.....	E	Diphtheria vaccine, im	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90720	.....	E	Dtp/hib vaccine, im	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90721	.....	E	Dtap/hib vaccine, im	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90725	.....	E	Cholera vaccine, injectable	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90727	.....	E	Plague vaccine, im	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90732	.....	X	Pneumococcal vaccine, adult	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90733	.....	E	Meningococcal vaccine, sc	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90735	.....	E	Encephalitis vaccine, sc	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90744	.....	X	Hepb vaccine, ped/adol, im	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90745	.....	X	Hepb vaccine, adol/risk, im	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90746	.....	X	Hepb vaccine, adult, im	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90747	.....	X	Hepb vaccine, ill pat, im	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90748	.....	E	Hepb/hib vaccine, im	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90749	.....	E	Vaccine toxoid	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90780	.....	A	IV infusion therapy, 1 hour	0.00	1.17	1.16	1.17	1.16	0.06	1.23	1.22	1.23	1.22	XXX
90781	.....	A	IV infusion, additional hour	0.00	0.58	0.58	0.58	0.58	0.03	0.61	0.61	0.61	0.61	ZZZ
90782	.....	T	Injection (SC)/(IM)	0.00	0.11	0.11	0.11	0.11	0.01	0.12	0.12	0.12	0.12	XXX
90783	.....	T	Injection (IA)	0.00	0.43	0.43	0.43	0.43	0.02	0.45	0.45	0.45	0.45	XXX
90784	.....	T	Injection (IV)	0.00	0.49	0.49	0.49	0.49	0.03	0.52	0.52	0.52	0.52	XXX
90788	.....	T	Injection of antibiotic	0.00	0.12	0.12	0.12	0.12	0.01	0.13	0.13	0.13	0.13	XXX
90799	.....	C	Therapeutic/diag injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90801	.....	A	Psy dx interview	2.80	1.13	0.93	0.91	0.82	0.08	4.01	3.81	3.79	3.70	XXX
90802	.....	A	Intac psy dx interview	3.01	1.24	0.83	0.99	0.70	0.08	4.33	3.92	4.08	3.79	XXX
90804	.....	A	Psytx, office (20-30)	1.21	0.53	0.46	0.40	0.39	0.03	1.77	1.70	1.64	1.63	XXX
90805	.....	A	Psytx, office (20-30) w/e&m	1.37	0.56	0.47	0.44	0.41	0.04	1.97	1.88	1.85	1.82	XXX
90806	.....	A	Psytx, office (45-50)	1.86	0.79	0.69	0.64	0.62	0.05	2.70	2.60	2.55	2.53	XXX
90807	.....	A	Psytx, office (45-50) w/e&m	2.02	0.76	0.68	0.65	0.62	0.05	2.83	2.75	2.72	2.69	XXX
90808	.....	A	Psytx, office (75-80)	2.79	1.14	1.14	0.95	1.05	0.08	4.01	4.01	3.82	3.92	XXX
90809	.....	A	Psytx, office (75-80) w/e&m	2.95	1.08	1.11	0.95	1.05	0.08	4.11	4.14	3.98	4.08	XXX
90810	.....	A	Intac psytx, office (20-30)	1.32	0.56	0.60	0.44	0.54	0.03	1.91	1.95	1.79	1.89	XXX
90811	.....	A	Intac psytx, off 20-30 w/e&m	1.48	0.58	0.61	0.46	0.55	0.04	2.10	2.13	1.98	2.07	XXX
90812	.....	A	Intac psytx, office (45-50)	1.97	0.87	0.76	0.65	0.65	0.05	2.89	2.78	2.67	2.67	XXX
90813	.....	A	Intac psytx, off 45-50 w/e&m	2.13	0.81	0.73	0.66	0.65	0.06	3.00	2.92	2.85	2.84	XXX
90814	.....	A	Intac psytx, office (75-80)	2.90	1.22	0.93	1.05	0.85	0.08	4.20	3.91	4.03	3.83	XXX
90815	.....	A	Intac psytx, off 75-80 w/e&m	3.06	1.16	0.90	0.94	0.79	0.08	4.30	4.04	4.08	3.93	XXX
90816	.....	A	Psytx, hosp (20-30)	1.25	0.60	0.49	0.43	0.41	0.03	1.88	1.77	1.71	1.69	XXX
90817	.....	A	Psytx, hosp (20-30) w/e&m	1.41	0.60	0.49	0.43	0.41	0.04	2.05	1.94	1.88	1.86	XXX
90818	.....	A	Psytx, hosp (45-50)	1.89	0.83	0.71	0.67	0.63	0.05	2.77	2.65	2.61	2.57	XXX
90819	.....	A	Psytx, hosp (45-50) w/e&m	2.05	0.83	0.71	0.63	0.61	0.05	2.93	2.81	2.73	2.71	XXX
90821	.....	A	Psytx, hosp (75-80)	2.83	1.18	1.16	0.96	1.05	0.08	4.09	4.07	3.87	3.96	XXX
90822	.....	A	Psytx, hosp (75-80) w/e&m	2.99	1.13	1.14	0.92	1.03	0.08	4.20	4.21	3.99	4.10	XXX
90823	.....	A	Intac psytx, hosp (20-30)	1.36	0.70	0.67	0.45	0.55	0.04	2.10	2.07	1.85	1.95	XXX
90824	.....	A	Intac psytx, hsp 20-30 w/e&m	1.52	0.67	0.66	0.46	0.55	0.04	2.23	2.22	2.02	2.11	XXX
90826	.....	A	Intac psytx, hosp (45-50)	2.01	0.95	0.80	0.68	0.66	0.05	3.01	2.86	2.74	2.72	XXX
90827	.....	A	Intac psytx, hsp 45-50 w/e&m	2.16	0.88	0.76	0.66	0.65	0.06	3.10	2.98	2.88	2.87	XXX
90828	.....	A	Intac psytx, hosp (75-80)	2.94	1.30	0.97	0.98	0.81	0.08	4.32	3.99	4.00	3.83	XXX
90829	.....	A	Intac psytx, hsp 75-80 w/e&m	3.10	1.18	0.91	0.94	0.79	0.08	4.36	4.09	4.12	3.97	XXX
90845	.....	A	Psychoanalysis	1.79	0.68	0.56	0.54	0.49	0.05	2.52	2.40	2.38	2.33	XXX
90846	.....	R	Family psytx w/o patient	1.83	0.77	0.72	0.61	0.64	0.05	2.65	2.60	2.49	2.52	XXX
90847	.....	R	Family psytx w/patient	2.21	0.86	0.75	0.73	0.68	0.06	3.13	3.02	3.00	2.95	XXX
90849	.....	R	Multiple family group psytx	0.59	0.37	0.33	0.20	0.24	0.02	0.98	0.94	0.81	0.85	XXX
90853	.....	A	Group psychotherapy	0.59	0.35	0.32	0.20	0.24	0.02	0.96	0.93	0.81	0.85	XXX
90857	.....	A	Intac group psytx	0.63	0.36	0.26	0.22	0.19	0.02	1.01	0.91	0.87	0.84	XXX
90862	.....	A	Medication management	0.95	0.42	0.41	0.29	0.35	0.03	1.40	1.39	1.27	1.33	XXX
90865	.....	A	Narcosynthesis	2.84	4.63	2.59	0.87	0.71	0.10	7.57	5.53	3.81	3.65	XXX
90870	.....	A	Electroconvulsive therapy	1.88	0.70	0.65	0.57	0.59	0.05	2.63	2.58	2.50	2.52	000
90871	.....	A	Electroconvulsive therapy	2.72	NA	NA	0.83	0.87	0.07	NA	NA	3.62	3.66	000
90875	.....	N	Psychophysiological therapy	+1.20	0.80	0.80	0.46	0.46	0.03	2.03	2.03	1.69	1.69	XXX
90876	.....	N	Psychophysiological therapy	+1.90	1.06	1.06	0.73	0.73	0.05	3.01	3.01	2.68	2.68	XXX

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT[1]/ HCPCS[2]	MOD	Status	Description	Physician work RVUs[3,5]	Fully implemented non-facility PE RVUs	Year 2000 transitional non-facility PE RVUs	Fully implemented facility PE RVUs	Year 2000 transitional facility PE RVUs	Malpractice RVUs	Fully implemented non-facility total	Year 2000 transitional non-facility total	Fully implemented facility total	Year 2000 transitional facility total	Global
90880	.....	A	Hypnotherapy	2.19	0.90	0.80	0.69	0.69	0.06	3.15	3.05	2.94	2.94	XXX
90882	.....	N	Environmental manipulation	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90885	.....	B	Psy evaluation of records	0.97	0.37	0.36	0.37	0.36	0.03	1.37	1.36	1.37	1.36	XXX
90887	.....	B	Consultation with family	1.48	0.76	0.56	0.57	0.47	0.04	2.28	2.08	2.09	1.99	XXX
90889	.....	B	Preparation of report	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90899	.....	C	Psychiatric service/therapy	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90901	.....	A	Biofeedback, any method	0.41	0.86	0.96	0.44	0.75	0.02	1.29	1.39	0.87	1.18	000
90911	.....	A	Biofeedback peri/uro/rectal	0.89	0.72	0.98	0.36	0.80	0.05	1.66	1.92	1.30	1.74	000
90918	.....	A	ESRD related services, month	11.18	5.02	3.70	4.10	3.24	0.51	16.71	15.39	15.79	14.93	XXX
90919	.....	A	ESRD related services, month	8.54	4.02	3.20	3.17	2.78	0.42	12.98	12.16	12.13	11.74	XXX
90920	.....	A	ESRD related services, month	7.27	3.43	2.91	2.67	2.53	0.40	11.10	10.58	10.34	10.20	XXX
90921	.....	A	ESRD related services, month	4.47	2.42	2.40	1.71	2.05	0.28	7.17	7.15	6.46	6.80	XXX
90922	.....	A	ESRD related services, day	0.37	0.14	0.11	0.12	0.10	0.02	0.53	0.50	0.51	0.49	XXX
90923	.....	A	Esrd related services, day	0.28	0.13	0.11	0.10	0.09	0.01	0.42	0.40	0.39	0.38	XXX
90924	.....	A	Esrd related services, day	0.24	0.11	0.10	0.09	0.09	0.01	0.36	0.35	0.34	0.34	XXX
90925	.....	A	Esrd related services, day	0.15	0.08	0.08	0.06	0.07	0.01	0.24	0.24	0.22	0.23	XXX
90935	.....	A	Hemodialysis, one evaluation	1.22	NA	NA	0.38	0.92	0.08	NA	NA	1.68	2.22	000
90937	.....	A	Hemodialysis, repeated eval.	2.11	NA	NA	0.65	1.59	0.12	NA	NA	2.88	3.82	000
90945	.....	A	Dialysis, one evaluation	1.28	NA	NA	0.40	0.89	0.08	NA	NA	1.76	2.25	000
90947	.....	A	Dialysis, repeated eval.	2.16	NA	NA	0.67	1.47	0.13	NA	NA	2.96	3.76	000
90989	.....	X	Dialysis training/complete	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90993	.....	X	Dialysis training/incomplete	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90997	.....	A	Hemoperfusion	1.84	NA	NA	0.59	1.39	0.10	NA	NA	2.53	3.33	000
90999	.....	C	Dialysis procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
91000	.....	A	Esophageal intubation	0.73	0.33	0.53	0.33	0.53	0.03	1.09	1.29	1.09	1.29	000
91000	26	A	Esophageal intubation	0.73	0.25	0.45	0.25	0.45	0.02	1.00	1.20	1.00	1.20	000
91000	TC	A	Esophageal intubation	0.00	0.08	0.08	0.08	0.08	0.01	0.09	0.09	0.09	0.09	000
91010	.....	A	Esophagus motility study	1.25	1.29	1.82	1.29	1.82	0.09	2.63	3.16	2.63	3.16	000
91010	26	A	Esophagus motility study	1.25	0.43	0.97	0.43	0.97	0.04	1.72	2.26	1.72	2.26	000
91010	TC	A	Esophagus motility study	0.00	0.86	0.86	0.86	0.86	0.05	0.91	0.91	0.91	0.91	000
91011	.....	A	Esophagus motility study	1.50	1.60	2.23	1.60	2.23	0.10	3.20	3.83	3.20	3.83	000
91011	26	A	Esophagus motility study	1.50	0.52	1.16	0.52	1.16	0.05	2.07	2.71	2.07	2.71	000
91011	TC	A	Esophagus motility study	0.00	1.08	1.07	1.08	1.07	0.05	1.13	1.12	1.13	1.12	000
91012	.....	A	Esophagus motility study	1.46	1.72	2.33	1.72	2.33	0.12	3.30	3.91	3.30	3.91	000
91012	26	A	Esophagus motility study	1.46	0.51	1.13	0.51	1.13	0.06	2.03	2.65	2.03	2.65	000
91012	TC	A	Esophagus motility study	0.00	1.21	1.20	1.21	1.20	0.06	1.27	1.26	1.27	1.26	000
91020	.....	A	Gastric motility	1.44	1.29	1.90	1.29	1.90	0.11	2.84	3.45	2.84	3.45	000
91020	26	A	Gastric motility	1.44	0.49	1.10	0.49	1.10	0.06	1.99	2.60	1.99	2.60	000
91020	TC	A	Gastric motility	0.00	0.80	0.80	0.80	0.80	0.05	0.85	0.85	0.85	0.85	000
91030	.....	A	Acid perfusion of esophagus	0.91	0.55	0.58	0.55	0.58	0.05	1.51	1.54	1.51	1.54	000
91030	26	A	Acid perfusion of esophagus	0.91	0.32	0.35	0.32	0.35	0.03	1.26	1.29	1.26	1.29	000
91030	TC	A	Acid perfusion of esophagus	0.00	0.23	0.23	0.23	0.23	0.02	0.25	0.25	0.25	0.25	000
91032	.....	A	Esophagus, acid reflux test	1.21	1.20	1.67	1.20	1.67	0.10	2.51	2.98	2.51	2.98	000
91032	26	A	Esophagus, acid reflux test	1.21	0.42	0.89	0.42	0.89	0.05	1.68	2.15	1.68	2.15	000
91032	TC	A	Esophagus, acid reflux test	0.00	0.77	0.77	0.77	0.77	0.05	0.82	0.82	0.82	0.82	000
91033	.....	A	Prolonged acid reflux test	1.30	1.86	2.40	1.86	2.40	0.14	3.30	3.84	3.30	3.84	000
91033	26	A	Prolonged acid reflux test	1.30	0.45	1.00	0.45	1.00	0.05	1.80	2.35	1.80	2.35	000
91033	TC	A	Prolonged acid reflux test	0.00	1.41	1.40	1.41	1.40	0.09	1.50	1.49	1.50	1.49	000
91052	.....	A	Gastric analysis test	0.79	0.63	0.76	0.63	0.76	0.05	1.47	1.60	1.47	1.60	000
91052	26	A	Gastric analysis test	0.79	0.27	0.41	0.27	0.41	0.03	1.09	1.23	1.09	1.23	000
91052	TC	A	Gastric analysis test	0.00	0.35	0.35	0.35	0.35	0.02	0.37	0.37	0.37	0.37	000
91055	.....	A	Gastric intubation for smear	0.94	0.59	0.73	0.59	0.73	0.07	1.60	1.74	1.60	1.74	000
91055	26	A	Gastric intubation for smear	0.94	0.27	0.41	0.27	0.41	0.05	1.26	1.40	1.26	1.40	000
91055	TC	A	Gastric intubation for smear	0.00	0.32	0.32	0.32	0.32	0.02	0.34	0.34	0.34	0.34	000
91060	.....	A	Gastric saline load test	0.45	0.36	0.57	0.36	0.57	0.04	0.85	1.06	0.85	1.06	000
91060	26	A	Gastric saline load test	0.45	0.13	0.34	0.13	0.34	0.02	0.60	0.81	0.60	0.81	000
91060	TC	A	Gastric saline load test	0.00	0.23	0.23	0.23	0.23	0.02	0.25	0.25	0.25	0.25	000
91065	.....	A	Breath hydrogen test	0.20	0.44	0.53	0.44	0.53	0.03	0.67	0.76	0.67	0.76	000
91065	26	A	Breath hydrogen test	0.20	0.07	0.16	0.07	0.16	0.01	0.28	0.37	0.28	0.37	000
91065	TC	A	Breath hydrogen test	0.00	0.37	0.37	0.37	0.37	0.02	0.39	0.39	0.39	0.39	000
91100	.....	A	Pass intestine bleeding tube	1.08	NA	NA	0.28	0.45	0.07	NA	NA	1.43	1.60	000
91105	.....	A	Gastric intubation treatment	0.37	NA	NA	0.09	0.27	0.02	NA	NA	0.48	0.66	000
91122	.....	A	Anal pressure record	1.77	1.36	1.62	1.36	1.62	0.19	3.32	3.58	3.32	3.58	000
91122	26	A	Anal pressure record	1.77	0.63	0.89	0.63	0.89	0.12	2.52	2.78	2.52	2.78	000
91122	TC	A	Anal pressure record	0.00	0.73	0.73	0.73	0.73	0.07	0.80	0.80	0.80	0.80	000
91299	.....	C	Gastroenterology procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
91299	26	C	Gastroenterology procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
91299	TC	C	Gastroenterology procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
92002	.....	A	Eye exam, new patient	0.88	1.06	0.80	0.35	0.31	0.03	1.97	1.71	1.26	1.22	XXX
92004	.....	A	Eye exam, new patient	1.67	1.67	1.15	0.69	0.50	0.06	3.40	2.88	2.42	2.23	XXX
92012	.....	A	Eye exam established pt	0.67	1.43	0.96	0.31	0.28	0.02	2.12	1.65	1.00	0.97	XXX
92014	.....	A	Eye exam & treatment	1.10	1.33	0.96	0.49	0.40	0.04	2.47	2.10	1.63	1.54	XXX
92015	.....	N	Refraction	+0.38	1.27	0.81	0.15	0.25	0.01	1.66	1.20	0.54	0.64	XXX
92018	.....	A	New eye exam & treatment	1.51	NA	NA	0.71	0.61	0.05	NA	NA	2.27	2.17	XXX
92019	.....	A	Eye exam & treatment	1.31	NA	NA	0.56	0.41	0.05	NA	NA	1.92	1.77	XXX
92020	.....	A	Special eye evaluation	0.37	0.55	0.43	0.18	0.17	0.01	0.93	0.81	0.56	0.55	XXX
92060	.....	A	Special eye evaluation	0.69	0.51	0.47	0.51	0.47	0.03	1.23	1.19	1.23	1.19	XXX
92060	26	A	Special eye evaluation	0.69	0.30	0.27	0.30	0.27	0.02	1.01	0.98	1.01	0.98	XXX
92060	TC	A	Special eye evaluation	0.00	0.20	0.20	0.20	0.20	0.01	0.21	0.21	0.21	0.21	XXX
92065	.....	A	Orthoptic/pleoptic training	0.37	0.36	0.38	0.36	0.38	0.01	0.74	0.76	0.74	0.76	XXX
92065	26	A	Orthoptic/pleoptic training	0.37	0.19	0.21	0.19	0.21	0.01	0.57	0.59	0.57	0.59	XXX
92065	TC	A	Orthoptic/pleoptic training	0.00	0.17	0.17	0.17	0.17	0.00	0.17	0.17	0.17	0.17	XXX
92070	.....	A	Fitting of contact lens	0.70	0.95	1.13	0.35	0.50	0.02	1.67	1.85	1.07	1.22	XXX
92081	.....	A	Visual field examination(s)	0.36	0.32	0.33	0.32	0.33	0.01	0.69	0.70	0.69	0.70	XXX

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[3] + Indicates RVUs are not used for Medicare payment.

[4] PE RVUs = Practice Expense Relative Value Units.

[5] # Indicates new CPT/HCPCS codes which were not factored into budget neutrality adjustments.

ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT[1]/ HCPCS[2]	MOD	Status	Description	Physician work RVUs[3,5]	Fully implemented non-facility PE RVUs	Year 2000 transitional non-facility PE RVUs	Fully implemented facility PE RVUs	Year 2000 transitional facility PE RVUs	Malpractice RVUs	Fully implemented non-facility total	Year 2000 transitional non-facility total	Fully implemented facility total	Year 2000 transitional facility total	Global
92081	26	A	Visual field examination(s)	0.36	0.16	0.17	0.16	0.17	0.01	0.53	0.54	0.53	0.54	XXX
92081	TC	A	Visual field examination(s)	0.00	0.16	0.16	0.16	0.16	0.00	0.16	0.16	0.16	0.16	XXX
92082		A	Visual field examination(s)	0.44	0.42	0.48	0.42	0.48	0.02	0.88	0.94	0.88	0.94	XXX
92082	26	A	Visual field examination(s)	0.44	0.21	0.27	0.21	0.27	0.01	0.66	0.72	0.66	0.72	XXX
92082	TC	A	Visual field examination(s)	0.00	0.21	0.21	0.21	0.21	0.01	0.22	0.22	0.22	0.22	XXX
92083		A	Visual field examination(s)	0.50	0.56	0.73	0.56	0.73	0.03	1.09	1.26	1.09	1.26	XXX
92083	26	A	Visual field examination(s)	0.50	0.25	0.43	0.25	0.43	0.02	0.77	0.95	0.77	0.95	XXX
92083	TC	A	Visual field examination(s)	0.00	0.31	0.31	0.31	0.31	0.01	0.32	0.32	0.32	0.32	XXX
92100		A	Serial tonometry exam(s)	0.92	0.74	0.51	0.33	0.24	0.03	1.69	1.46	1.28	1.19	XXX
92120		A	Tonography & eye evaluation	0.81	0.75	0.55	0.35	0.26	0.03	1.59	1.39	1.19	1.10	XXX
92130		A	Water provocation tonography	0.81	0.85	0.69	0.41	0.34	0.03	1.69	1.53	1.25	1.18	XXX
92135		A	Opthalmic dx imaging	0.35	0.48	0.48	0.48	0.48	0.02	0.85	0.85	0.85	0.85	XXX
92135	26	A	Opthalmic dx imaging	0.35	0.17	0.17	0.17	0.17	0.01	0.53	0.53	0.53	0.53	XXX
92135	TC	A	Opthalmic dx imaging	0.00	0.31	0.31	0.31	0.31	0.01	0.32	0.32	0.32	0.32	XXX
92140		A	Glaucoma provocative tests	0.50	0.86	0.60	0.24	0.21	0.02	1.38	1.12	0.76	0.73	XXX
92225		A	Special eye exam, initial	0.38	1.12	0.81	0.16	0.21	0.01	1.51	1.20	0.55	0.60	XXX
92226		A	Special eye exam, subsequent	0.33	1.18	0.81	0.15	0.19	0.01	1.52	1.15	0.49	0.53	XXX
92230		A	Eye exam with photos	0.60	2.13	1.44	0.21	0.30	0.02	2.75	2.06	0.83	0.92	XXX
92235		A	Eye exam with photos	0.81	1.49	1.60	1.49	1.60	0.08	2.38	2.49	2.38	2.49	XXX
92235	26	A	Eye exam with photos	0.81	0.41	0.53	0.41	0.53	0.03	1.25	1.37	1.25	1.37	XXX
92235	TC	A	Eye exam with photos	0.00	1.09	1.08	1.09	1.08	0.05	1.14	1.13	1.14	1.13	XXX
92240		A	Icg angiography	1.10	1.64	1.68	1.64	1.68	0.09	2.83	2.87	2.83	2.87	XXX
92240	26	A	Icg angiography	1.10	0.56	0.60	0.56	0.60	0.04	1.70	1.74	1.70	1.74	XXX
92240	TC	A	Icg angiography	0.00	1.09	1.08	1.09	1.08	0.05	1.14	1.13	1.14	1.13	XXX
92250		A	Eye exam with photos	0.44	0.41	0.43	0.41	0.43	0.02	0.87	0.89	0.87	0.89	XXX
92250	26	A	Eye exam with photos	0.44	0.22	0.25	0.22	0.25	0.01	0.67	0.70	0.67	0.70	XXX
92250	TC	A	Eye exam with photos	0.00	0.19	0.19	0.19	0.19	0.01	0.20	0.20	0.20	0.20	XXX
92260		A	Ophthalmoscopy/dynamometry	0.20	0.19	0.39	0.08	0.19	0.01	0.40	0.60	0.29	0.40	XXX
92265		A	Eye muscle evaluation	0.81	0.50	0.41	0.50	0.41	0.05	1.36	1.27	1.36	1.27	XXX
92265	26	A	Eye muscle evaluation	0.81	0.25	0.17	0.25	0.17	0.03	1.09	1.01	1.09	1.01	XXX
92265	TC	A	Eye muscle evaluation	0.00	0.24	0.24	0.24	0.24	0.02	0.26	0.26	0.26	0.26	XXX
92270		A	Electro-oculography	0.81	0.65	0.69	0.65	0.69	0.05	1.51	1.55	1.51	1.55	XXX
92270	26	A	Electro-oculography	0.81	0.32	0.36	0.32	0.36	0.03	1.16	1.20	1.16	1.20	XXX
92270	TC	A	Electro-oculography	0.00	0.33	0.33	0.33	0.33	0.02	0.35	0.35	0.35	0.35	XXX
92275		A	Electroretinography	1.01	0.87	0.92	0.87	0.92	0.06	1.94	1.99	1.94	1.99	XXX
92275	26	A	Electroretinography	1.01	0.44	0.50	0.44	0.50	0.04	1.49	1.55	1.49	1.55	XXX
92275	TC	A	Electroretinography	0.00	0.43	0.43	0.43	0.43	0.02	0.45	0.45	0.45	0.45	XXX
92283		A	Color vision examination	0.17	0.20	0.26	0.20	0.26	0.01	0.38	0.44	0.38	0.44	XXX
92283	26	A	Color vision examination	0.17	0.07	0.13	0.07	0.13	0.01	0.25	0.31	0.25	0.31	XXX
92283	TC	A	Color vision examination	0.00	0.13	0.13	0.13	0.13	0.00	0.13	0.13	0.13	0.13	XXX
92284		A	Dark adaptation eye exam	0.24	0.27	0.38	0.27	0.38	0.02	0.53	0.64	0.53	0.64	XXX
92284	26	A	Dark adaptation eye exam	0.24	0.08	0.19	0.08	0.19	0.01	0.33	0.44	0.33	0.44	XXX
92284	TC	A	Dark adaptation eye exam	0.00	0.19	0.19	0.19	0.19	0.01	0.20	0.20	0.20	0.20	XXX
92285		A	Eye photography	0.20	0.22	0.27	0.22	0.27	0.01	0.43	0.48	0.43	0.48	XXX
92285	26	A	Eye photography	0.20	0.09	0.15	0.09	0.15	0.01	0.30	0.36	0.30	0.36	XXX
92285	TC	A	Eye photography	0.00	0.12	0.12	0.12	0.12	0.00	0.12	0.12	0.12	0.12	XXX
92286		A	Internal eye photography	0.66	0.75	1.04	0.75	1.04	0.04	1.45	1.74	1.45	1.74	XXX
92286	26	A	Internal eye photography	0.66	0.32	0.61	0.32	0.61	0.02	1.00	1.29	1.00	1.29	XXX
92286	TC	A	Internal eye photography	0.00	0.43	0.43	0.43	0.43	0.02	0.45	0.45	0.45	0.45	XXX
92287		A	Internal eye photography	0.81	3.16	2.41	0.33	0.58	0.03	4.00	3.25	1.17	1.42	XXX
92310		N	Contact lens fitting	+1.17	0.93	1.17	0.45	0.93	0.05	2.15	2.39	1.67	2.15	XXX
92311		A	Contact lens fitting	1.08	0.99	0.99	0.40	0.45	0.04	2.11	2.11	1.52	1.57	XXX
92312		A	Contact lens fitting	1.26	0.96	1.11	0.58	0.61	0.05	2.27	2.42	1.89	1.92	XXX
92313		A	Contact lens fitting	0.92	0.88	0.92	0.27	0.38	0.03	1.83	1.87	1.22	1.33	XXX
92314		N	Prescription of contact lens	+0.69	0.75	0.79	0.26	0.54	0.03	1.47	1.51	0.98	1.26	XXX
92315		A	Prescription of contact lens	0.45	0.69	0.71	0.16	0.26	0.02	1.16	1.18	0.63	0.73	XXX
92316		A	Prescription of contact lens	0.68	0.77	0.90	0.35	0.44	0.02	1.47	1.60	1.05	1.14	XXX
92317		A	Prescription of contact lens	0.45	0.84	0.63	0.17	0.19	0.01	1.30	1.09	0.63	0.65	XXX
92325		A	Modification of contact lens	0.00	0.41	0.41	0.41	0.41	0.01	0.42	0.42	0.42	0.42	XXX
92326		A	Replacement of contact lens	0.00	1.71	1.70	1.71	1.70	0.05	1.76	1.75	1.76	1.75	XXX
92330		A	Fitting of artificial eye	1.08	0.85	1.04	0.38	0.50	0.04	1.97	2.16	1.50	1.62	XXX
92335		A	Fitting of artificial eye	0.45	0.79	1.47	0.15	0.61	0.02	1.26	1.94	0.62	1.08	XXX
92340		N	Fitting of spectacles	+0.37	0.55	0.51	0.14	0.29	0.01	0.93	0.89	0.52	0.67	XXX
92341		N	Fitting of spectacles	+0.47	0.59	0.59	0.18	0.37	0.02	1.08	1.08	0.67	0.86	XXX
92342		N	Fitting of spectacles	+0.53	0.61	0.63	0.20	0.42	0.02	1.16	1.18	0.75	0.97	XXX
92352		B	Special spectacles fitting	0.37	0.55	0.44	0.14	0.24	0.01	0.93	0.82	0.52	0.62	XXX
92353		B	Special spectacles fitting	0.50	0.60	0.52	0.19	0.31	0.02	1.12	1.04	0.71	0.83	XXX
92354		B	Special spectacles fitting	0.00	9.26	9.21	9.26	9.21	0.08	9.34	9.29	9.34	9.29	XXX
92355		B	Special spectacles fitting	0.00	4.53	4.51	4.53	4.51	0.01	4.54	4.52	4.54	4.52	XXX
92358		B	Eye prosthesis service	0.00	1.01	1.01	1.01	1.01	0.04	1.05	1.05	1.05	1.05	XXX
92370		N	Repair & adjust spectacles	+0.32	0.41	0.40	0.12	0.25	0.01	0.74	0.73	0.45	0.58	XXX
92371		B	Repair & adjust spectacles	0.00	0.64	0.64	0.64	0.64	0.02	0.66	0.66	0.66	0.66	XXX
92390		N	Supply of spectacles	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
92391		N	Supply of contact lenses	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
92392		I	Supply of low vision aids	0.00	4.23	4.21	4.23	4.21	0.02	4.25	4.23	4.25	4.23	XXX
92393		I	Supply of artificial eye	0.00	13.12	13.05	13.12	13.05	0.52	13.64	13.57	13.64	13.57	XXX
92395		I	Supply of spectacles	0.00	1.44	1.43	1.44	1.43	0.08	1.52	1.51	1.52	1.51	XXX
92396		I	Supply of contact lenses	0.00	2.40	2.39	2.40	2.39	0.06	2.46	2.45	2.46	2.45	XXX
92499		C	Eye service or procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
92499	26	C	Eye service or procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
92499	TC	C	Eye service or procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
92502		A	Ear and throat examination	1.51	NA	NA	1.21	1.22	0.05	NA	NA	2.77	2.78	000
92504		A	Ear microscopy examination	0.18	0.80	0.54	0.10	0.12	0.01	0.99	0.73	0.29	0.31	XXX
92506		A	Speech & hearing evaluation	0.86	1.14	0.85	0.39	0.34	0.03	2.03	1.74	1.28	1.23	XXX

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[3] + Indicates RVUs are not used for Medicare payment.
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[5] # Indicates new CPT/HCPCS codes which were not factored into budget neutrality adjustments.

ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT[1]/ HCPCS[2]	MOD	Status	Description	Physician work RVUs[3,5]	Fully implemented non-facility PE RVUs	Year 2000 transitional non-facility PE RVUs	Fully implemented facility PE RVUs	Year 2000 transitional facility PE RVUs	Malpractice RVUs	Fully implemented non-facility total	Year 2000 transitional non-facility total	Fully implemented facility total	Year 2000 transitional facility total	Global
92507	.....	A	Speech/hearing therapy	0.52	1.11	0.74	0.22	0.20	0.02	1.65	1.28	0.76	0.74	XXX
92508	.....	A	Speech/hearing therapy	0.26	0.85	0.53	0.16	0.13	0.01	1.12	0.80	0.43	0.40	XXX
92510	.....	A	Rehab for ear implant	1.50	1.58	1.53	0.83	0.79	0.05	3.13	3.08	2.38	2.34	XXX
92511	.....	A	Nasopharyngoscopy	0.84	0.98	0.95	0.44	0.45	0.03	1.85	1.82	1.31	1.32	000
92512	.....	A	Nasal function studies	0.55	0.96	0.74	0.17	0.22	0.02	1.53	1.31	0.74	0.79	XXX
92516	.....	A	Facial nerve function test	0.43	0.75	0.59	0.20	0.21	0.01	1.19	1.03	0.64	0.65	XXX
92520	.....	A	Laryngeal function studies	0.76	0.56	0.57	0.38	0.34	0.03	1.35	1.36	1.17	1.13	XXX
92525	.....	A	Oral function evaluation	1.50	1.45	1.28	0.69	0.63	0.05	3.00	2.83	2.24	2.18	XXX
92526	.....	A	Oral function therapy	0.55	1.24	0.88	0.18	0.22	0.02	1.81	1.45	0.75	0.79	XXX
92531	.....	B	Spontaneous nystagmus study	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
92532	.....	B	Positional nystagmus study	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
92533	.....	B	Caloric vestibular test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
92534	.....	B	Optokinetic nystagmus	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
92541	.....	A	Spontaneous nystagmus test	0.40	0.43	0.58	0.43	0.58	0.03	0.86	1.01	0.86	1.01	XXX
92541	26	A	Spontaneous nystagmus test	0.40	0.19	0.34	0.19	0.34	0.01	0.60	0.75	0.60	0.75	XXX
92541	TC	A	Spontaneous nystagmus test	0.00	0.24	0.24	0.24	0.24	0.02	0.26	0.26	0.26	0.26	XXX
92542	.....	A	Positional nystagmus test	0.33	0.43	0.55	0.43	0.55	0.03	0.79	0.91	0.79	0.91	XXX
92542	26	A	Positional nystagmus test	0.33	0.16	0.28	0.16	0.28	0.01	0.50	0.62	0.50	0.62	XXX
92542	TC	A	Positional nystagmus test	0.00	0.27	0.27	0.27	0.27	0.02	0.29	0.29	0.29	0.29	XXX
92543	.....	A	Caloric vestibular test	0.10	0.16	0.20	0.16	0.20	0.01	0.27	0.31	0.27	0.31	XXX
92543	26	A	Caloric vestibular test	0.10	0.05	0.09	0.05	0.09	0.00	0.15	0.19	0.15	0.19	XXX
92543	TC	A	Caloric vestibular test	0.00	0.11	0.11	0.11	0.11	0.01	0.12	0.12	0.12	0.12	XXX
92544	.....	A	Optokinetic nystagmus test	0.26	0.34	0.43	0.34	0.43	0.03	0.63	0.72	0.63	0.72	XXX
92544	26	A	Optokinetic nystagmus test	0.26	0.12	0.21	0.12	0.21	0.01	0.39	0.48	0.39	0.48	XXX
92544	TC	A	Optokinetic nystagmus test	0.00	0.22	0.22	0.22	0.22	0.02	0.24	0.24	0.24	0.24	XXX
92545	.....	A	Oscillating tracking test	0.23	0.33	0.39	0.33	0.39	0.03	0.59	0.65	0.59	0.65	XXX
92545	26	A	Oscillating tracking test	0.23	0.11	0.17	0.11	0.17	0.01	0.35	0.41	0.35	0.41	XXX
92545	TC	A	Oscillating tracking test	0.00	0.22	0.22	0.22	0.22	0.02	0.24	0.24	0.24	0.24	XXX
92546	.....	A	Sinusoidal rotational test	0.29	0.38	0.48	0.38	0.48	0.03	0.70	0.80	0.70	0.80	XXX
92546	26	A	Sinusoidal rotational test	0.29	0.13	0.23	0.13	0.23	0.01	0.43	0.53	0.43	0.53	XXX
92546	TC	A	Sinusoidal rotational test	0.00	0.25	0.25	0.25	0.25	0.02	0.27	0.27	0.27	0.27	XXX
92547	.....	A	Supplemental electrical test	0.00	0.58	0.58	0.58	0.58	0.05	0.63	0.63	0.63	0.63	ZZZ
92548	.....	A	Posturography	0.50	1.81	1.91	1.81	1.91	0.13	2.44	2.54	2.44	2.54	XXX
92548	26	A	Posturography	0.50	0.27	0.38	0.27	0.38	0.02	0.79	0.90	0.79	0.90	XXX
92548	TC	A	Posturography	0.00	1.54	1.53	1.54	1.53	0.11	1.65	1.64	1.65	1.64	XXX
92551	.....	N	Pure tone hearing test, air	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
92552	.....	A	Pure tone audiometry, air	0.00	0.46	0.46	0.46	0.46	0.03	0.49	0.49	0.49	0.49	XXX
92553	.....	A	Audiometry, air & bone	0.00	0.69	0.69	0.69	0.69	0.05	0.74	0.74	0.74	0.74	XXX
92555	.....	A	Speech threshold audiometry	0.00	0.39	0.39	0.39	0.39	0.03	0.42	0.42	0.42	0.42	XXX
92556	.....	A	Speech audiometry, complete	0.00	0.59	0.59	0.59	0.59	0.05	0.64	0.64	0.64	0.64	XXX
92557	.....	A	Comprehensive hearing test	0.00	1.24	1.24	1.24	1.24	0.10	1.34	1.34	1.34	1.34	XXX
92559	.....	N	Group audiometric testing	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
92560	.....	N	Bekesy audiometry, screen	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
92561	.....	A	Bekesy audiometry, diagnosis	0.00	0.74	0.74	0.74	0.74	0.05	0.79	0.79	0.79	0.79	XXX
92562	.....	A	Loudness balance test	0.00	0.43	0.43	0.43	0.43	0.03	0.46	0.46	0.46	0.46	XXX
92563	.....	A	Tone decay hearing test	0.00	0.39	0.39	0.39	0.39	0.03	0.42	0.42	0.42	0.42	XXX
92564	.....	A	Sisi hearing test	0.00	0.49	0.49	0.49	0.49	0.04	0.53	0.53	0.53	0.53	XXX
92565	.....	A	Stenger test, pure tone	0.00	0.41	0.41	0.41	0.31	0.03	0.44	0.44	0.44	0.34	XXX
92567	.....	A	Tympanometry	0.00	0.55	0.55	0.55	0.55	0.05	0.60	0.60	0.60	0.60	XXX
92568	.....	A	Acoustic reflex testing	0.00	0.39	0.39	0.39	0.39	0.03	0.42	0.42	0.42	0.42	XXX
92569	.....	A	Acoustic reflex decay test	0.00	0.43	0.43	0.43	0.43	0.03	0.46	0.46	0.46	0.46	XXX
92571	.....	A	Filtered speech hearing test	0.00	0.40	0.40	0.40	0.30	0.03	0.43	0.43	0.43	0.33	XXX
92572	.....	A	Staggered spondaic word test	0.00	0.09	0.09	0.09	0.09	0.01	0.10	0.10	0.10	0.10	XXX
92573	.....	A	Lombard test	0.00	0.36	0.36	0.36	0.36	0.03	0.39	0.39	0.39	0.39	XXX
92575	.....	A	Sensorineural acuity test	0.00	0.32	0.32	0.32	0.24	0.02	0.34	0.34	0.34	0.26	XXX
92576	.....	A	Synthetic sentence test	0.00	0.46	0.46	0.46	0.35	0.04	0.50	0.50	0.50	0.39	XXX
92577	.....	A	Stenger test, speech	0.00	0.74	0.74	0.74	0.56	0.06	0.80	0.80	0.80	0.62	XXX
92579	.....	A	Visual audiometry (vra)	0.00	0.75	0.75	0.75	0.75	0.05	0.80	0.80	0.80	0.80	XXX
92582	.....	A	Conditioning play audiometry	0.00	0.74	0.75	0.74	0.56	0.05	0.79	0.80	0.79	0.61	XXX
92583	.....	A	Select picture audiometry	0.00	0.94	0.93	0.94	0.93	0.07	1.01	1.00	1.01	1.00	XXX
92584	.....	A	Electrocochleography	0.00	2.59	2.58	2.59	2.58	0.19	2.78	2.77	2.78	2.77	XXX
92585	.....	A	Auditory evoked potential	0.50	2.14	2.84	2.14	2.84	0.15	2.79	3.49	2.79	3.49	XXX
92585	26	A	Auditory evoked potential	0.50	0.21	0.92	0.21	0.92	0.02	0.73	1.44	0.73	1.44	XXX
92585	TC	A	Auditory evoked potential	0.00	1.93	1.92	1.93	1.92	0.13	2.06	2.05	2.06	2.05	XXX
92587	.....	A	Evoked auditory test	0.13	1.43	1.45	1.43	1.45	0.09	1.65	1.67	1.65	1.67	XXX
92587	26	A	Evoked auditory test	0.13	0.07	0.10	0.07	0.10	0.01	0.21	0.24	0.21	0.24	XXX
92587	TC	A	Evoked auditory test	0.00	1.36	1.36	1.36	1.36	0.09	1.45	1.45	1.45	1.45	XXX
92588	.....	A	Evoked auditory test	0.36	1.71	1.78	1.71	1.78	0.12	2.19	2.26	2.19	2.26	XXX
92588	26	A	Evoked auditory test	0.36	0.17	0.25	0.17	0.25	0.01	0.54	0.62	0.54	0.62	XXX
92588	TC	A	Evoked auditory test	0.00	1.54	1.53	1.54	1.53	0.11	1.65	1.64	1.65	1.64	XXX
92589	.....	A	Auditory function test(s)	0.00	0.56	0.56	0.56	0.56	0.05	0.61	0.61	0.61	0.61	XXX
92590	.....	N	Hearing aid exam, one ear	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
92591	.....	N	Hearing aid exam, both ears	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
92592	.....	N	Hearing aid check, one ear	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
92593	.....	N	Hearing aid check, both ears	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
92594	.....	N	Electro hearing aid test,one	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
92595	.....	N	Electro hearingaid test,both	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
92596	.....	A	Ear protector evaluation	0.00	0.61	0.61	0.61	0.61	0.05	0.66	0.66	0.66	0.66	XXX
92597	.....	A	Oral speech device eval	1.35	1.53	1.32	0.73	0.92	0.05	2.93	2.72	2.13	2.32	XXX
92598	.....	A	Modify oral speech device	0.99	1.00	0.86	0.56	0.64	0.03	2.02	1.88	1.58	1.66	XXX
92599	.....	C	ENT procedure/service	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
92599	26	C	ENT procedure/service	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
92599	TC	C	ENT procedure/service	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
92950	.....	A	Heart/lung resuscitation(CPR	3.80	1.61	2.04	1.00	1.73	0.22	5.63	6.06	5.02	5.75	000

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[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.
[4] PE RVUs = Practice Expense Relative Value Units.
[5] # Indicates new CPT/HCPCS codes which were not factored into budget neutrality adjustments.

ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT[1]/ HCPCS[2]	MOD	Status	Description	Physician work RVUs[3,5]	Fully implemented non-facility PE RVUs	Year 2000 transitional non-facility PE RVUs	Fully implemented facility PE RVUs	Year 2000 transitional facility PE RVUs	Malpractice RVUs	Fully implemented non-facility total	Year 2000 transitional non-facility total	Fully implemented facility total	Year 2000 transitional facility total	Global
92953	.....	A	Temporary external pacing	0.23	NA	NA	0.07	0.17	0.01	NA	NA	0.31	0.41	000
92960	.....	A	Heart electroconversion	2.25	2.09	2.07	0.88	1.46	0.08	4.42	4.40	3.21	3.79	000
92970	.....	A	Cardioassist, internal	3.52	NA	NA	1.22	2.50	0.17	NA	NA	4.91	6.19	000
92971	.....	A	Cardioassist, external	1.77	NA	NA	0.74	0.97	0.06	NA	NA	2.57	2.80	000
92975	.....	A	Dissolve clot, heart vessel	7.25	NA	NA	3.04	4.62	0.24	NA	NA	10.53	12.11	000
92977	.....	A	Dissolve clot, heart vessel	0.00	NA	NA	8.43	8.38	0.41	NA	NA	8.84	8.79	XXX
92978	.....	A	Intravas us, heart add-on	1.80	NA	NA	5.53	5.70	0.28	NA	NA	7.61	7.78	ZZZ
92978	26	A	Intravas us, heart add-on	1.80	NA	NA	0.76	0.96	0.06	NA	NA	2.62	2.82	ZZZ
92978	TC	A	Intravas us, heart add-on	0.00	NA	NA	4.77	4.75	0.22	NA	NA	4.99	4.97	ZZZ
92979	.....	A	Intravas us, heart (add-on)	1.44	NA	NA	3.01	3.15	0.16	NA	NA	4.61	4.75	ZZZ
92979	26	A	Intravas us, heart (add-on)	1.44	NA	NA	0.61	0.77	0.05	NA	NA	2.10	2.26	ZZZ
92979	TC	A	Intravas us, heart (add-on)	0.00	NA	NA	2.39	2.38	0.11	NA	NA	2.50	2.49	ZZZ
92980	.....	A	Insert intracoronary stent	14.84	NA	NA	6.27	11.99	0.48	NA	NA	21.59	27.31	000
92981	.....	A	Insert intracoronary stent	4.17	NA	NA	1.75	3.37	0.14	NA	NA	6.06	7.68	ZZZ
92982	.....	A	Coronary artery dilation	10.98	NA	NA	4.65	8.88	0.36	NA	NA	15.99	20.22	000
92984	.....	A	Coronary artery dilation	2.97	NA	NA	1.25	2.40	0.10	NA	NA	4.32	5.47	ZZZ
92986	.....	A	Revision of aortic valve	21.80	NA	NA	10.82	11.95	0.73	NA	NA	33.35	34.48	090
92987	.....	A	Revision of mitral valve	22.70	NA	NA	11.17	12.21	0.79	NA	NA	34.66	35.70	090
92990	.....	A	Revision of pulmonary valve	17.34	NA	NA	8.68	9.55	0.65	NA	NA	26.67	27.54	090
92992	.....	C	Revision of heart chamber	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	090
92993	.....	C	Revision of heart chamber	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	090
92995	.....	A	Coronary atherectomy	12.09	NA	NA	5.12	9.78	0.39	NA	NA	17.60	22.26	000
92996	.....	A	Coronary atherectomy add-on	3.26	NA	NA	1.41	2.66	0.11	NA	NA	4.78	6.03	ZZZ
92997	.....	A	Pul art balloon repair, perc	12.00	NA	NA	4.61	9.47	0.38	NA	NA	16.99	21.85	000
92998	.....	A	Pul art balloon repair, perc	6.00	NA	NA	2.32	3.22	0.19	NA	NA	8.51	9.41	ZZZ
93000	.....	A	Electrocardiogram, complete	0.17	0.54	0.59	0.54	0.59	0.01	0.72	0.77	0.72	0.77	XXX
93005	.....	A	Electrocardiogram, tracing	0.00	0.47	0.47	0.47	0.47	0.02	0.49	0.49	0.49	0.49	XXX
93010	.....	A	Electrocardiogram report	0.17	0.06	0.12	0.06	0.12	0.01	0.24	0.30	0.24	0.30	XXX
93012	.....	A	Transmission of ecg	0.00	2.46	2.45	2.46	2.45	0.16	2.62	2.61	2.62	2.61	XXX
93014	.....	A	Report on transmitted ecg	0.52	0.20	0.32	0.20	0.32	0.02	0.74	0.86	0.74	0.86	XXX
93015	.....	A	Cardiovascular stress test	0.75	2.05	2.29	2.05	2.29	0.02	2.82	3.06	2.82	3.06	XXX
93016	.....	A	Cardiovascular stress test	0.45	0.18	0.30	0.18	0.30	0.01	0.64	0.76	0.64	0.76	XXX
93017	.....	A	Cardiovascular stress test	0.00	1.75	1.75	1.75	1.75	0.09	1.84	1.84	1.84	1.84	XXX
93018	.....	A	Cardiovascular stress test	0.30	0.12	0.24	0.12	0.24	0.01	0.43	0.55	0.43	0.55	XXX
93024	.....	A	Cardiac drug stress test	1.17	1.66	2.11	1.66	2.11	0.11	2.94	3.39	2.94	3.39	XXX
93024	26	A	Cardiac drug stress test	1.17	0.48	0.94	0.48	0.94	0.04	1.69	2.15	1.69	2.15	XXX
93024	TC	A	Cardiac drug stress test	0.00	1.18	1.17	1.18	1.17	0.07	1.25	1.24	1.25	1.24	XXX
93040	.....	A	Rhythm ECG with report	0.16	0.36	0.32	0.36	0.32	0.01	0.53	0.49	0.53	0.49	XXX
93041	.....	A	Rhythm ECG, tracing	0.00	0.15	0.15	0.15	0.15	0.01	0.16	0.16	0.16	0.16	XXX
93042	.....	A	Rhythm ECG, report	0.16	0.05	0.09	0.05	0.09	0.01	0.22	0.26	0.22	0.26	XXX
93224	.....	A	ECG monitor/report, 24 hrs	0.52	0.70	2.43	0.70	2.43	0.02	1.24	2.97	1.24	2.97	XXX
93225	.....	A	ECG monitor/record, 24 hrs	0.00	1.30	1.29	1.30	1.29	0.07	1.37	1.36	1.37	1.36	XXX
93226	.....	A	ECG monitor/report, 24 hrs	0.00	2.28	2.27	2.28	2.27	0.13	2.41	2.40	2.41	2.40	XXX
93227	.....	A	ECG monitor/review, 24 hrs	0.52	0.20	0.41	0.20	0.41	0.02	0.74	0.95	0.74	0.95	XXX
93230	.....	A	ECG monitor/report, 24 hrs	0.52	0.66	2.55	0.66	2.55	0.02	1.20	3.09	1.20	3.09	XXX
93231	.....	A	Ecg monitor/record, 24 hrs	0.00	1.59	1.58	1.59	1.58	0.09	1.68	1.67	1.68	1.67	XXX
93232	.....	A	ECG monitor/report, 24 hrs	0.00	2.27	2.26	2.27	2.26	0.12	2.39	2.38	2.39	2.38	XXX
93233	.....	A	ECG monitor/review, 24 hrs	0.52	0.20	0.41	0.20	0.41	0.02	0.74	0.95	0.74	0.95	XXX
93235	.....	A	ECG monitor/report, 24 hrs	0.45	0.53	1.89	0.53	1.89	0.01	0.99	2.35	0.99	2.35	XXX
93236	.....	A	ECG monitor/report, 24 hrs	0.00	2.75	2.73	2.75	2.73	0.13	2.88	2.86	2.88	2.86	XXX
93237	.....	A	ECG monitor/review, 24 hrs	0.45	0.17	0.36	0.17	0.36	0.01	0.63	0.82	0.63	0.82	XXX
93268	.....	A	ECG record/review	0.52	0.89	2.53	0.89	2.53	0.02	1.43	3.07	1.43	3.07	XXX
93270	.....	A	ECG recording	0.00	1.30	1.29	1.30	1.29	0.07	1.37	1.36	1.37	1.36	XXX
93271	.....	A	Ecg/monitoring and anaylysis	0.00	2.46	2.45	2.46	2.45	0.16	2.62	2.61	2.62	2.61	XXX
93272	.....	A	Ecg/review,interpret only	0.52	0.20	0.32	0.20	0.32	0.02	0.74	0.86	0.74	0.86	XXX
93278	.....	A	ECG/signal-averaged	0.25	1.31	1.40	1.31	1.40	0.10	1.66	1.75	1.66	1.75	XXX
93278	26	A	ECG/signal-averaged	0.25	0.10	0.20	0.10	0.20	0.01	0.36	0.46	0.36	0.46	XXX
93278	TC	A	ECG/signal-averaged	0.00	1.21	1.20	1.21	1.20	0.09	1.30	1.29	1.30	1.29	XXX
93303	.....	A	Echo transthoracic	1.30	4.56	4.82	4.56	4.82	0.25	6.11	6.37	6.11	6.37	XXX
93303	26	A	Echo transthoracic	1.30	0.53	0.81	0.53	0.81	0.04	1.87	2.15	1.87	2.15	XXX
93303	TC	A	Echo transthoracic	0.00	4.03	4.01	4.03	4.01	0.21	4.24	4.22	4.24	4.22	XXX
93304	.....	A	Echo transthoracic	0.75	2.33	2.54	2.33	2.54	0.13	3.21	3.42	3.21	3.42	XXX
93304	26	A	Echo transthoracic	0.75	0.30	0.52	0.30	0.52	0.02	1.07	1.29	1.07	1.29	XXX
93304	TC	A	Echo transthoracic	0.00	2.03	2.02	2.03	2.02	0.11	2.14	2.13	2.14	2.13	XXX
93307	.....	A	Echo exam of heart	0.92	4.41	4.75	4.41	4.75	0.24	5.57	5.91	5.57	5.91	XXX
93307	26	A	Echo exam of heart	0.92	0.37	0.73	0.37	0.73	0.03	1.32	1.68	1.32	1.68	XXX
93307	TC	A	Echo exam of heart	0.00	4.03	4.01	4.03	4.01	0.21	4.24	4.22	4.24	4.22	XXX
93308	.....	A	Echo exam of heart	0.53	2.24	2.44	2.24	2.44	0.13	2.90	3.10	2.90	3.10	XXX
93308	26	A	Echo exam of heart	0.53	0.21	0.42	0.21	0.42	0.02	0.76	0.97	0.76	0.97	XXX
93308	TC	A	Echo exam of heart	0.00	2.03	2.02	2.03	2.02	0.11	2.14	2.13	2.14	2.13	XXX
93312	.....	A	Echo transesophageal	2.20	4.71	5.05	4.71	5.05	0.35	7.26	7.60	7.26	7.60	XXX
93312	26	A	Echo transesophageal	2.20	0.76	1.12	0.76	1.12	0.09	3.05	3.41	3.05	3.41	XXX
93312	TC	A	Echo transesophageal	0.00	3.95	3.93	3.95	3.93	0.26	4.21	4.19	4.21	4.19	XXX
93313	.....	A	Echo transesophageal	0.95	7.41	4.07	0.24	0.49	0.05	8.41	5.07	1.24	1.49	XXX
93314	.....	A	Echo transesophageal	1.25	4.45	4.55	4.45	4.55	0.30	6.00	6.10	6.00	6.10	XXX
93314	26	A	Echo transesophageal	1.25	0.49	0.61	0.49	0.61	0.04	1.78	1.90	1.78	1.90	XXX
93314	TC	A	Echo transesophageal	0.00	3.95	3.93	3.95	3.93	0.26	4.21	4.19	4.21	4.19	XXX
93315	.....	A	Echo transesophageal	2.78	4.97	5.18	4.97	5.18	0.38	8.13	8.34	8.13	8.34	XXX
93315	26	A	Echo transesophageal	2.78	1.02	1.25	1.02	1.25	0.12	3.92	4.15	3.92	4.15	XXX
93315	TC	A	Echo transesophageal	0.00	3.95	3.93	3.95	3.93	0.26	4.21	4.19	4.21	4.19	XXX
93316	.....	A	Echo transesophageal	0.95	1.14	0.94	0.24	0.49	0.05	2.14	1.94	1.24	1.49	XXX
93317	.....	A	Echo transesophageal	1.83	4.59	4.62	4.59	4.62	0.33	6.75	6.78	6.75	6.78	XXX
93317	26	A	Echo transesophageal	1.83	0.64	0.69	0.64	0.69	0.07	2.54	2.59	2.54	2.59	XXX
93317	TC	A	Echo transesophageal	0.00	3.95	3.93	3.95	3.93	0.26	4.21	4.19	4.21	4.19	XXX

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[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.
[4] PE RVUs = Practice Expense Relative Value Units.
[5] # Indicates new CPT/HCPCS codes which were not factored into budget neutrality adjustments.

ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT[1]/ HCPCS[2]	MOD	Status	Description	Physician work RVUs[3,5]	Fully implemented non-facility PE RVUs	Year 2000 transitional non-facility PE RVUs	Fully implemented facility PE RVUs	Year 2000 transitional facility PE RVUs	Malpractice RVUs	Fully implemented non-facility total	Year 2000 transitional non-facility total	Fully implemented facility total	Year 2000 transitional facility total	Global
93320	.....	A	Doppler echo exam, heart	0.38	1.94	2.09	1.94	2.09	0.11	2.43	2.58	2.43	2.58	ZZZ
93320	26	A	Doppler echo exam, heart	0.38	0.15	0.31	0.15	0.31	0.01	0.54	0.70	0.54	0.70	ZZZ
93320	TC	A	Doppler echo exam, heart	0.00	1.79	1.78	1.79	1.78	0.10	1.89	1.88	1.89	1.88	ZZZ
93321	.....	A	Doppler echo exam, heart	0.15	1.23	1.28	1.23	1.28	0.07	1.45	1.50	1.45	1.50	ZZZ
93321	26	A	Doppler echo exam, heart	0.15	0.06	0.12	0.06	0.12	0.00	0.21	0.27	0.21	0.27	ZZZ
93321	TC	A	Doppler echo exam, heart	0.00	1.17	1.16	1.17	1.16	0.07	1.24	1.23	1.24	1.23	ZZZ
93325	.....	A	Doppler color flow add-on	0.07	3.06	3.05	3.06	3.05	0.19	3.32	3.31	3.32	3.31	ZZZ
93325	26	A	Doppler color flow add-on	0.07	0.03	0.04	0.03	0.04	0.00	0.10	0.11	0.10	0.11	ZZZ
93325	TC	A	Doppler color flow add-on	0.00	3.03	3.02	3.03	3.02	0.19	3.22	3.21	3.22	3.21	ZZZ
93350	.....	A	Echo transthoracic	0.78	2.16	2.46	2.16	2.46	0.14	3.08	3.38	3.08	3.38	XXX
93350	26	A	Echo transthoracic	0.78	0.32	0.63	0.32	0.63	0.03	1.13	1.44	1.13	1.44	XXX
93350	TC	A	Echo transthoracic	0.00	1.84	1.83	1.84	1.83	0.11	1.95	1.94	1.95	1.94	XXX
93501	.....	A	Right heart catheterization	3.02	18.12	19.60	18.12	19.60	1.04	22.18	23.66	22.18	23.66	000
93501	26	A	Right heart catheterization	3.02	1.21	2.41	1.21	2.41	0.10	4.33	5.53	4.33	5.53	000
93501	TC	A	Right heart catheterization	0.00	16.91	17.20	16.91	17.20	0.94	17.85	18.14	17.85	18.14	000
93503	.....	A	Insert/place heart catheter	2.91	1.08	1.83	0.67	1.62	0.17	4.16	4.91	3.75	4.70	000
93505	.....	A	Biopsy of heart lining	4.38	3.79	4.57	3.79	4.57	0.32	8.49	9.27	8.49	9.27	000
93505	26	A	Biopsy of heart lining	4.38	1.82	2.56	1.82	2.56	0.18	6.38	7.12	6.38	7.12	000
93505	TC	A	Biopsy of heart lining	0.00	1.98	2.02	1.98	2.02	0.14	2.12	2.16	2.12	2.16	000
93508	.....	A	Cath placement, angiography	4.10	14.17	15.11	14.17	15.11	0.72	18.99	19.93	18.99	19.93	000
93508	26	A	Cath placement, angiography	4.10	1.57	2.30	1.57	2.30	0.13	5.80	6.53	5.80	6.53	000
93508	TC	A	Cath placement, angiography	0.00	12.61	12.82	12.61	12.82	0.59	13.20	13.41	13.20	13.41	000
93510	.....	A	Left heart catheterization	4.33	38.75	40.15	38.75	40.15	2.20	45.28	46.68	45.28	46.68	000
93510	26	A	Left heart catheterization	4.33	1.81	2.57	1.81	2.57	0.14	6.28	7.04	6.28	7.04	000
93510	TC	A	Left heart catheterization	0.00	36.94	37.58	36.94	37.58	2.06	39.00	39.64	39.00	39.64	000
93511	.....	A	Left heart catheterization	5.03	38.07	39.06	38.07	39.06	2.16	45.26	46.25	45.26	46.25	000
93511	26	A	Left heart catheterization	5.03	2.11	2.48	2.11	2.48	0.16	7.30	7.67	7.30	7.67	000
93511	TC	A	Left heart catheterization	0.00	35.96	36.59	35.96	36.59	2.00	37.96	38.59	37.96	38.59	000
93514	.....	A	Left heart catheterization	7.05	38.96	40.56	38.96	40.56	2.22	48.23	49.83	48.23	49.83	000
93514	26	A	Left heart catheterization	7.05	2.99	3.97	2.99	3.97	0.22	10.26	11.24	10.26	11.24	000
93514	TC	A	Left heart catheterization	0.00	35.96	36.59	35.96	36.59	2.00	37.96	38.59	37.96	38.59	000
93524	.....	A	Left heart catheterization	6.95	49.92	51.80	49.92	51.80	2.84	59.71	61.59	59.71	61.59	000
93524	26	A	Left heart catheterization	6.95	2.94	4.00	2.94	4.00	0.22	10.11	11.17	10.11	11.17	000
93524	TC	A	Left heart catheterization	0.00	46.99	47.81	46.99	47.81	2.62	49.61	50.43	49.61	50.43	000
93526	.....	A	Rt & Lt heart catheters	5.99	50.78	53.32	50.78	53.32	2.89	59.66	62.20	59.66	62.20	000
93526	26	A	Rt & Lt heart catheters	5.99	2.50	4.21	2.50	4.21	0.20	8.69	10.40	8.69	10.40	000
93526	TC	A	Rt & Lt heart catheters	0.00	48.28	49.12	48.28	49.12	2.69	50.97	51.81	50.97	51.81	000
93527	.....	A	Rt & Lt heart catheters	7.28	50.03	53.20	50.03	53.20	2.85	60.16	63.33	60.16	63.33	000
93527	26	A	Rt & Lt heart catheters	7.28	3.04	5.40	3.04	5.40	0.23	10.55	12.91	10.55	12.91	000
93527	TC	A	Rt & Lt heart catheters	0.00	46.99	47.81	46.99	47.81	2.62	49.61	50.43	49.61	50.43	000
93528	.....	A	Rt & Lt heart catheters	9.00	50.79	52.11	50.79	52.11	2.91	62.70	64.02	62.70	64.02	000
93528	26	A	Rt & Lt heart catheters	9.00	3.81	4.31	3.81	4.31	0.29	13.10	13.60	13.10	13.60	000
93528	TC	A	Rt & Lt heart catheters	0.00	46.99	47.81	46.99	47.81	2.62	49.61	50.43	49.61	50.43	000
93529	.....	A	Rt, Lt heart catheterization	4.80	48.93	50.37	48.93	50.37	2.79	56.52	57.96	56.52	57.96	000
93529	26	A	Rt, Lt heart catheterization	4.80	1.95	2.57	1.95	2.57	0.17	6.92	7.54	6.92	7.54	000
93529	TC	A	Rt, Lt heart catheterization	0.00	46.99	47.81	46.99	47.81	2.62	49.61	50.43	49.61	50.43	000
93530	.....	A	Rt heart cath, congenital	4.23	18.61	20.01	18.61	20.01	1.08	23.92	25.32	23.92	25.32	000
93530	26	A	Rt heart cath, congenital	4.23	1.70	2.81	1.70	2.81	0.14	6.07	7.18	6.07	7.18	000
93530	TC	A	Rt heart cath, congenital	0.00	16.91	17.20	16.91	17.20	0.94	17.85	18.14	17.85	18.14	000
93531	.....	A	R & l heart cath, congenital	8.35	51.76	53.81	51.76	53.81	2.96	63.07	65.12	63.07	65.12	000
93531	26	A	R & l heart cath, congenital	8.35	3.48	4.70	3.48	4.70	0.27	12.10	13.32	12.10	13.32	000
93531	TC	A	R & l heart cath, congenital	0.00	48.28	49.12	48.28	49.12	2.69	50.97	51.81	50.97	51.81	000
93532	.....	A	R & l heart cath, congenital	10.00	50.99	53.68	50.99	53.68	2.94	63.93	66.62	63.93	66.62	000
93532	26	A	R & l heart cath, congenital	10.00	4.01	5.88	4.01	5.88	0.32	14.33	16.20	14.33	16.20	000
93532	TC	A	R & l heart cath, congenital	0.00	46.99	47.81	46.99	47.81	2.62	49.61	50.43	49.61	50.43	000
93533	.....	A	R & l heart cath, congenital	6.70	49.56	50.68	49.56	50.68	2.84	59.10	60.22	59.10	60.22	000
93533	26	A	R & l heart cath, congenital	6.70	2.57	2.88	2.57	2.88	0.22	9.49	9.80	9.49	9.80	000
93533	TC	A	R & l heart cath, congenital	0.00	46.99	47.81	46.99	47.81	2.62	49.61	50.43	49.61	50.43	000
93536	.....	A	Insert circulation assi	4.85	NA	NA	2.06	3.93	0.23	NA	NA	7.14	9.01	000
93539	.....	A	Injection, cardiac cath	0.40	0.79	0.88	0.17	0.33	0.01	1.20	1.29	0.58	0.74	000
93540	.....	A	Injection, cardiac cath	0.43	0.80	0.88	0.18	0.35	0.01	1.24	1.32	0.62	0.79	000
93541	.....	A	Injection for lung angiogram	0.29	NA	NA	0.12	0.24	0.01	NA	NA	0.42	0.54	000
93542	.....	A	Injection for heart x-rays	0.29	NA	NA	0.12	0.24	0.01	NA	NA	0.42	0.54	000
93543	.....	A	Injection for heart x-rays	0.29	0.51	0.57	0.12	0.24	0.01	0.81	0.87	0.42	0.54	000
93544	.....	A	Injection for aortography	0.25	0.50	0.56	0.10	0.20	0.01	0.76	0.82	0.36	0.46	000
93545	.....	A	Injection for coronary xrays	0.40	0.79	0.64	0.17	0.33	0.01	1.20	1.05	0.58	0.74	000
93555	.....	A	Imaging, cardiac cath	0.81	6.61	6.70	6.61	6.70	0.33	7.75	7.84	7.75	7.84	XXX
93555	26	A	Imaging, cardiac cath	0.81	0.34	0.32	0.34	0.32	0.03	1.18	1.16	1.18	1.16	XXX
93555	TC	A	Imaging, cardiac cath	0.00	6.27	6.38	6.27	6.38	0.30	6.57	6.68	6.57	6.68	XXX
93556	.....	A	Imaging, cardiac cath	0.83	10.23	10.48	10.23	10.48	0.48	11.54	11.79	11.54	11.79	XXX
93556	26	A	Imaging, cardiac cath	0.83	0.35	0.42	0.35	0.42	0.03	1.21	1.28	1.21	1.28	XXX
93556	TC	A	Imaging, cardiac cath	0.00	9.89	10.06	9.89	10.06	0.45	10.34	10.51	10.34	10.51	XXX
93561	.....	A	Cardiac output measurement	0.50	0.70	0.92	0.70	0.92	0.07	1.27	1.49	1.27	1.49	000
93561	26	A	Cardiac output measurement	0.50	0.17	0.39	0.17	0.39	0.02	0.69	0.91	0.69	0.91	000
93561	TC	A	Cardiac output measurement	0.00	0.53	0.54	0.53	0.54	0.05	0.58	0.59	0.58	0.59	000
93562	.....	A	Cardiac output measurement	0.16	0.36	0.45	0.36	0.45	0.04	0.56	0.65	0.56	0.65	000
93562	26	A	Cardiac output measurement	0.16	0.05	0.13	0.05	0.13	0.01	0.22	0.30	0.22	0.30	000
93562	TC	A	Cardiac output measurement	0.00	0.32	0.33	0.32	0.33	0.03	0.35	0.36	0.35	0.36	000
93571	.....	A	Heart flow reserve measure	1.80	5.46	5.46	5.46	5.46	0.28	7.54	7.54	7.54	7.54	ZZZ
93571	26	A	Heart flow reserve measure	1.80	0.69	0.69	0.69	0.69	0.06	2.55	2.55	2.55	2.55	ZZZ
93571	TC	A	Heart flow reserve measure	0.00	4.77	4.77	4.77	4.77	0.22	4.99	4.99	4.99	4.99	ZZZ
93572	.....	A	Heart flow reserve measure	1.44	5.32	5.32	5.32	5.32	0.16	6.92	6.92	6.92	6.92	ZZZ
93572	26	A	Heart flow reserve measure	1.44	0.55	0.55	0.55	0.55	0.05	2.04	2.04	2.04	2.04	ZZZ
93572	TC	A	Heart flow reserve measure	0.00	4.77	4.77	4.77	4.77	0.11	4.88	4.88	4.88	4.88	ZZZ

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[5] # Indicates new CPT/HCPCS codes which were not factored into budget neutrality adjustments.

ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT[1]/ HCPCS[2]	MOD	Status	Description	Physician work RVUs[3,5]	Fully implemented non-facility PE RVUs	Year 2000 transitional non-facility PE RVUs	Fully implemented facility PE RVUs	Year 2000 transitional facility PE RVUs	Malpractice RVUs	Fully implemented non-facility total	Year 2000 transitional non-facility total	Fully implemented facility total	Year 2000 transitional facility total	Global
93600	.....	A	Bundle of His recording	2.12	2.93	3.74	2.93	3.74	0.18	5.23	6.04	5.23	6.04	000
93600	26	A	Bundle of His recording	2.12	0.89	1.71	0.89	1.71	0.07	3.08	3.90	3.08	3.90	000
93600	TC	A	Bundle of His recording	0.00	2.04	2.03	2.04	2.03	0.11	2.15	2.14	2.15	2.14	000
93602	.....	A	Intra-atrial recording	2.12	2.06	2.57	2.06	2.57	0.15	4.33	4.84	4.33	4.84	000
93602	26	A	Intra-atrial recording	2.12	0.89	1.41	0.89	1.41	0.09	3.10	3.62	3.10	3.62	000
93602	TC	A	Intra-atrial recording	0.00	1.17	1.16	1.17	1.16	0.06	1.23	1.22	1.23	1.22	000
93603	.....	A	Right ventricular recording	2.12	2.64	3.38	2.64	3.38	0.18	4.94	5.68	4.94	5.68	000
93603	26	A	Right ventricular recording	2.12	0.89	1.64	0.89	1.64	0.09	3.10	3.85	3.10	3.85	000
93603	TC	A	Right ventricular recording	0.00	1.75	1.75	1.75	1.75	0.09	1.84	1.84	1.84	1.84	000
93607	.....	A	Right ventricular recording	3.26	2.95	3.45	2.95	3.45	0.19	6.40	6.90	6.40	6.90	000
93607	26	A	Right ventricular recording	3.26	1.39	1.90	1.39	1.90	0.10	4.75	5.26	4.75	5.26	000
93607	TC	A	Right ventricular recording	0.00	1.56	1.55	1.56	1.55	0.09	1.65	1.64	1.65	1.64	000
93609	.....	A	Mapping of tachycardia	10.07	7.05	7.02	7.05	7.02	0.49	17.61	17.58	17.61	17.58	000
93609	26	A	Mapping of tachycardia	10.07	4.21	4.19	4.21	4.19	0.34	14.62	14.60	14.62	14.60	000
93609	TC	A	Mapping of tachycardia	0.00	2.84	2.83	2.84	2.83	0.15	2.99	2.98	2.99	2.98	000
93610	.....	A	Intra-atrial pacing	3.02	2.68	3.30	2.68	3.30	0.20	5.90	6.52	5.90	6.52	000
93610	26	A	Intra-atrial pacing	3.02	1.26	1.89	1.26	1.89	0.12	4.40	5.03	4.40	5.03	000
93610	TC	A	Intra-atrial pacing	0.00	1.42	1.41	1.42	1.41	0.08	1.50	1.49	1.50	1.49	000
93612	.....	A	Intraventricular pacing	3.02	2.94	3.58	2.94	3.58	0.22	6.18	6.82	6.18	6.82	000
93612	26	A	Intraventricular pacing	3.02	1.25	1.90	1.25	1.90	0.13	4.40	5.05	4.40	5.05	000
93612	TC	A	Intraventricular pacing	0.00	1.69	1.68	1.69	1.68	0.09	1.78	1.77	1.78	1.77	000
93615	.....	A	Esophageal recording	0.99	0.54	0.63	0.54	0.63	0.07	1.60	1.69	1.60	1.69	000
93615	26	A	Esophageal recording	0.99	0.21	0.30	0.21	0.30	0.05	1.25	1.34	1.25	1.34	000
93615	TC	A	Esophageal recording	0.00	0.33	0.33	0.33	0.33	0.02	0.35	0.35	0.35	0.35	000
93616	.....	A	Esophageal recording	1.49	0.73	1.27	0.73	1.27	0.09	2.31	2.85	2.31	2.85	000
93616	26	A	Esophageal recording	1.49	0.40	0.94	0.40	0.94	0.07	1.96	2.50	1.96	2.50	000
93616	TC	A	Esophageal recording	0.00	0.33	0.33	0.33	0.33	0.02	0.35	0.35	0.35	0.35	000
93618	.....	A	Heart rhythm pacing	4.26	5.94	7.57	5.94	7.57	0.36	10.56	12.19	10.56	12.19	000
93618	26	A	Heart rhythm pacing	4.26	1.80	3.45	1.80	3.45	0.14	6.20	7.85	6.20	7.85	000
93618	TC	A	Heart rhythm pacing	0.00	4.14	4.12	4.14	4.12	0.22	4.36	4.34	4.36	4.34	000
93619	.....	A	Electrophysiology evaluation	7.32	11.09	13.90	11.09	13.90	0.66	19.07	21.88	19.07	21.88	000
93619	26	A	Electrophysiology evaluation	7.32	3.05	5.90	3.05	5.90	0.24	10.61	13.46	10.61	13.46	000
93619	TC	A	Electrophysiology evaluation	0.00	8.05	8.01	8.05	8.01	0.42	8.47	8.43	8.47	8.43	000
93620	.....	A	Electrophysiology evaluation	11.59	14.20	18.66	14.20	18.66	0.85	26.64	31.10	26.64	31.10	000
93620	26	A	Electrophysiology evaluation	11.59	4.84	9.34	4.84	9.34	0.38	16.81	21.31	16.81	21.31	000
93620	TC	A	Electrophysiology evaluation	0.00	9.37	9.32	9.37	9.32	0.47	9.84	9.79	9.84	9.79	000
93621	.....	C	Electrophysiology evaluation	0.00	0.00	0.00	0.00	0.00	0.44	0.44	0.44	0.44	0.44	000
93621	26	A	Electrophysiology evaluation	12.66	5.32	10.22	5.32	10.22	0.44	18.42	23.32	18.42	23.32	000
93621	TC	C	Electrophysiology evaluation	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	000
93622	.....	C	Electrophysiology evaluation	0.00	0.00	0.00	0.00	0.00	0.42	0.42	0.42	0.42	0.42	000
93622	26	A	Electrophysiology evaluation	12.74	5.31	10.26	5.31	10.26	0.42	18.47	23.42	18.47	23.42	000
93622	TC	C	Electrophysiology evaluation	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	000
93623	.....	C	Stimulation, pacing heart	0.00	0.00	0.00	0.00	0.00	0.10	0.10	0.10	0.10	0.10	ZZZ
93623	26	A	Stimulation, pacing heart	2.85	1.19	2.11	1.19	2.11	0.10	4.14	5.06	4.14	5.06	ZZZ
93623	TC	C	Stimulation, pacing heart	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	ZZZ
93624	.....	A	Electrophysiologic study	4.81	4.02	4.66	4.02	4.66	0.27	9.10	9.74	9.10	9.74	000
93624	26	A	Electrophysiologic study	4.81	1.95	2.60	1.95	2.60	0.16	6.92	7.57	6.92	7.57	000
93624	TC	A	Electrophysiologic study	0.00	2.07	2.06	2.07	2.06	0.11	2.18	2.17	2.18	2.17	000
93631	.....	A	Heart pacing, mapping	7.60	9.64	11.13	9.64	11.13	0.99	18.23	19.72	18.23	19.72	000
93631	26	A	Heart pacing, mapping	7.60	3.21	4.73	3.21	4.73	0.44	11.25	12.77	11.25	12.77	000
93631	TC	A	Heart pacing, mapping	0.00	6.43	6.40	6.43	6.40	0.55	6.98	6.95	6.98	6.95	000
93640	.....	A	Evaluation heart device	3.52	9.00	10.31	9.00	10.31	0.50	13.02	14.33	13.02	14.33	000
93640	26	A	Evaluation heart device	3.52	1.49	2.85	1.49	2.85	0.12	5.13	6.49	5.13	6.49	000
93640	TC	A	Evaluation heart device	0.00	7.50	7.46	7.50	7.46	0.38	7.88	7.84	7.88	7.84	000
93641	.....	A	Electrophysiology evaluation	5.93	9.98	12.24	9.98	12.24	0.58	16.49	18.75	16.49	18.75	000
93641	26	A	Electrophysiology evaluation	5.93	2.48	4.78	2.48	4.78	0.20	8.61	10.91	8.61	10.91	000
93641	TC	A	Electrophysiology evaluation	0.00	7.50	7.46	7.50	7.46	0.38	7.88	7.84	7.88	7.84	000
93642	.....	A	Electrophysiology evaluation	4.89	9.55	11.41	9.55	11.41	0.54	14.98	16.84	14.98	16.84	000
93642	26	A	Electrophysiology evaluation	4.89	2.05	3.95	2.05	3.95	0.16	7.10	9.00	7.10	9.00	000
93642	TC	A	Electrophysiology evaluation	0.00	7.50	7.46	7.50	7.46	0.38	7.88	7.84	7.88	7.84	000
93650	.....	A	Ablate heart dysrhythm focus	10.51	NA	NA	4.46	8.51	0.35	NA	NA	15.32	19.37	000
93651	.....	A	Ablate heart dysrhythm focus	16.25	NA	NA	6.83	13.09	0.54	NA	NA	23.62	29.88	000
93652	.....	A	Ablate heart dysrhythm focus	17.68	NA	NA	7.40	13.38	0.60	NA	NA	25.68	31.66	000
93660	.....	C	Tilt table evaluation	0.00	0.00	0.00	0.00	0.00	0.06	0.06	0.06	0.06	0.06	000
93660	26	A	Tilt table evaluation	1.89	0.79	1.18	0.79	1.18	0.06	2.74	3.13	2.74	3.13	000
93660	TC	C	Tilt table evaluation	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	000
93720	.....	A	Total body plethysmography	0.17	0.72	0.85	0.72	0.65	0.01	0.90	1.03	0.90	0.83	XXX
93721	.....	A	Plethysmography tracing	0.00	0.73	0.73	0.73	0.55	0.05	0.78	0.78	0.78	0.60	XXX
93722	.....	A	Plethysmography report	0.17	0.05	0.15	0.05	0.13	0.01	0.23	0.33	0.23	0.31	XXX
93724	.....	A	Analyze pacemaker system	4.89	6.21	6.72	6.21	6.72	0.38	11.48	11.99	11.48	11.99	000
93724	26	A	Analyze pacemaker system	4.89	2.06	2.60	2.06	2.60	0.16	7.11	7.65	7.11	7.65	000
93724	TC	A	Analyze pacemaker system	0.00	4.14	4.12	4.14	4.12	0.22	4.36	4.34	4.36	4.34	000
93731	.....	A	Analyze pacemaker system	0.45	0.70	0.78	0.70	0.78	0.05	1.20	1.28	1.20	1.28	XXX
93731	26	A	Analyze pacemaker system	0.45	0.19	0.27	0.19	0.27	0.02	0.66	0.74	0.66	0.74	XXX
93731	TC	A	Analyze pacemaker system	0.00	0.51	0.51	0.51	0.51	0.03	0.54	0.54	0.54	0.54	XXX
93732	.....	A	Analyze pacemaker system	0.92	0.91	0.95	0.91	0.95	0.06	1.89	1.93	1.89	1.93	XXX
93732	26	A	Analyze pacemaker system	0.92	0.38	0.42	0.38	0.42	0.03	1.33	1.37	1.33	1.37	XXX
93732	TC	A	Analyze pacemaker system	0.00	0.53	0.53	0.53	0.53	0.03	0.56	0.56	0.56	0.56	XXX
93733	.....	A	Telephone analysis,pacemaker	0.17	0.83	0.90	0.83	0.90	0.06	1.06	1.13	1.06	1.13	XXX
93733	26	A	Telephone analysis,pacemaker	0.17	0.07	0.14	0.07	0.14	0.01	0.25	0.32	0.25	0.32	XXX
93733	TC	A	Telephone analysis,pacemaker	0.00	0.75	0.75	0.75	0.75	0.05	0.80	0.80	0.80	0.80	XXX
93734	.....	A	Analyze pacemaker system	0.38	0.52	0.61	0.52	0.61	0.03	0.93	1.02	0.93	1.02	XXX
93734	26	A	Analyze pacemaker system	0.38	0.15	0.25	0.15	0.25	0.01	0.54	0.64	0.54	0.64	XXX
93734	TC	A	Analyze pacemaker system	0.00	0.36	0.36	0.36	0.36	0.02	0.38	0.38	0.38	0.38	XXX

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[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.
[4] PE RVUs = Practice Expense Relative Value Units.
[5] # Indicates new CPT/HCPCS codes which were not factored into budget neutrality adjustments.

ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT[1]/ HCPCS[2]	MOD	Status	Description	Physician work RVUs[3,5]	Fully implemented non-facility PE RVUs	Year 2000 transitional non-facility PE RVUs	Fully implemented facility PE RVUs	Year 2000 transitional facility PE RVUs	Malpractice RVUs	Fully implemented non-facility total	Year 2000 transitional non-facility total	Fully implemented facility total	Year 2000 transitional facility total	Global
93735	.....	A	Analyze pacemaker system	0.74	0.77	0.85	0.77	0.85	0.06	1.57	1.65	1.57	1.65	XXX
93735	26	A	Analyze pacemaker system	0.74	0.30	0.39	0.30	0.39	0.03	1.07	1.16	1.07	1.16	XXX
93735	TC	A	Analyze pacemaker system	0.00	0.46	0.46	0.46	0.46	0.03	0.49	0.49	0.49	0.49	XXX
93736	.....	A	Telephone analysis,pacemaker	0.15	0.72	0.78	0.72	0.78	0.06	0.93	0.99	0.93	0.99	XXX
93736	26	A	Telephone analysis,pacemaker	0.15	0.06	0.12	0.06	0.12	0.01	0.22	0.28	0.22	0.28	XXX
93736	TC	A	Telephone analysis,pacemaker	0.00	0.65	0.65	0.65	0.65	0.05	0.70	0.70	0.70	0.70	XXX
93737	.....	A	Analyze cardio/defibrillator	0.45	0.70	0.75	0.70	0.75	0.04	1.19	1.24	1.19	1.24	XXX
93737	26	A	Analyze cardio/defibrillator	0.45	0.19	0.24	0.19	0.24	0.01	0.65	0.70	0.65	0.70	XXX
93737	TC	A	Analyze cardio/defibrillator	0.00	0.51	0.51	0.51	0.51	0.03	0.54	0.54	0.54	0.54	XXX
93738	.....	A	Analyze cardio/defibrillator	0.92	0.91	0.93	0.91	0.93	0.06	1.89	1.91	1.89	1.91	XXX
93738	26	A	Analyze cardio/defibrillator	0.92	0.38	0.40	0.38	0.40	0.03	1.33	1.35	1.33	1.35	XXX
93738	TC	A	Analyze cardio/defibrillator	0.00	0.53	0.53	0.53	0.53	0.03	0.56	0.56	0.56	0.56	XXX
93740	.....	A	Temperature gradient studies	0.16	0.20	0.35	0.20	0.35	0.02	0.38	0.53	0.38	0.53	XXX
93740	26	A	Temperature gradient studies	0.16	0.04	0.19	0.04	0.19	0.01	0.21	0.36	0.21	0.36	XXX
93740	TC	A	Temperature gradient studies	0.00	0.16	0.16	0.16	0.16	0.01	0.17	0.17	0.17	0.17	XXX
93760	.....	N	Cephalic thermogram	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	000
93762	.....	N	Peripheral thermogram	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
93770	.....	A	Measure venous pressure	0.16	0.08	0.15	0.08	0.15	0.01	0.25	0.32	0.25	0.32	XXX
93770	26	A	Measure venous pressure	0.16	0.05	0.12	0.05	0.12	0.01	0.22	0.29	0.22	0.29	XXX
93770	TC	A	Measure venous pressure	0.00	0.03	0.03	0.03	0.03	0.00	0.03	0.03	0.03	0.03	XXX
93784	.....	N	Ambulatory BP monitoring	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
93786	.....	N	Ambulatory BP recording	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
93788	.....	N	Ambulatory BP analysis	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
93790	.....	N	Review/report BP recording	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
93797	.....	A	Cardiac rehab	0.18	0.38	0.30	0.07	0.09	0.01	0.57	0.49	0.26	0.28	000
93798	.....	A	Cardiac rehab/monitor	0.28	0.43	0.47	0.11	0.19	0.01	0.72	0.76	0.40	0.48	000
93799	.....	C	Cardiovascular procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
93799	26	C	Cardiovascular procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
93799	TC	C	Cardiovascular procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
93875	.....	A	Extracranial study	0.22	1.23	1.32	1.23	1.32	0.10	1.55	1.64	1.55	1.64	XXX
93875	26	A	Extracranial study	0.22	0.08	0.17	0.08	0.17	0.01	0.31	0.40	0.31	0.40	XXX
93875	TC	A	Extracranial study	0.00	1.16	1.15	1.16	1.15	0.09	1.25	1.24	1.25	1.24	XXX
93880	.....	A	Extracranial study	0.60	4.09	4.18	4.09	4.18	0.35	5.04	5.13	5.04	5.13	XXX
93880	26	A	Extracranial study	0.60	0.19	0.31	0.19	0.31	0.04	0.83	0.95	0.83	0.95	XXX
93880	TC	A	Extracranial study	0.00	3.89	3.87	3.89	3.87	0.31	4.20	4.18	4.20	4.18	XXX
93882	.....	A	Extracranial study	0.40	2.72	2.78	2.72	2.78	0.23	3.35	3.41	3.35	3.41	XXX
93882	26	A	Extracranial study	0.40	0.14	0.21	0.14	0.21	0.03	0.57	0.64	0.57	0.64	XXX
93882	TC	A	Extracranial study	0.00	2.59	2.58	2.59	2.58	0.20	2.79	2.78	2.79	2.78	XXX
93886	.....	A	Intracranial study	0.94	4.76	4.79	4.76	4.79	0.40	6.10	6.13	6.10	6.13	XXX
93886	26	A	Intracranial study	0.94	0.36	0.41	0.36	0.41	0.05	1.35	1.40	1.35	1.40	XXX
93886	TC	A	Intracranial study	0.00	4.41	4.39	4.41	4.39	0.35	4.76	4.74	4.76	4.74	XXX
93888	.....	A	Intracranial study	0.62	3.16	3.19	3.16	3.19	0.28	4.06	4.09	4.06	4.09	XXX
93888	26	A	Intracranial study	0.62	0.23	0.27	0.23	0.27	0.04	0.89	0.93	0.89	0.93	XXX
93888	TC	A	Intracranial study	0.00	2.94	2.93	2.94	2.93	0.24	3.18	3.17	3.18	3.17	XXX
93922	.....	A	Extremity study	0.25	1.30	1.40	1.30	1.40	0.13	1.68	1.78	1.68	1.78	XXX
93922	26	A	Extremity study	0.25	0.09	0.20	0.09	0.20	0.02	0.36	0.47	0.36	0.47	XXX
93922	TC	A	Extremity study	0.00	1.21	1.20	1.21	1.20	0.11	1.32	1.31	1.32	1.31	XXX
93923	.....	A	Extremity study	0.45	2.44	2.62	2.44	2.62	0.24	3.13	3.31	3.13	3.31	XXX
93923	26	A	Extremity study	0.45	0.16	0.35	0.16	0.35	0.04	0.65	0.84	0.65	0.84	XXX
93923	TC	A	Extremity study	0.00	2.28	2.27	2.28	2.27	0.20	2.48	2.47	2.48	2.47	XXX
93924	.....	A	Extremity study	0.50	2.65	2.85	2.65	2.85	0.28	3.43	3.63	3.43	3.63	XXX
93924	26	A	Extremity study	0.50	0.18	0.39	0.18	0.39	0.05	0.73	0.94	0.73	0.94	XXX
93924	TC	A	Extremity study	0.00	2.47	2.46	2.47	2.46	0.23	2.70	2.69	2.70	2.69	XXX
93925	.....	A	Lower extremity study	0.58	4.10	4.20	4.10	4.20	0.35	5.03	5.13	5.03	5.13	XXX
93925	26	A	Lower extremity study	0.58	0.19	0.31	0.19	0.31	0.04	0.81	0.93	0.81	0.93	XXX
93925	TC	A	Lower extremity study	0.00	3.91	3.89	3.91	3.89	0.31	4.22	4.20	4.22	4.20	XXX
93926	.....	A	Lower extremity study	0.39	2.74	2.80	2.74	2.80	0.24	3.37	3.43	3.37	3.43	XXX
93926	26	A	Lower extremity study	0.39	0.13	0.21	0.13	0.21	0.03	0.55	0.63	0.55	0.63	XXX
93926	TC	A	Lower extremity study	0.00	2.62	2.60	2.62	2.60	0.21	2.83	2.81	2.83	2.81	XXX
93930	.....	A	Upper extremity study	0.46	4.31	4.42	4.31	4.42	0.36	5.13	5.24	5.13	5.24	XXX
93930	26	A	Upper extremity study	0.46	0.15	0.29	0.15	0.29	0.03	0.64	0.78	0.64	0.78	XXX
93930	TC	A	Upper extremity study	0.00	4.15	4.13	4.15	4.13	0.33	4.48	4.46	4.48	4.46	XXX
93931	.....	A	Upper extremity study	0.31	2.87	2.94	2.87	2.94	0.24	3.42	3.49	3.42	3.49	XXX
93931	26	A	Upper extremity study	0.31	0.10	0.19	0.10	0.19	0.02	0.43	0.52	0.43	0.52	XXX
93931	TC	A	Upper extremity study	0.00	2.77	2.75	2.77	2.75	0.22	2.99	2.97	2.99	2.97	XXX
93965	.....	A	Extremity study	0.35	1.25	1.40	1.25	1.40	0.12	1.72	1.87	1.72	1.87	XXX
93965	26	A	Extremity study	0.35	0.12	0.27	0.12	0.27	0.02	0.49	0.64	0.49	0.64	XXX
93965	TC	A	Extremity study	0.00	1.14	1.14	1.14	1.14	0.10	1.24	1.24	1.24	1.24	XXX
93970	.....	A	Extremity study	0.68	4.53	4.62	4.53	4.62	0.41	5.62	5.71	5.62	5.71	XXX
93970	26	A	Extremity study	0.68	0.22	0.33	0.22	0.33	0.05	0.95	1.06	0.95	1.06	XXX
93970	TC	A	Extremity study	0.00	4.32	4.30	4.32	4.30	0.36	4.68	4.66	4.68	4.66	XXX
93971	.....	A	Extremity study	0.45	3.01	3.07	3.01	3.07	0.27	3.73	3.79	3.73	3.79	XXX
93971	26	A	Extremity study	0.45	0.13	0.21	0.13	0.21	0.03	0.61	0.69	0.61	0.69	XXX
93971	TC	A	Extremity study	0.00	2.88	2.86	2.88	2.86	0.24	3.12	3.10	3.12	3.10	XXX
93975	.....	A	Vascular study	1.80	5.45	5.39	5.45	5.39	0.49	7.74	7.68	7.74	7.68	XXX
93975	26	A	Vascular study	1.80	0.53	0.50	0.53	0.50	0.10	2.43	2.40	2.43	2.40	XXX
93975	TC	A	Vascular study	0.00	4.92	4.89	4.92	4.89	0.39	5.31	5.28	5.31	5.28	XXX
93976	.....	A	Vascular study	1.21	3.62	3.58	3.62	3.58	0.33	5.16	5.12	5.16	5.12	XXX
93976	26	A	Vascular study	1.21	0.34	0.32	0.34	0.32	0.06	1.61	1.59	1.61	1.59	XXX
93976	TC	A	Vascular study	0.00	3.28	3.26	3.28	3.26	0.27	3.55	3.53	3.55	3.53	XXX
93978	.....	A	Vascular study	0.65	4.24	4.32	4.24	4.32	0.38	5.27	5.35	5.27	5.35	XXX
93978	26	A	Vascular study	0.65	0.22	0.32	0.22	0.32	0.05	0.92	1.02	0.92	1.02	XXX
93978	TC	A	Vascular study	0.00	4.02	4.00	4.02	4.00	0.33	4.35	4.33	4.35	4.33	XXX
93979	.....	A	Vascular study	0.44	2.84	2.89	2.84	2.89	0.25	3.53	3.58	3.53	3.58	XXX

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[3] + Indicates RVUs are not used for Medicare payment.

[4] PE RVUs = Practice Expense Relative Value Units.

[5] # Indicates new CPT/HCPCS codes which were not factored into budget neutrality adjustments.

ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT[1]/ HCPCS[2]	MOD	Status	Description	Physician work RVUs[3,5]	Fully implemented non-facility PE RVUs	Year 2000 transitional non-facility PE RVUs	Fully implemented facility PE RVUs	Year 2000 transitional facility PE RVUs	Malpractice RVUs	Fully implemented non-facility total	Year 2000 transitional non-facility total	Fully implemented facility total	Year 2000 transitional facility total	Global
93979	26	A	Vascular study	0.44	0.16	0.22	0.16	0.22	0.03	0.63	0.69	0.63	0.69	XXX
93979	TC	A	Vascular study	0.00	2.68	2.67	2.68	2.67	0.22	2.90	2.89	2.90	2.89	XXX
93980	.....	A	Penile vascular study	1.25	4.06	4.28	4.06	4.28	0.38	5.69	5.91	5.69	5.91	XXX
93980	26	A	Penile vascular study	1.25	0.40	0.65	0.40	0.65	0.08	1.73	1.98	1.73	1.98	XXX
93980	TC	A	Penile vascular study	0.00	3.65	3.63	3.65	3.63	0.30	3.95	3.93	3.95	3.93	XXX
93981	.....	A	Penile vascular study	0.44	3.50	3.63	3.50	3.63	0.31	4.25	4.38	4.25	4.38	XXX
93981	26	A	Penile vascular study	0.44	0.13	0.28	0.13	0.28	0.03	0.60	0.75	0.60	0.75	XXX
93981	TC	A	Penile vascular study	0.00	3.37	3.35	3.37	3.35	0.28	3.65	3.63	3.65	3.63	XXX
93990	.....	A	Doppler flow testing	0.25	2.72	2.76	2.72	2.76	0.22	3.19	3.23	3.19	3.23	XXX
93990	26	A	Doppler flow testing	0.25	0.10	0.16	0.10	0.16	0.01	0.36	0.42	0.36	0.42	XXX
93990	TC	A	Doppler flow testing	0.00	2.62	2.60	2.62	2.60	0.21	2.83	2.81	2.83	2.81	XXX
94010	.....	A	Breathing capacity test	0.17	0.49	0.61	0.49	0.61	0.03	0.69	0.81	0.69	0.81	XXX
94010	26	A	Breathing capacity test	0.17	0.05	0.18	0.05	0.18	0.01	0.23	0.36	0.23	0.36	XXX
94010	TC	A	Breathing capacity test	0.00	0.44	0.44	0.44	0.44	0.02	0.46	0.46	0.46	0.46	XXX
94014	.....	A	Patient recorded spirometry	0.52	0.64	0.64	0.64	0.64	0.04	1.20	1.20	1.20	1.20	XXX
94015	.....	A	Patient recorded spirometry	0.00	0.44	0.00	0.44	0.00	0.02	0.46	0.02	0.46	0.02	XXX
94016	.....	A	Review patient spirometry	0.52	0.20	0.20	0.20	0.20	0.02	0.74	0.74	0.74	0.74	XXX
94060	.....	A	Evaluation of wheezing	0.31	1.07	1.21	1.07	1.21	0.06	1.44	1.58	1.44	1.58	XXX
94060	26	A	Evaluation of wheezing	0.31	0.09	0.23	0.09	0.23	0.01	0.41	0.55	0.41	0.55	XXX
94060	TC	A	Evaluation of wheezing	0.00	0.98	0.98	0.98	0.98	0.05	1.03	1.03	1.03	1.03	XXX
94070	.....	A	Evaluation of wheezing	0.60	1.71	1.82	1.71	1.82	0.10	2.41	2.52	2.41	2.52	XXX
94070	26	A	Evaluation of wheezing	0.60	0.18	0.30	0.18	0.30	0.02	0.80	0.92	0.80	0.92	XXX
94070	TC	A	Evaluation of wheezing	0.00	1.53	1.52	1.53	1.52	0.08	1.61	1.60	1.61	1.60	XXX
94150	.....	B	Vital capacity test	0.07	0.12	0.15	0.12	0.15	0.01	0.20	0.23	0.20	0.23	XXX
94150	26	B	Vital capacity test	0.07	0.03	0.06	0.03	0.06	0.00	0.10	0.13	0.10	0.13	XXX
94150	TC	B	Vital capacity test	0.00	0.09	0.09	0.09	0.09	0.01	0.10	0.10	0.10	0.10	XXX
94200	.....	A	Lung function test (MBC/MVV)	0.11	0.29	0.34	0.29	0.34	0.02	0.42	0.47	0.42	0.47	XXX
94200	26	A	Lung function test (MBC/MVV)	0.11	0.03	0.08	0.03	0.08	0.00	0.14	0.19	0.14	0.19	XXX
94200	TC	A	Lung function test (MBC/MVV)	0.00	0.26	0.26	0.26	0.26	0.02	0.28	0.28	0.28	0.28	XXX
94240	.....	A	Residual lung capacity	0.26	0.79	0.88	0.79	0.88	0.05	1.10	1.19	1.10	1.19	XXX
94240	26	A	Residual lung capacity	0.26	0.08	0.17	0.08	0.17	0.01	0.35	0.44	0.35	0.44	XXX
94240	TC	A	Residual lung capacity	0.00	0.71	0.71	0.71	0.71	0.04	0.75	0.75	0.75	0.75	XXX
94250	.....	A	Expired gas collection	0.11	0.17	0.22	0.17	0.22	0.01	0.29	0.34	0.29	0.34	XXX
94250	26	A	Expired gas collection	0.11	0.03	0.08	0.03	0.08	0.00	0.14	0.19	0.14	0.19	XXX
94250	TC	A	Expired gas collection	0.00	0.14	0.14	0.14	0.14	0.01	0.15	0.15	0.15	0.15	XXX
94260	.....	A	Thoracic gas volume	0.13	0.61	0.66	0.61	0.66	0.03	0.77	0.82	0.77	0.82	XXX
94260	26	A	Thoracic gas volume	0.13	0.04	0.10	0.04	0.10	0.00	0.17	0.23	0.17	0.23	XXX
94260	TC	A	Thoracic gas volume	0.00	0.57	0.57	0.57	0.57	0.03	0.60	0.60	0.60	0.60	XXX
94350	.....	A	Lung nitrogen washout curve	0.26	0.65	0.72	0.65	0.72	0.04	0.95	1.02	0.95	1.02	XXX
94350	26	A	Lung nitrogen washout curve	0.26	0.08	0.16	0.08	0.16	0.01	0.35	0.43	0.35	0.43	XXX
94350	TC	A	Lung nitrogen washout curve	0.00	0.57	0.57	0.57	0.57	0.03	0.60	0.60	0.60	0.60	XXX
94360	.....	A	Measure airflow resistance	0.26	1.08	1.15	1.08	1.15	0.06	1.40	1.47	1.40	1.47	XXX
94360	26	A	Measure airflow resistance	0.26	0.08	0.15	0.08	0.15	0.01	0.35	0.42	0.35	0.42	XXX
94360	TC	A	Measure airflow resistance	0.00	1.01	1.01	1.01	1.01	0.05	1.06	1.06	1.06	1.06	XXX
94370	.....	A	Breath airway closing volume	0.26	0.36	0.40	0.36	0.40	0.03	0.65	0.69	0.65	0.69	XXX
94370	26	A	Breath airway closing volume	0.26	0.08	0.12	0.08	0.12	0.01	0.35	0.39	0.35	0.39	XXX
94370	TC	A	Breath airway closing volume	0.00	0.28	0.28	0.28	0.28	0.02	0.30	0.30	0.30	0.30	XXX
94375	.....	A	Respiratory flow volume loop	0.31	0.59	0.66	0.59	0.66	0.03	0.93	1.00	0.93	1.00	XXX
94375	26	A	Respiratory flow volume loop	0.31	0.09	0.16	0.09	0.16	0.01	0.41	0.48	0.41	0.48	XXX
94375	TC	A	Respiratory flow volume loop	0.00	0.50	0.50	0.50	0.50	0.02	0.52	0.52	0.52	0.52	XXX
94400	.....	A	CO2 breathing response curve	0.40	0.45	0.65	0.45	0.65	0.07	0.92	1.12	0.92	1.12	XXX
94400	26	A	CO2 breathing response curve	0.40	0.11	0.31	0.11	0.31	0.02	0.53	0.73	0.53	0.73	XXX
94400	TC	A	CO2 breathing response curve	0.00	0.33	0.33	0.33	0.33	0.05	0.38	0.38	0.38	0.38	XXX
94450	.....	A	Hypoxia response curve	0.40	0.53	0.60	0.53	0.60	0.03	0.96	1.03	0.96	1.03	XXX
94450	26	A	Hypoxia response curve	0.40	0.12	0.19	0.12	0.19	0.01	0.53	0.60	0.53	0.60	XXX
94450	TC	A	Hypoxia response curve	0.00	0.40	0.40	0.40	0.40	0.02	0.42	0.42	0.42	0.42	XXX
94620	.....	A	Pulmonary stress test/simple	0.64	1.74	2.11	1.74	2.11	0.11	2.49	2.86	2.49	2.86	XXX
94620	26	A	Pulmonary stress test/simple	0.64	0.27	0.64	0.27	0.64	0.03	0.94	1.31	0.94	1.31	XXX
94620	TC	A	Pulmonary stress test/simple	0.00	1.47	1.47	1.47	1.47	0.08	1.55	1.55	1.55	1.55	XXX
94621	.....	A	Pulm stress test/complex	1.42	1.74	2.11	1.74	2.11	0.11	3.27	3.64	3.27	3.64	XXX
94621	26	A	Pulm stress test/complex	1.42	0.27	0.64	0.27	0.64	0.03	1.72	2.09	1.72	2.09	XXX
94621	TC	A	Pulm stress test/complex	0.00	1.47	1.47	1.47	1.47	0.08	1.55	1.55	1.55	1.55	XXX
94640	.....	A	Airway inhalation treatment	0.00	0.43	0.43	0.43	0.43	0.02	0.45	0.45	0.45	0.45	XXX
94642	.....	C	Aerosol inhalation treatment	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
94650	.....	A	Pressure breathing (IPPB)	0.00	0.40	0.40	0.40	0.40	0.02	0.42	0.42	0.42	0.42	XXX
94651	.....	A	Pressure breathing (IPPB)	0.00	0.39	0.39	0.39	0.39	0.02	0.41	0.41	0.41	0.41	XXX
94652	.....	A	Pressure breathing (IPPB)	0.00	NA	NA	0.45	0.45	0.06	NA	NA	0.51	0.51	XXX
94656	.....	A	Initial ventilator mgmt	1.22	NA	NA	0.30	0.77	0.06	NA	NA	1.58	2.05	XXX
94657	.....	A	Cont. ventilator	0.83	NA	NA	0.24	0.46	0.03	NA	NA	1.10	1.32	XXX
94660	.....	A	Pos airway pressure, CPAP	0.76	0.59	0.68	0.23	0.50	0.03	1.38	1.47	1.02	1.29	XXX
94662	.....	A	Neg pressure ventilation,cnp	0.76	NA	NA	0.23	0.28	0.02	NA	NA	1.01	1.06	XXX
94664	.....	A	Aerosol or vapor inhalations	0.00	0.55	0.55	0.55	0.55	0.03	0.58	0.58	0.58	0.58	XXX
94665	.....	A	Aerosol or vapor inhalations	0.00	0.50	0.50	0.50	0.50	0.04	0.54	0.54	0.54	0.54	XXX
94667	.....	A	Chest wall manipulation	0.00	0.60	0.60	0.60	0.60	0.04	0.64	0.64	0.64	0.64	XXX
94668	.....	A	Chest wall manipulation	0.00	0.37	0.37	0.37	0.37	0.02	0.39	0.39	0.39	0.39	XXX
94680	.....	A	Exhaled air analysis: O2	0.26	0.61	0.73	0.61	0.73	0.06	0.93	1.05	0.93	1.05	XXX
94680	26	A	Exhaled air analysis: O2	0.26	0.08	0.20	0.08	0.20	0.01	0.35	0.47	0.35	0.47	XXX
94680	TC	A	Exhaled air analysis: O2	0.00	0.53	0.53	0.53	0.53	0.05	0.58	0.58	0.58	0.58	XXX
94681	.....	A	Exhaled air analysis: O2,CO2	0.20	1.51	1.59	1.51	1.59	0.11	1.82	1.90	1.82	1.90	XXX
94681	26	A	Exhaled air analysis: O2,CO2	0.20	0.06	0.15	0.06	0.15	0.01	0.27	0.36	0.27	0.36	XXX
94681	TC	A	Exhaled air analysis: O2,CO2	0.00	1.45	1.44	1.45	1.44	0.10	1.55	1.54	1.55	1.54	XXX
94690	.....	A	Exhaled air analysis	0.07	0.58	0.59	0.58	0.59	0.03	0.68	0.69	0.68	0.69	XXX
94690	26	A	Exhaled air analysis	0.07	0.02	0.04	0.02	0.04	0.00	0.09	0.11	0.09	0.11	XXX
94690	TC	A	Exhaled air analysis	0.00	0.56	0.56	0.56	0.56	0.03	0.59	0.59	0.59	0.59	XXX

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[3] + Indicates RVUs are not used for Medicare payment.
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[5] # Indicates new CPT/HCPCS codes which were not factored into budget neutrality adjustments.

ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT[1]/ HCPCS[2]	MOD	Status	Description	Physician work RVUs[3,5]	Fully implemented non-facility PE RVUs	Year 2000 transitional non-facility PE RVUs	Fully implemented facility PE RVUs	Year 2000 transitional facility PE RVUs	Malpractice RVUs	Fully implemented non-facility total	Year 2000 transitional non-facility total	Fully implemented facility total	Year 2000 transitional facility total	Global
94720	.....	A	Monoxide diffusing capacity	0.26	0.95	1.04	0.95	1.04	0.06	1.27	1.36	1.27	1.36	XXX
94720	26	A	Monoxide diffusing capacity	0.26	0.08	0.17	0.08	0.17	0.01	0.35	0.44	0.35	0.44	XXX
94720	TC	A	Monoxide diffusing capacity	0.00	0.88	0.88	0.88	0.88	0.05	0.93	0.93	0.93	0.93	XXX
94725	.....	A	Membrane diffusion capacity	0.26	1.90	1.95	1.90	1.95	0.11	2.27	2.32	2.27	2.32	XXX
94725	26	A	Membrane diffusion capacity	0.26	0.08	0.14	0.08	0.14	0.01	0.35	0.41	0.35	0.41	XXX
94725	TC	A	Membrane diffusion capacity	0.00	1.82	1.81	1.82	1.81	0.10	1.92	1.91	1.92	1.91	XXX
94750	.....	A	Pulmonary compliance study	0.23	0.67	0.77	0.67	0.77	0.04	0.94	1.04	0.94	1.04	XXX
94750	26	A	Pulmonary compliance study	0.23	0.07	0.17	0.07	0.17	0.01	0.31	0.41	0.31	0.41	XXX
94750	TC	A	Pulmonary compliance study	0.00	0.60	0.60	0.60	0.60	0.03	0.63	0.63	0.63	0.63	XXX
94760	.....	A	Measure blood oxygen level	0.00	0.27	0.27	0.27	0.27	0.02	0.29	0.29	0.29	0.29	XXX
94761	.....	A	Measure blood oxygen level	0.00	0.70	0.70	0.70	0.70	0.05	0.75	0.75	0.75	0.75	XXX
94762	.....	A	Measure blood oxygen level	0.00	1.19	1.18	1.19	1.18	0.08	1.27	1.26	1.27	1.26	XXX
94770	.....	A	Exhaled carbon dioxide test	0.15	0.36	0.40	0.36	0.40	0.07	0.58	0.62	0.58	0.62	XXX
94770	26	A	Exhaled carbon dioxide test	0.15	0.04	0.08	0.04	0.08	0.01	0.20	0.24	0.20	0.24	XXX
94770	TC	A	Exhaled carbon dioxide test	0.00	0.32	0.32	0.32	0.32	0.06	0.38	0.38	0.38	0.38	XXX
94772	.....	C	Breath recording, infant	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
94772	26	C	Breath recording, infant	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
94772	TC	C	Breath recording, infant	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
94799	.....	C	Pulmonary service/procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
94799	26	C	Pulmonary service/procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
94799	TC	C	Pulmonary service/procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
95004	.....	A	Allergy skin tests	0.00	0.10	0.10	0.10	0.10	0.01	0.11	0.11	0.11	0.11	XXX
95010	.....	A	Sensitivity skin tests	0.15	0.36	0.24	0.06	0.06	0.00	0.51	0.39	0.21	0.21	XXX
95015	.....	A	Sensitivity skin tests	0.15	0.42	0.27	0.06	0.06	0.00	0.57	0.42	0.21	0.21	XXX
95024	.....	A	Allergy skin tests	0.00	0.15	0.15	0.15	0.15	0.01	0.16	0.16	0.16	0.16	XXX
95027	.....	A	Skin end point titration	0.00	0.15	0.15	0.15	0.15	0.01	0.16	0.16	0.16	0.16	XXX
95028	.....	A	Allergy skin tests	0.00	0.24	0.24	0.24	0.24	0.01	0.25	0.25	0.25	0.25	XXX
95044	.....	A	Allergy patch tests	0.00	0.21	0.21	0.21	0.21	0.01	0.22	0.22	0.22	0.22	XXX
95052	.....	A	Photo patch test	0.00	0.26	0.26	0.26	0.26	0.01	0.27	0.27	0.27	0.27	XXX
95056	.....	A	Photosensitivity tests	0.00	0.19	0.19	0.10	0.10	0.01	0.20	0.20	0.11	0.11	XXX
95060	.....	A	Eye allergy tests	0.00	0.36	0.36	0.36	0.36	0.02	0.38	0.38	0.38	0.38	XXX
95065	.....	A	Nose allergy test	0.00	0.21	0.21	0.21	0.16	0.01	0.22	0.22	0.22	0.17	XXX
95070	.....	A	Bronchial allergy tests	0.00	2.38	2.37	2.38	2.37	0.02	2.40	2.39	2.40	2.39	XXX
95071	.....	A	Bronchial allergy tests	0.00	3.05	3.04	3.05	3.04	0.02	3.07	3.06	3.07	3.06	XXX
95075	.....	A	Ingestion challenge test	0.95	0.73	1.44	0.38	0.73	0.03	1.71	2.42	1.36	1.71	XXX
95078	.....	A	Provocative testing	0.00	0.26	0.26	0.26	0.26	0.02	0.28	0.28	0.28	0.28	XXX
95115	.....	A	Immunotherapy, one injection	0.00	0.40	0.40	0.40	0.40	0.02	0.42	0.42	0.42	0.42	000
95117	.....	A	Immunotherapy injections	0.00	0.52	0.52	0.52	0.52	0.02	0.54	0.54	0.54	0.54	000
95120	.....	I	Immunotherapy, one injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
95125	.....	I	Immunotherapy, many antigens	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
95130	.....	I	Immunotherapy, insect venom	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
95131	.....	I	Immunotherapy, insect venoms	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
95132	.....	I	Immunotherapy, insect venoms	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
95133	.....	I	Immunotherapy, insect venoms	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
95134	.....	I	Immunotherapy, insect venoms	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
95144	.....	A	Antigen therapy services	0.06	0.23	0.19	0.02	0.05	0.00	0.29	0.25	0.08	0.11	000
95145	.....	A	Antigen therapy services	0.06	0.42	0.40	0.02	0.11	0.00	0.48	0.46	0.08	0.17	000
95146	.....	A	Antigen therapy services	0.06	0.28	0.47	0.02	0.18	0.00	0.34	0.53	0.08	0.24	000
95147	.....	A	Antigen therapy services	0.06	0.31	0.65	0.02	0.26	0.00	0.37	0.71	0.08	0.32	000
95148	.....	A	Antigen therapy services	0.06	0.34	0.67	0.02	0.26	0.00	0.40	0.73	0.08	0.32	000
95149	.....	A	Antigen therapy services	0.06	0.49	0.87	0.02	0.32	0.00	0.55	0.93	0.08	0.38	000
95165	.....	A	Antigen therapy services	0.06	0.23	0.17	0.02	0.04	0.00	0.29	0.23	0.08	0.10	000
95170	.....	A	Antigen therapy services	0.06	0.24	0.31	0.02	0.11	0.00	0.30	0.37	0.08	0.17	000
95180	.....	A	Rapid desensitization	2.01	1.56	0.86	0.84	0.46	0.06	3.63	2.93	2.91	2.53	000
95199	.....	C	Allergy immunology services	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	000
95805	.....	A	Multiple sleep latency test	1.88	6.07	6.03	6.07	6.03	0.37	8.32	8.28	8.32	8.28	XXX
95805	26	A	Multiple sleep latency test	1.88	0.63	0.62	0.63	0.62	0.07	2.58	2.57	2.58	2.57	XXX
95805	TC	A	Multiple sleep latency test	0.00	5.43	5.40	5.43	5.40	0.30	5.73	5.70	5.73	5.70	XXX
95806	.....	A	Sleep study, unattended	1.66	5.83	6.81	5.83	6.48	0.34	7.83	8.81	7.83	8.48	XXX
95806	26	A	Sleep study, unattended	1.66	0.63	1.65	0.63	1.31	0.06	2.35	3.37	2.35	3.03	XXX
95806	TC	A	Sleep study, unattended	0.00	5.19	5.16	5.19	5.16	0.28	5.47	5.44	5.47	5.44	XXX
95807	.....	A	Sleep study, attended	1.66	7.43	8.13	7.43	8.13	0.44	9.53	10.23	9.53	10.23	XXX
95807	26	A	Sleep study, attended	1.66	0.51	1.25	0.51	1.25	0.06	2.23	2.97	2.23	2.97	XXX
95807	TC	A	Sleep study, attended	0.00	6.91	6.88	6.91	6.88	0.38	7.29	7.26	7.29	7.26	XXX
95808	.....	A	Polysomnography, 1-3	2.65	7.80	8.65	7.80	8.65	0.47	10.92	11.77	10.92	11.77	XXX
95808	26	A	Polysomnography, 1-3	2.65	0.89	1.78	0.89	1.78	0.09	3.63	4.52	3.63	4.52	XXX
95808	TC	A	Polysomnography, 1-3	0.00	6.91	6.88	6.91	6.88	0.38	7.29	7.26	7.29	7.26	XXX
95810	.....	A	Polysomnography, 4 or more	3.53	8.06	8.78	8.06	8.78	0.50	12.09	12.81	12.09	12.81	XXX
95810	26	A	Polysomnography, 4 or more	3.53	1.15	1.91	1.15	1.91	0.12	4.80	5.56	4.80	5.56	XXX
95810	TC	A	Polysomnography, 4 or more	0.00	6.91	6.88	6.91	6.88	0.38	7.29	7.26	7.29	7.26	XXX
95811	.....	A	Polysomnography w/cpap	3.80	8.50	9.24	8.50	9.24	0.52	12.82	13.56	12.82	13.56	XXX
95811	26	A	Polysomnography w/cpap	3.80	1.24	2.02	1.24	2.02	0.13	5.17	5.95	5.17	5.95	XXX
95811	TC	A	Polysomnography w/cpap	0.00	7.26	7.22	7.26	7.22	0.39	7.65	7.61	7.65	7.61	XXX
95812	.....	A	Electroencephalogram (EEG)	1.08	1.91	1.96	1.91	1.96	0.13	3.12	3.17	3.12	3.17	XXX
95812	26	A	Electroencephalogram (EEG)	1.08	0.43	0.49	0.43	0.49	0.04	1.55	1.61	1.55	1.61	XXX
95812	TC	A	Electroencephalogram (EEG)	0.00	1.48	1.48	1.48	1.48	0.09	1.57	1.57	1.57	1.57	XXX
95813	.....	A	Electroencephalogram (EEG)	1.73	2.15	2.08	2.15	2.08	0.16	4.04	3.97	4.04	3.97	XXX
95813	26	A	Electroencephalogram (EEG)	1.73	0.67	0.61	0.67	0.61	0.07	2.47	2.41	2.47	2.41	XXX
95813	TC	A	Electroencephalogram (EEG)	0.00	1.48	1.48	1.48	1.48	0.09	1.57	1.57	1.57	1.57	XXX
95816	.....	A	Electroencephalogram (EEG)	1.08	1.81	1.74	1.81	1.74	0.13	3.02	2.95	3.02	2.95	XXX
95816	26	A	Electroencephalogram (EEG)	1.08	0.43	0.37	0.43	0.37	0.05	1.56	1.50	1.56	1.50	XXX
95816	TC	A	Electroencephalogram (EEG)	0.00	1.38	1.38	1.38	1.38	0.08	1.46	1.46	1.46	1.46	XXX
95819	.....	A	Electroencephalogram (EEG)	1.08	1.86	1.91	1.86	1.91	0.13	3.07	3.12	3.07	3.12	XXX
95819	26	A	Electroencephalogram (EEG)	1.08	0.43	0.49	0.43	0.49	0.05	1.56	1.62	1.56	1.62	XXX

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[3] + Indicates RVUs are not used for Medicare payment.
[4] PE RVUs = Practice Expense Relative Value Units.
[5] # Indicates new CPT/HCPCS codes which were not factored into budget neutrality adjustments.

ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT[1]/ HCPCS[2]	MOD	Status	Description	Physician work RVUs[3,5]	Fully implemented non-facility PE RVUs	Year 2000 transitional non-facility PE RVUs	Fully implemented facility PE RVUs	Year 2000 transitional facility PE RVUs	Malpractice RVUs	Fully implemented non-facility total	Year 2000 transitional non-facility total	Fully implemented facility total	Year 2000 transitional facility total	Global
95819	TC	A	Electroencephalogram (EEG)	0.00	1.43	1.42	1.43	1.42	0.08	1.51	1.50	1.51	1.50	XXX
95822		A	Sleep electroencephalogram	1.08	2.32	2.40	2.32	2.40	0.16	3.56	3.64	3.56	3.64	XXX
95822	26	A	Sleep electroencephalogram	1.08	0.43	0.52	0.43	0.52	0.05	1.56	1.65	1.56	1.65	XXX
95822	TC	A	Sleep electroencephalogram	0.00	1.89	1.88	1.89	1.88	0.11	2.00	1.99	2.00	1.99	XXX
95824		A	Electroencephalography	0.74	0.74	0.90	0.74	0.90	0.05	1.53	1.69	1.53	1.69	XXX
95824	26	A	Electroencephalography	0.74	0.30	0.47	0.30	0.47	0.03	1.07	1.24	1.07	1.24	XXX
95824	TC	A	Electroencephalography	0.00	0.44	0.44	0.44	0.44	0.02	0.46	0.46	0.46	0.46	XXX
95827		A	Night electroencephalogram	1.08	2.79	3.06	2.79	3.06	0.17	4.04	4.31	4.04	4.31	XXX
95827	26	A	Night electroencephalogram	1.08	0.40	0.68	0.40	0.68	0.04	1.52	1.80	1.52	1.80	XXX
95827	TC	A	Night electroencephalogram	0.00	2.39	2.38	2.39	2.38	0.13	2.52	2.51	2.52	2.51	XXX
95829		A	Surgery electrocorticogram	6.21	2.72	1.68	2.72	1.68	0.28	9.21	8.17	9.21	8.17	XXX
95829	26	A	Surgery electrocorticogram	6.21	2.57	1.53	2.57	1.53	0.26	9.04	8.00	9.04	8.00	XXX
95829	TC	A	Surgery electrocorticogram	0.00	0.15	0.15	0.15	0.15	0.02	0.17	0.17	0.17	0.17	XXX
95830		A	Insert electrodes for EEG	1.70	3.10	1.98	0.69	0.77	0.07	4.87	3.75	2.46	2.54	XXX
95831		A	Limb muscle testing, manual	0.28	0.49	0.40	0.13	0.15	0.01	0.78	0.69	0.42	0.44	XXX
95832		A	Hand muscle testing, manual	0.29	0.33	0.30	0.13	0.14	0.01	0.63	0.60	0.43	0.44	XXX
95833		A	Body muscle testing, manual	0.47	0.54	0.48	0.23	0.22	0.02	1.03	0.97	0.72	0.71	XXX
95834		A	Body muscle testing, manual	0.60	0.57	0.62	0.28	0.31	0.02	1.19	1.24	0.90	0.93	XXX
95851		A	Range of motion measurements	0.16	0.46	0.36	0.08	0.11	0.01	0.63	0.53	0.25	0.28	XXX
95852		A	Range of motion measurements	0.11	0.36	0.26	0.05	0.07	0.01	0.48	0.38	0.17	0.19	XXX
95857		A	Tensilon test	0.53	0.58	0.56	0.22	0.25	0.02	1.13	1.11	0.77	0.80	XXX
95858		A	Tensilon test & myogram	1.56	1.06	1.08	1.06	1.08	0.09	2.71	2.73	2.71	2.73	XXX
95858	26	A	Tensilon test & myogram	1.56	0.64	0.67	0.64	0.67	0.06	2.26	2.29	2.26	2.29	XXX
95858	TC	A	Tensilon test & myogram	0.00	0.41	0.41	0.41	0.41	0.03	0.44	0.44	0.44	0.44	XXX
95860		A	Muscle test, one limb	0.96	0.80	0.99	0.80	0.99	0.06	1.82	2.01	1.82	2.01	XXX
95860	26	A	Muscle test, one limb	0.96	0.40	0.60	0.40	0.60	0.04	1.40	1.60	1.40	1.60	XXX
95860	TC	A	Muscle test, one limb	0.00	0.39	0.39	0.39	0.39	0.02	0.41	0.41	0.41	0.41	XXX
95861		A	Muscle test, two limbs	1.54	1.42	1.78	1.42	1.78	0.11	3.07	3.43	3.07	3.43	XXX
95861	26	A	Muscle test, two limbs	1.54	0.65	1.02	0.65	1.02	0.06	2.25	2.62	2.25	2.62	XXX
95861	TC	A	Muscle test, two limbs	0.00	0.76	0.76	0.76	0.76	0.05	0.81	0.81	0.81	0.81	XXX
95863		A	Muscle test, 3 limbs	1.87	1.74	2.12	1.74	2.12	0.12	3.73	4.11	3.73	4.11	XXX
95863	26	A	Muscle test, 3 limbs	1.87	0.77	1.15	0.77	1.15	0.07	2.71	3.09	2.71	3.09	XXX
95863	TC	A	Muscle test, 3 limbs	0.00	0.98	0.98	0.98	0.98	0.05	1.03	1.03	1.03	1.03	XXX
95864		A	Muscle test, 4 limbs	1.99	2.69	3.22	2.69	3.22	0.18	4.86	5.39	4.86	5.39	XXX
95864	26	A	Muscle test, 4 limbs	1.99	0.83	1.37	0.83	1.37	0.08	2.90	3.44	2.90	3.44	XXX
95864	TC	A	Muscle test, 4 limbs	0.00	1.86	1.85	1.86	1.85	0.10	1.96	1.95	1.96	1.95	XXX
95867		A	Muscle test, head or neck	0.79	0.95	1.09	0.95	1.09	0.06	1.80	1.94	1.80	1.94	XXX
95867	26	A	Muscle test, head or neck	0.79	0.34	0.49	0.34	0.49	0.03	1.16	1.31	1.16	1.31	XXX
95867	TC	A	Muscle test, head or neck	0.00	0.60	0.60	0.60	0.60	0.03	0.63	0.63	0.63	0.63	XXX
95868		A	Muscle test, head or neck	1.18	1.20	1.65	1.20	1.65	0.09	2.47	2.92	2.47	2.92	XXX
95868	26	A	Muscle test, head or neck	1.18	0.47	0.92	0.47	0.92	0.05	1.70	2.15	1.70	2.15	XXX
95868	TC	A	Muscle test, head or neck	0.00	0.72	0.72	0.72	0.72	0.04	0.76	0.76	0.76	0.76	XXX
95869		A	Muscle test, thor paraspinal	0.37	0.38	0.48	0.38	0.48	0.03	0.78	0.88	0.78	0.88	XXX
95869	26	A	Muscle test, thor paraspinal	0.37	0.16	0.26	0.16	0.26	0.01	0.54	0.64	0.54	0.64	XXX
95869	TC	A	Muscle test, thor paraspinal	0.00	0.22	0.22	0.22	0.22	0.02	0.24	0.24	0.24	0.24	XXX
95870		A	Muscle test, non-paraspinal	0.37	0.36	0.47	0.36	0.47	0.03	0.76	0.87	0.76	0.87	XXX
95870	26	A	Muscle test, non-paraspinal	0.37	0.14	0.25	0.14	0.25	0.01	0.52	0.63	0.52	0.63	XXX
95870	TC	A	Muscle test, non-paraspinal	0.00	0.22	0.22	0.22	0.22	0.02	0.24	0.24	0.24	0.24	XXX
95872		A	Muscle test, one fiber	1.50	1.22	1.29	1.22	1.29	0.10	2.82	2.89	2.82	2.89	XXX
95872	26	A	Muscle test, one fiber	1.50	0.60	0.67	0.60	0.67	0.06	2.16	2.23	2.16	2.23	XXX
95872	TC	A	Muscle test, one fiber	0.00	0.62	0.62	0.62	0.62	0.04	0.66	0.66	0.66	0.66	XXX
95875		A	Limb exercise test	1.34	0.95	0.80	0.95	0.80	0.11	2.40	2.25	2.40	2.25	XXX
95875	26	A	Limb exercise test	1.34	0.54	0.39	0.54	0.39	0.06	1.94	1.79	1.94	1.79	XXX
95875	TC	A	Limb exercise test	0.00	0.41	0.41	0.41	0.41	0.05	0.46	0.46	0.46	0.46	XXX
95900		A	Motor nerve conduction test	0.42	0.47	0.57	0.47	0.57	0.04	0.93	1.03	0.93	1.03	XXX
95900	26	A	Motor nerve conduction test	0.42	0.17	0.28	0.17	0.28	0.02	0.61	0.72	0.61	0.72	XXX
95900	TC	A	Motor nerve conduction test	0.00	0.29	0.29	0.29	0.29	0.02	0.31	0.31	0.31	0.31	XXX
95903		A	Motor nerve conduction test	0.60	0.51	0.58	0.51	0.58	0.04	1.15	1.22	1.15	1.22	XXX
95903	26	A	Motor nerve conduction test	0.60	0.25	0.32	0.25	0.32	0.02	0.87	0.94	0.87	0.94	XXX
95903	TC	A	Motor nerve conduction test	0.00	0.26	0.26	0.26	0.26	0.02	0.28	0.28	0.28	0.28	XXX
95904		A	Sense nerve conduction test	0.34	0.37	0.49	0.37	0.49	0.03	0.74	0.86	0.74	0.86	XXX
95904	26	A	Sense nerve conduction test	0.34	0.14	0.26	0.14	0.26	0.01	0.49	0.61	0.49	0.61	XXX
95904	TC	A	Sense nerve conduction test	0.00	0.23	0.23	0.23	0.23	0.02	0.25	0.25	0.25	0.25	XXX
95920		A	Intraop nerve test add-on	2.11	NA	NA	2.27	2.59	0.15	NA	NA	4.53	4.85	ZZZ
95920	26	A	Intraop nerve test add-on	2.11	NA	NA	0.91	1.23	0.09	NA	NA	3.11	3.43	ZZZ
95920	TC	A	Intraop nerve test add-on	0.00	NA	NA	1.36	1.36	0.06	NA	NA	1.42	1.42	ZZZ
95921		A	Autonomic nervous func test	0.90	0.73	0.74	0.73	0.74	0.05	1.68	1.69	1.68	1.69	XXX
95921	26	A	Autonomic nervous func test	0.90	0.34	0.35	0.34	0.35	0.03	1.27	1.28	1.27	1.28	XXX
95921	TC	A	Autonomic nervous func test	0.00	0.39	0.39	0.39	0.39	0.02	0.41	0.41	0.41	0.41	XXX
95922		A	Autonomic nervous func test	0.96	0.78	0.77	0.78	0.77	0.06	1.80	1.79	1.80	1.79	XXX
95922	26	A	Autonomic nervous func test	0.96	0.39	0.38	0.39	0.38	0.04	1.39	1.38	1.39	1.38	XXX
95922	TC	A	Autonomic nervous func test	0.00	0.39	0.39	0.39	0.39	0.02	0.41	0.41	0.41	0.41	XXX
95923		A	Autonomic nervous func test	0.90	0.75	0.75	0.75	0.75	0.06	1.71	1.71	1.71	1.71	XXX
95923	26	A	Autonomic nervous func test	0.90	0.36	0.36	0.36	0.36	0.04	1.30	1.30	1.30	1.30	XXX
95923	TC	A	Autonomic nervous func test	0.00	0.39	0.39	0.39	0.39	0.02	0.41	0.41	0.41	0.41	XXX
95925		A	Somatosensory testing	0.54	1.18	1.41	1.18	1.41	0.07	1.79	2.02	1.79	2.02	XXX
95925	26	A	Somatosensory testing	0.54	0.22	0.46	0.22	0.46	0.02	0.78	1.02	0.78	1.02	XXX
95925	TC	A	Somatosensory testing	0.00	0.96	0.95	0.96	0.95	0.05	1.01	1.00	1.01	1.00	XXX
95926		A	Somatosensory testing	0.54	1.19	1.41	1.19	1.41	0.07	1.80	2.02	1.80	2.02	XXX
95926	26	A	Somatosensory testing	0.54	0.23	0.46	0.23	0.46	0.02	0.79	1.02	0.79	1.02	XXX
95926	TC	A	Somatosensory testing	0.00	0.96	0.95	0.96	0.95	0.05	1.01	1.00	1.01	1.00	XXX
95927		A	Somatosensory testing	0.54	1.19	1.41	1.19	1.41	0.07	1.80	2.02	1.80	2.02	XXX
95927	26	A	Somatosensory testing	0.54	0.23	0.46	0.23	0.46	0.02	0.79	1.02	0.79	1.02	XXX
95927	TC	A	Somatosensory testing	0.00	0.96	0.95	0.96	0.95	0.05	1.01	1.00	1.01	1.00	XXX

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[3] + Indicates RVUs are not used for Medicare payment.
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[5] # Indicates new CPT/HCPCS codes which were not factored into budget neutrality adjustments.

ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT[1]/ HCPCS[2]	MOD	Status	Description	Physician work RVUs[3,5]	Fully implemented non-facility PE RVUs	Year 2000 transitional non-facility PE RVUs	Fully implemented facility PE RVUs	Year 2000 transitional facility PE RVUs	Malpractice RVUs	Fully implemented non-facility total	Year 2000 transitional non-facility total	Fully implemented facility total	Year 2000 transitional facility total	Global
95930	.....	A	Visual evoked potential test	0.35	0.41	0.66	0.41	0.66	0.02	0.78	1.03	0.78	1.03	XXX
95930	26	A	Visual evoked potential test	0.35	0.14	0.39	0.14	0.39	0.01	0.50	0.75	0.50	0.75	XXX
95930	TC	A	Visual evoked potential test	0.00	0.27	0.27	0.27	0.27	0.01	0.28	0.28	0.28	0.28	XXX
95933	.....	A	Blink reflex test	0.59	1.06	1.21	1.06	1.21	0.07	1.72	1.87	1.72	1.87	XXX
95933	26	A	Blink reflex test	0.59	0.23	0.39	0.23	0.39	0.02	0.84	1.00	0.84	1.00	XXX
95933	TC	A	Blink reflex test	0.00	0.82	0.82	0.82	0.82	0.05	0.87	0.87	0.87	0.87	XXX
95934	.....	A	A reflex test	0.51	0.44	0.52	0.44	0.52	0.04	0.99	1.07	0.99	1.07	XXX
95934	26	A	h reflex test	0.51	0.21	0.29	0.21	0.29	0.02	0.74	0.82	0.74	0.82	XXX
95934	TC	A	h reflex test	0.00	0.22	0.22	0.22	0.22	0.02	0.24	0.24	0.24	0.24	XXX
95936	.....	A	h reflex test	0.55	0.46	0.53	0.46	0.53	0.04	1.05	1.12	1.05	1.12	XXX
95936	26	A	h reflex test	0.55	0.24	0.31	0.24	0.31	0.02	0.81	0.88	0.81	0.88	XXX
95936	TC	A	h reflex test	0.00	0.22	0.22	0.22	0.22	0.02	0.24	0.24	0.24	0.24	XXX
95937	.....	A	Neuromuscular junction test	0.65	0.61	0.73	0.61	0.73	0.05	1.31	1.43	1.31	1.43	XXX
95937	26	A	Neuromuscular junction test	0.65	0.26	0.38	0.26	0.38	0.03	0.94	1.06	0.94	1.06	XXX
95937	TC	A	Neuromuscular junction test	0.00	0.35	0.35	0.35	0.35	0.02	0.37	0.37	0.37	0.37	XXX
95950	.....	A	Ambulatory eeg monitoring	1.51	7.23	7.55	7.23	7.55	0.46	9.20	9.52	9.20	9.52	XXX
95950	26	A	Ambulatory eeg monitoring	1.51	0.60	0.96	0.60	0.96	0.07	2.18	2.54	2.18	2.54	XXX
95950	TC	A	Ambulatory eeg monitoring	0.00	6.63	6.59	6.63	6.59	0.39	7.02	6.98	7.02	6.98	XXX
95951	.....	A	EEG monitoring/videorecord	6.00	10.45	10.02	10.45	10.02	0.66	17.11	16.68	17.11	16.68	XXX
95951	26	A	EEG monitoring/videorecord	6.00	2.42	2.03	2.42	2.03	0.25	8.67	8.28	8.67	8.28	XXX
95951	TC	A	EEG monitoring/videorecord	0.00	8.04	8.00	8.04	8.00	0.41	8.45	8.41	8.45	8.41	XXX
95953	.....	A	EEG monitoring/computer	3.08	7.86	7.86	7.86	7.86	0.52	11.46	11.46	11.46	11.46	XXX
95953	26	A	EEG monitoring/computer	3.08	1.23	1.27	1.23	1.27	0.13	4.44	4.48	4.44	4.48	XXX
95953	TC	A	EEG monitoring/computer	0.00	6.63	6.59	6.63	6.59	0.39	7.02	6.98	7.02	6.98	XXX
95954	.....	A	EEG monitoring/giving drugs	2.45	1.49	2.01	1.49	2.01	0.15	4.09	4.61	4.09	4.61	XXX
95954	26	A	EEG monitoring/giving drugs	2.45	0.99	1.51	0.99	1.51	0.10	3.54	4.06	3.54	4.06	XXX
95954	TC	A	EEG monitoring/giving drugs	0.00	0.49	0.49	0.49	0.49	0.05	0.54	0.54	0.54	0.54	XXX
95955	.....	A	EEG during surgery	1.01	2.40	2.78	2.40	2.78	0.20	3.61	3.99	3.61	3.99	XXX
95955	26	A	EEG during surgery	1.01	0.35	0.74	0.35	0.74	0.05	1.41	1.80	1.41	1.80	XXX
95955	TC	A	EEG during surgery	0.00	2.05	2.04	2.05	2.04	0.15	2.20	2.19	2.20	2.19	XXX
95956	.....	A	EEG monitoring/cable/radio	3.08	7.87	8.03	7.87	8.03	0.52	11.47	11.63	11.47	11.63	XXX
95956	26	A	EEG monitoring/cable/radio	3.08	1.24	1.44	1.24	1.44	0.13	4.45	4.65	4.45	4.65	XXX
95956	TC	A	EEG monitoring/cable/radio	0.00	6.63	6.59	6.63	6.59	0.39	7.02	6.98	7.02	6.98	XXX
95957	.....	A	EEG digital analysis	1.98	2.58	2.51	2.58	2.51	0.18	4.74	4.67	4.74	4.67	XXX
95957	26	A	EEG digital analysis	1.98	0.80	0.74	0.80	0.74	0.08	2.86	2.80	2.86	2.80	XXX
95957	TC	A	EEG digital analysis	0.00	1.78	1.77	1.78	1.77	0.10	1.88	1.87	1.88	1.87	XXX
95958	.....	A	EEG monitoring/function test	4.25	3.44	4.38	3.44	4.38	0.28	7.97	8.91	7.97	8.91	XXX
95958	26	A	EEG monitoring/function test	4.25	1.62	2.57	1.62	2.57	0.17	6.04	6.99	6.04	6.99	XXX
95958	TC	A	EEG monitoring/function test	0.00	1.82	1.81	1.82	1.81	0.11	1.93	1.92	1.93	1.92	XXX
95961	.....	A	Electrode stimulation, brain	2.97	2.62	2.76	2.62	2.76	0.19	5.78	5.92	5.78	5.92	XXX
95961	26	A	Electrode stimulation, brain	2.97	1.27	1.41	1.27	1.41	0.13	4.37	4.51	4.37	4.51	XXX
95961	TC	A	Electrode stimulation, brain	0.00	1.36	1.36	1.36	1.36	0.06	1.42	1.42	1.42	1.42	XXX
95962	.....	A	Electrode stimulation, brain	3.21	2.70	2.80	2.70	2.80	0.20	6.11	6.21	6.11	6.21	ZZZ
95962	26	A	Electrode stimulation, brain	3.21	1.34	1.45	1.34	1.45	0.14	4.69	4.80	4.69	4.80	ZZZ
95962	TC	A	Electrode stimulation, brain	0.00	1.36	1.36	1.36	1.36	0.06	1.42	1.42	1.42	1.42	ZZZ
95970	.....	A	Neurostim analyze,no program	0.45	0.12	0.12	0.11	0.11	0.03	0.60	0.60	0.59	0.59	XXX
95971	.....	A	Simple neurostim analyze	0.78	0.21	0.21	0.18	0.18	0.05	1.04	1.04	1.01	1.01	XXX
95972	.....	A	Complex neurostim analyze	1.50	0.40	0.40	0.35	0.35	0.09	1.99	1.99	1.94	1.94	XXX
95973	.....	A	Complex neurostim analyze	0.92	0.25	0.25	0.22	0.22	0.05	1.22	1.22	1.19	1.19	ZZZ
95974	.....	A	Complex cranial neurostim	3.00	0.97	0.97	0.76	0.76	0.16	4.13	4.13	3.92	3.92	XXX
95975	.....	A	Complex cranial neurostim	1.70	0.63	0.63	0.49	0.49	0.09	2.42	2.42	2.28	2.28	ZZZ
95999	.....	C	Neurological procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
96100	.....	A	Psychological testing	0.00	1.84	1.83	1.84	1.83	0.16	2.00	1.99	2.00	1.99	XXX
96105	.....	A	Assessment of aphasia	0.00	1.84	1.83	1.84	1.83	0.16	2.00	1.99	2.00	1.99	XXX
96110	.....	C	Developmental test, lim	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
96111	.....	A	Developmental test, extend	0.00	1.84	1.83	1.84	1.83	0.16	2.00	1.99	2.00	1.99	XXX
96115	.....	A	Neurobehavior status exam	0.00	1.84	1.83	1.84	1.83	0.16	2.00	1.99	2.00	1.99	XXX
96117	.....	A	Neuropsych test battery	0.00	1.84	1.83	1.84	1.83	0.16	2.00	1.99	2.00	1.99	XXX
96400	.....	A	Chemotherapy, (SC)/(IM)	0.00	0.14	0.14	0.14	0.14	0.01	0.15	0.15	0.15	0.15	XXX
96405	.....	A	Intralesional chemo admin	0.52	1.51	0.96	0.23	0.22	0.02	2.05	1.50	0.77	0.76	000
96406	.....	A	Intralesional chemo admin	0.80	1.85	1.23	0.29	0.30	0.02	2.67	2.05	1.11	1.12	000
96408	.....	A	Chemotherapy, push technique	0.00	1.01	1.01	1.01	1.01	0.05	1.06	1.06	1.06	1.06	XXX
96410	.....	A	Chemotherapy,infusion method	0.00	1.61	1.61	1.61	1.61	0.07	1.68	1.68	1.68	1.68	XXX
96412	.....	A	Chemotx infuse method add-on	0.00	1.21	1.20	1.21	1.20	0.06	1.27	1.26	1.27	1.26	ZZZ
96414	.....	A	Chemotx infuse method add-on	0.00	1.39	1.39	1.39	1.39	0.07	1.46	1.46	1.46	1.46	XXX
96420	.....	A	Chemotherapy, push technique	0.00	1.31	1.30	1.31	1.30	0.07	1.38	1.37	1.38	1.37	XXX
96422	.....	A	Chemotherapy,infusion method	0.00	1.29	1.28	1.29	1.28	0.07	1.36	1.35	1.36	1.35	XXX
96423	.....	A	Chemotx infuse method add-on	0.00	0.50	0.50	0.50	0.50	0.02	0.52	0.52	0.52	0.52	ZZZ
96425	.....	A	Chemotherapy,infusion method	0.00	1.49	1.49	1.49	1.49	0.07	1.56	1.56	1.56	1.56	XXX
96440	.....	A	Chemotherapy, intracavitary	2.37	6.70	3.79	0.91	0.90	0.09	9.16	6.25	3.37	3.36	000
96445	.....	A	Chemotherapy, intracavitary	2.20	6.43	3.75	0.82	0.68	0.08	8.71	6.03	3.10	2.96	000
96450	.....	A	Chemotherapy, into CNS	1.89	5.03	2.99	0.74	0.61	0.07	6.99	4.95	2.70	2.57	000
96520	.....	A	Pump refilling, maintenance	0.00	0.94	0.93	0.94	0.93	0.05	0.99	0.98	0.99	0.98	XXX
96530	.....	A	Pump refilling, maintenance	0.00	1.11	1.11	1.11	1.11	0.05	1.16	1.16	1.16	1.16	XXX
96542	.....	A	Chemotherapy injection	1.42	3.22	2.20	0.57	0.58	0.05	4.69	3.67	2.04	2.05	XXX
96545	.....	B	Provide chemotherapy agent	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
96549	.....	C	Chemotherapy, unspecified	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
96900	.....	A	Ultraviolet light therapy	0.00	0.41	0.41	0.41	0.41	0.02	0.43	0.43	0.43	0.43	XXX
96902	.....	B	Trichogram	0.41	0.23	0.27	0.16	0.24	0.01	0.65	0.69	0.58	0.66	XXX
96910	.....	A	Photochemotherapy with UV-B	0.00	0.60	0.60	0.60	0.60	0.03	0.63	0.63	0.63	0.63	XXX
96912	.....	A	Photochemotherapy with UV-A	0.00	0.69	0.69	0.69	0.69	0.04	0.73	0.73	0.73	0.73	XXX
96913	.....	A	Photochemotherapy, UV-A or B	0.00	1.42	1.41	1.42	1.41	0.08	1.50	1.49	1.50	1.49	XXX
96999	.....	C	Dermatological procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
97001	.....	A	Pt evaluation	1.20	0.41	0.40	0.41	0.40	0.05	1.66	1.65	1.66	1.65	XXX

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[2] Copyright 1994 American Dental Association. All rights reserved.

[3] + Indicates RVUs are not used for Medicare payment.

[4] PE RVUs = Practice Expense Relative Value Units.

[5] # Indicates new CPT/HCPCS codes which were not factored into budget neutrality adjustments.

ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT[1]/ HCPCS[2]	MOD	Status	Description	Physician work RVUs[3,5]	Fully implemented non-facility PE RVUs	Year 2000 transitional non-facility PE RVUs	Fully implemented facility PE RVUs	Year 2000 transitional facility PE RVUs	Malpractice RVUs	Fully implemented non-facility total	Year 2000 transitional non-facility total	Fully implemented facility total	Year 2000 transitional facility total	Global
97002	.....	A	Pt re-evaluation	0.60	0.29	0.17	0.21	0.13	0.02	0.91	0.79	0.83	0.75	XXX
97003	.....	A	Ot evaluation	1.20	0.56	0.47	0.46	0.42	0.05	1.81	1.72	1.71	1.67	XXX
97004	.....	A	Ot re-evaluation	0.60	0.34	0.19	0.19	0.12	0.02	0.96	0.81	0.81	0.74	XXX
97010	.....	B	Hot or cold packs therapy	0.06	0.15	0.19	0.01	0.12	0.00	0.21	0.25	0.07	0.18	XXX
97012	.....	A	Mechanical traction therapy	0.25	0.17	0.19	0.04	0.13	0.01	0.43	0.45	0.30	0.39	XXX
97014	.....	A	Electric stimulation therapy	0.18	0.16	0.19	0.03	0.13	0.01	0.35	0.38	0.22	0.32	XXX
97016	.....	A	Vasopneumatic device therapy	0.18	0.16	0.22	0.03	0.15	0.01	0.35	0.41	0.22	0.34	XXX
97018	.....	A	Paraffin bath therapy	0.06	0.14	0.20	0.01	0.14	0.00	0.20	0.26	0.07	0.20	XXX
97020	.....	A	Microwave therapy	0.06	0.15	0.19	0.01	0.12	0.00	0.21	0.25	0.07	0.18	XXX
97022	.....	A	Whirlpool therapy	0.17	0.16	0.19	0.02	0.12	0.01	0.34	0.37	0.20	0.30	XXX
97024	.....	A	Diathermy treatment	0.06	0.15	0.19	0.01	0.12	0.00	0.21	0.25	0.07	0.18	XXX
97026	.....	A	Infrared therapy	0.06	0.14	0.18	0.01	0.11	0.00	0.20	0.24	0.07	0.17	XXX
97028	.....	A	Ultraviolet therapy	0.08	0.14	0.18	0.01	0.11	0.00	0.22	0.26	0.09	0.19	XXX
97032	.....	A	Electrical stimulation	0.25	0.18	0.17	0.04	0.10	0.01	0.44	0.43	0.30	0.36	XXX
97033	.....	A	Electric current therapy	0.26	0.20	0.18	0.04	0.10	0.01	0.47	0.45	0.31	0.37	XXX
97034	.....	A	Contrast bath therapy	0.21	0.18	0.15	0.03	0.07	0.01	0.40	0.37	0.25	0.29	XXX
97035	.....	A	Ultrasound therapy	0.21	0.18	0.15	0.03	0.08	0.01	0.40	0.37	0.25	0.30	XXX
97036	.....	A	Hydrotherapy	0.28	0.22	0.23	0.04	0.14	0.01	0.51	0.52	0.33	0.43	XXX
97039	.....	A	Physical therapy treatment	0.20	0.17	0.22	0.03	0.15	0.01	0.38	0.43	0.24	0.36	XXX
97110	.....	A	Therapeutic exercises	0.45	0.24	0.19	0.06	0.10	0.02	0.71	0.66	0.53	0.57	XXX
97112	.....	A	Neuromuscular reeducation	0.45	0.20	0.17	0.06	0.10	0.02	0.67	0.64	0.53	0.57	XXX
97113	.....	A	Aquatic therapy/exercises	0.44	0.21	0.22	0.06	0.14	0.02	0.67	0.68	0.52	0.60	XXX
97116	.....	A	Gait training therapy	0.40	0.20	0.16	0.06	0.09	0.01	0.61	0.57	0.47	0.50	XXX
97124	.....	A	Massage therapy	0.35	0.19	0.16	0.05	0.09	0.01	0.55	0.52	0.41	0.45	XXX
97139	.....	A	Physical medicine procedure	0.21	0.17	0.17	0.03	0.10	0.01	0.39	0.39	0.25	0.32	XXX
97140	.....	A	Manual therapy	0.43	0.21	0.21	0.06	0.06	0.02	0.66	0.66	0.51	0.51	XXX
97150	.....	A	Group therapeutic procedures	0.27	0.17	0.20	0.04	0.13	0.02	0.46	0.49	0.33	0.42	XXX
97504	.....	A	Orthotic training	0.45	0.18	0.17	0.06	0.11	0.03	0.66	0.65	0.54	0.59	XXX
97520	.....	A	Prosthetic training	0.45	0.20	0.18	0.06	0.11	0.02	0.67	0.65	0.53	0.58	XXX
97530	.....	A	Therapeutic activities	0.44	0.20	0.19	0.06	0.12	0.02	0.66	0.65	0.52	0.58	XXX
97535	.....	A	Self care mngment training	0.45	0.20	0.19	0.06	0.12	0.02	0.67	0.66	0.53	0.59	XXX
97537	.....	A	Community/work reintegration	0.45	0.20	0.19	0.06	0.12	0.01	0.66	0.65	0.52	0.58	XXX
97542	.....	A	Wheelchair mngement training	0.25	0.17	0.18	0.04	0.11	0.01	0.43	0.44	0.30	0.37	XXX
97545	.....	R	Work hardening	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
97546	.....	R	Work hardening add-on	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	ZZZ
97703	.....	A	Prosthetic checkout	0.25	0.08	0.14	0.04	0.12	0.01	0.34	0.40	0.30	0.38	XXX
97750	.....	A	Physical performance test	0.45	0.19	0.23	0.06	0.16	0.02	0.66	0.70	0.53	0.63	XXX
97770	.....	A	Cognitive skills development	0.44	0.18	0.24	0.06	0.18	0.01	0.63	0.69	0.51	0.63	XXX
97780	.....	N	Acupuncture w/o stim	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
97781	.....	N	Acupuncture w/stim	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
97799	.....	C	Physical medicine procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
98925	.....	A	Osteopathic manipulation	0.45	0.35	0.31	0.15	0.21	0.02	0.82	0.78	0.62	0.68	000
98926	.....	A	Osteopathic manipulation	0.65	0.44	0.44	0.27	0.35	0.02	1.11	1.11	0.94	1.02	000
98927	.....	A	Osteopathic manipulation	0.87	0.49	0.45	0.30	0.36	0.03	1.39	1.35	1.20	1.26	000
98928	.....	A	Osteopathic manipulation	1.03	0.57	0.52	0.34	0.40	0.04	1.64	1.59	1.41	1.47	000
98929	.....	A	Osteopathic manipulation	1.19	0.63	0.53	0.38	0.40	0.04	1.86	1.76	1.61	1.63	000
98940	.....	A	Chiropractic manipulation	0.45	0.24	0.28	0.12	0.14	0.01	0.70	0.74	0.58	0.60	000
98941	.....	A	Chiropractic manipulation	0.65	0.29	0.30	0.17	0.17	0.02	0.96	0.97	0.84	0.84	000
98942	.....	A	Chiropractic manipulation	0.87	0.35	0.33	0.23	0.20	0.03	1.25	1.23	1.13	1.10	000
98943	.....	N	Chiropractic manipulation	+0.40	0.34	0.33	0.15	0.23	0.01	0.75	0.74	0.56	0.64	XXX
99000	.....	B	Specimen handling	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99001	.....	B	Specimen handling	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99002	.....	B	Device handling	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99024	.....	B	Post-op follow-up visit	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99025	.....	B	Initial surgical evaluation	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99050	.....	B	Medical services after hrs	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99052	.....	B	Medical services at night	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99054	.....	B	Medical services,unusual hrs	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99056	.....	B	Non-office medical services	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99058	.....	B	Office emergency care	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99070	.....	B	Special supplies	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99071	.....	B	Patient education materials	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99075	.....	N	Medical testimony	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99078	.....	B	Group health education	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99080	.....	B	Special reports or forms	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99082	.....	C	Unusual physician travel	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99090	.....	B	Computer data analysis	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99100	.....	B	Special anesthesia service	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	ZZZ
99116	.....	B	Anesthesia with hypothermia	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	ZZZ
99135	.....	B	Special anesthesia procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	ZZZ
99140	.....	B	Emergency anesthesia	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	ZZZ
99141	.....	B	Sedation, iv/im or inhalant	0.80	1.63	1.27	0.31	0.61	0.05	2.48	2.12	1.16	1.46	XXX
99142	.....	B	Sedation, oral/rectal/nasal	0.60	1.55	1.11	0.23	0.45	0.04	2.19	1.75	0.87	1.09	XXX
99175	.....	A	Induction of vomiting	0.00	1.46	1.45	1.46	1.45	0.08	1.54	1.53	1.54	1.53	XXX
99183	.....	A	Hyperbaric oxygen therapy	2.34	0.77	1.29	0.73	1.27	0.13	3.24	3.76	3.20	3.74	XXX
99185	.....	A	Regional hypothermia	0.00	NA	NA	0.67	0.67	0.03	NA	NA	0.70	0.70	XXX
99186	.....	A	Total body hypothermia	0.00	NA	NA	1.86	1.85	0.40	NA	NA	2.26	2.25	XXX
99190	.....	X	Special pump services	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99191	.....	X	Special pump services	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99192	.....	X	Special pump services	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99195	.....	A	Phlebotomy	0.00	0.46	0.46	0.46	0.46	0.02	0.48	0.48	0.48	0.48	XXX
99199	.....	C	Special service or report	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99201	.....	A	Office/outpatient visit, new	0.45	0.78	0.62	0.15	0.18	0.02	1.25	1.09	0.62	0.65	XXX
99202	.....	A	Office/outpatient visit, new	0.88	1.03	0.79	0.32	0.29	0.04	1.95	1.71	1.24	1.21	XXX

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[3] + Indicates RVUs are not used for Medicare payment.

[4] PE RVUs = Practice Expense Relative Value Units.

[5] # Indicates new CPT/HCPCS codes which were not factored into budget neutrality adjustments.

ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT[1]/ HCPCS[2]	MOD	Status	Description	Physician work RVUs[3,5]	Fully implemented non-facility PE RVUs	Year 2000 transitional non-facility PE RVUs	Fully implemented facility PE RVUs	Year 2000 transitional facility PE RVUs	Malpractice RVUs	Fully implemented non-facility total	Year 2000 transitional non-facility total	Fully implemented facility total	Year 2000 transitional facility total	Global
99203	.....	A	Office/outpatient visit, new	1.34	1.37	1.01	0.49	0.39	0.07	2.78	2.42	1.90	1.80	XXX
99204	.....	A	Office/outpatient visit, new	2.00	1.86	1.41	0.72	0.58	0.09	3.95	3.50	2.81	2.67	XXX
99205	.....	A	Office/outpatient visit, new	2.67	2.13	1.59	0.93	0.70	0.11	4.91	4.37	3.71	3.48	XXX
99211	.....	A	Office/outpatient visit, est	0.17	0.52	0.38	0.06	0.09	0.01	0.70	0.56	0.24	0.27	XXX
99212	.....	A	Office/outpatient visit, est	0.45	0.59	0.47	0.16	0.16	0.02	1.06	0.94	0.63	0.63	XXX
99213	.....	A	Office/outpatient visit, est	0.67	0.72	0.60	0.23	0.22	0.03	1.42	1.30	0.93	0.92	XXX
99214	.....	A	Office/outpatient visit, est	1.10	1.06	0.84	0.39	0.33	0.04	2.20	1.98	1.53	1.47	XXX
99215	.....	A	Office/outpatient visit, est	1.77	1.33	1.13	0.62	0.52	0.07	3.17	2.97	2.46	2.36	XXX
99217	.....	A	Observation care discharge	1.28	NA	NA	0.44	0.50	0.05	NA	NA	1.77	1.83	XXX
99218	.....	A	Observation care	1.28	NA	NA	0.44	0.59	0.05	NA	NA	1.77	1.92	XXX
99219	.....	A	Observation care	2.14	NA	NA	0.72	0.93	0.08	NA	NA	2.94	3.15	XXX
99220	.....	A	Observation care	2.99	NA	NA	1.02	1.13	0.11	NA	NA	4.12	4.23	XXX
99221	.....	A	Initial hospital care	1.28	NA	NA	0.45	0.59	0.05	NA	NA	1.78	1.92	XXX
99222	.....	A	Initial hospital care	2.14	NA	NA	0.73	0.93	0.08	NA	NA	2.95	3.15	XXX
99223	.....	A	Initial hospital care	2.99	NA	NA	1.02	1.13	0.11	NA	NA	4.12	4.23	XXX
99231	.....	A	Subsequent hospital care	0.64	NA	NA	0.23	0.32	0.02	NA	NA	0.89	0.98	XXX
99232	.....	A	Subsequent hospital care	1.06	NA	NA	0.36	0.43	0.04	NA	NA	1.46	1.53	XXX
99233	.....	A	Subsequent hospital care	1.51	NA	NA	0.51	0.58	0.05	NA	NA	2.07	2.14	XXX
99234	.....	A	Observ/hosp same date	2.56	NA	NA	0.87	0.81	0.11	NA	NA	3.54	3.48	XXX
99235	.....	A	Observ/hosp same date	3.42	NA	NA	1.15	1.15	0.13	NA	NA	4.70	4.70	XXX
99236	.....	A	Observ/hosp same date	4.27	NA	NA	1.46	1.35	0.16	NA	NA	5.89	5.78	XXX
99238	.....	A	Hospital discharge day	1.28	NA	NA	0.43	0.49	0.05	NA	NA	1.76	1.82	XXX
99239	.....	A	Hospital discharge day	1.75	NA	NA	0.60	0.58	0.06	NA	NA	2.41	2.39	XXX
99241	.....	A	Office consultation	0.64	1.01	0.85	0.20	0.28	0.04	1.69	1.53	0.88	0.96	XXX
99242	.....	A	Office consultation	1.29	1.43	1.14	0.45	0.44	0.08	2.80	2.51	1.82	1.81	XXX
99243	.....	A	Office consultation	1.72	1.75	1.40	0.62	0.58	0.09	3.56	3.21	2.43	2.39	XXX
99244	.....	A	Office consultation	2.58	2.19	1.76	0.89	0.78	0.12	4.89	4.46	3.59	3.48	XXX
99245	.....	A	Office consultation	3.43	2.59	2.21	1.18	1.05	0.16	6.18	5.80	4.77	4.64	XXX
99251	.....	A	Initial inpatient consult	0.66	NA	NA	0.29	0.51	0.04	NA	NA	0.99	1.21	XXX
99252	.....	A	Initial inpatient consult	1.32	NA	NA	0.55	0.69	0.08	NA	NA	1.95	2.09	XXX
99253	.....	A	Initial inpatient consult	1.82	NA	NA	0.74	0.89	0.09	NA	NA	2.65	2.80	XXX
99254	.....	A	Initial inpatient consult	2.64	NA	NA	1.03	1.17	0.12	NA	NA	3.79	3.93	XXX
99255	.....	A	Initial inpatient consult	3.65	NA	NA	1.39	1.55	0.16	NA	NA	5.20	5.36	XXX
99261	.....	A	Follow-up inpatient consult	0.42	NA	NA	0.20	0.28	0.02	NA	NA	0.64	0.72	XXX
99262	.....	A	Follow-up inpatient consult	0.85	NA	NA	0.36	0.43	0.03	NA	NA	1.24	1.31	XXX
99263	.....	A	Follow-up inpatient consult	1.27	NA	NA	0.51	0.62	0.05	NA	NA	1.83	1.94	XXX
99271	.....	A	Confirmatory consultation	0.45	0.59	0.61	0.19	0.26	0.02	1.06	1.08	0.66	0.73	XXX
99272	.....	A	Confirmatory consultation	0.84	0.79	0.78	0.36	0.38	0.05	1.68	1.67	1.25	1.27	XXX
99273	.....	A	Confirmatory consultation	1.19	1.02	1.07	0.49	0.53	0.07	2.28	2.33	1.75	1.79	XXX
99274	.....	A	Confirmatory consultation	1.73	1.32	1.32	0.69	0.68	0.09	3.14	3.14	2.51	2.50	XXX
99275	.....	A	Confirmatory consultation	2.31	1.55	1.72	0.87	1.38	0.10	3.96	4.13	3.28	3.79	XXX
99281	.....	A	Emergency dept visit	0.33	NA	NA	0.09	0.20	0.02	NA	NA	0.44	0.55	XXX
99282	.....	A	Emergency dept visit	0.55	NA	NA	0.15	0.28	0.03	NA	NA	0.73	0.86	XXX
99283	.....	A	Emergency dept visit	1.24	NA	NA	0.31	0.42	0.08	NA	NA	1.63	1.74	XXX
99284	.....	A	Emergency dept visit	1.95	NA	NA	0.48	0.62	0.12	NA	NA	2.55	2.69	XXX
99285	.....	A	Emergency dept visit	3.06	NA	NA	0.75	0.99	0.20	NA	NA	4.01	4.25	XXX
99288	.....	B	Direct advanced life support	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99291	.....	A	Critical care, first hour	4.00	1.48	1.52	1.27	1.41	0.16	5.64	5.68	5.43	5.57	XXX
99292	.....	A	Critical care, addl 30 min	2.00	0.80	0.74	0.64	0.66	0.08	2.88	2.82	2.72	2.74	ZZZ
99295	.....	A	Neonatal critical care	16.00	NA	NA	5.02	5.27	0.66	NA	NA	21.68	21.93	XXX
99296	.....	A	Neonatal critical care	8.00	NA	NA	2.67	2.67	0.26	NA	NA	10.93	10.93	XXX
99297	.....	A	Neonatal critical care	4.00	NA	NA	1.30	1.32	0.13	NA	NA	5.43	5.45	XXX
99298	.....	A	Neonatal critical care	2.75	0.95	0.95	0.89	0.89	0.09	3.79	3.79	3.73	3.73	XXX
99301	.....	A	Nursing facility care	1.20	NA	NA	0.41	0.45	0.04	NA	NA	1.65	1.69	XXX
99302	.....	A	Nursing facility care	1.61	NA	NA	0.54	0.54	0.06	NA	NA	2.21	2.21	XXX
99303	.....	A	Nursing facility care	2.01	NA	NA	0.66	0.85	0.07	NA	NA	2.74	2.93	XXX
99311	.....	A	Nursing facility care,subseq	0.60	NA	NA	0.20	0.29	0.02	NA	NA	0.82	0.91	XXX
99312	.....	A	Nursing facility care,subseq	1.00	NA	NA	0.33	0.39	0.03	NA	NA	1.36	1.42	XXX
99313	.....	A	Nursing facility care,subseq	1.42	NA	NA	0.47	0.49	0.05	NA	NA	1.94	1.96	XXX
99315	.....	A	Nursing fac discharge day	1.13	NA	NA	0.43	0.49	0.04	NA	NA	1.60	1.66	XXX
99316	.....	A	Nursing fac discharge day	1.50	NA	NA	0.57	0.56	0.05	NA	NA	2.12	2.11	XXX
99321	.....	A	Rest home visit, new patient	0.71	0.41	0.41	0.32	0.36	0.03	1.15	1.15	1.06	1.10	XXX
99322	.....	A	Rest home visit, new patient	1.01	0.64	0.60	0.43	0.49	0.04	1.69	1.65	1.48	1.54	XXX
99323	.....	A	Rest home visit, new patient	1.28	0.83	0.81	0.52	0.66	0.05	2.16	2.14	1.85	1.99	XXX
99331	.....	A	Rest home visit, estab pat	0.60	0.42	0.36	0.29	0.30	0.02	1.04	0.98	0.91	0.92	XXX
99332	.....	A	Rest home visit, estab pat	0.80	0.52	0.46	0.36	0.38	0.03	1.35	1.29	1.19	1.21	XXX
99333	.....	A	Rest home visit, estab pat	1.00	0.64	0.56	0.44	0.46	0.03	1.67	1.59	1.47	1.49	XXX
99341	.....	A	Home visit, new patient	1.01	0.50	0.54	0.43	0.51	0.04	1.55	1.59	1.48	1.56	XXX
99342	.....	A	Home visit, new patient	1.52	0.78	0.72	0.63	0.64	0.06	2.36	2.30	2.21	2.22	XXX
99343	.....	A	Home visit, new patient	2.27	1.19	1.02	0.92	0.88	0.08	3.54	3.37	3.27	3.23	XXX
99344	.....	A	Home visit, new patient	3.03	1.45	1.19	1.19	1.06	0.11	4.59	4.33	4.33	4.20	XXX
99345	.....	A	Home visit, new patient	3.79	1.70	1.31	1.46	1.19	0.14	5.63	5.24	5.39	5.12	XXX
99347	.....	A	Home visit, estab patient	0.76	0.44	0.47	0.34	0.42	0.03	1.23	1.26	1.13	1.21	XXX
99348	.....	A	Home visit, estab patient	1.26	0.67	0.63	0.52	0.55	0.04	1.97	1.93	1.82	1.85	XXX
99349	.....	A	Home visit, estab patient	2.02	0.97	0.82	0.71	0.69	0.07	3.06	2.91	2.80	2.78	XXX
99350	.....	A	Home visit, estab patient	3.03	1.30	1.06	1.00	0.91	0.10	4.43	4.19	4.13	4.04	XXX
99354	.....	A	Prolonged service, office	1.77	1.29	1.06	0.58	0.50	0.06	3.12	2.89	2.41	2.33	ZZZ
99355	.....	A	Prolonged service, office	1.77	1.13	0.98	0.53	0.47	0.06	2.96	2.81	2.36	2.30	ZZZ
99356	.....	A	Prolonged service, inpatient	1.71	NA	NA	0.58	0.75	0.06	NA	NA	2.35	2.52	ZZZ
99357	.....	A	Prolonged service, inpatient	1.71	NA	NA	0.60	0.76	0.07	NA	NA	2.38	2.54	ZZZ
99358	.....	B	Prolonged serv, w/o contact	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	ZZZ
99359	.....	B	Prolonged serv, w/o contact	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	ZZZ
99360	.....	X	Physician standby services	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99361	.....	B	Physician/team conference	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT[1]/ HCPCS[2]	MOD	Status	Description	Physician work RVUs[3,5]	Fully implemented non-facility PE RVUs	Year 2000 transitional non-facility PE RVUs	Fully implemented facility PE RVUs	Year 2000 transitional facility PE RVUs	Malpractice RVUs	Fully implemented non-facility total	Year 2000 transitional non-facility total	Fully implemented facility total	Year 2000 transitional facility total	Global
99362	.....	B	Physician/team conference	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99371	.....	B	Physician phone consultation	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99372	.....	B	Physician phone consultation	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99373	.....	B	Physician phone consultation	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99374	.....	B	Home health care supervision	1.10	1.24	0.90	0.42	0.49	0.04	2.38	2.04	1.56	1.63	XXX
99375	.....	A	Home health care supervision	1.73	1.27	0.91	0.59	0.57	0.06	3.06	2.70	2.38	2.36	XXX
99377	.....	B	Hospice care supervision	1.10	1.24	0.90	0.42	0.49	0.04	2.38	2.04	1.56	1.63	XXX
99378	.....	A	Hospice care supervision	1.73	1.34	0.95	0.57	0.56	0.06	3.13	2.74	2.36	2.35	XXX
99379	.....	B	Nursing fac care supervision	1.10	1.24	0.90	0.42	0.49	0.04	2.38	2.04	1.56	1.63	XXX
99380	.....	B	Nursing fac care supervision	1.73	1.48	1.02	0.66	0.61	0.06	3.27	2.81	2.45	2.40	XXX
99381	.....	N	Preventive visit, new,infant	+1.19	1.28	1.31	0.45	0.89	0.19	2.66	2.69	1.83	2.27	XXX
99382	.....	N	Preventive visit,new,age 1-4	+1.36	1.33	1.43	0.52	1.03	0.04	2.73	2.83	1.92	2.43	XXX
99383	.....	N	Preventive visit,new,age5-11	+1.36	1.28	1.41	0.52	1.03	0.04	2.68	2.81	1.92	2.43	XXX
99384	.....	N	Preventive visit, new, 12-17	+1.53	1.35	1.54	0.58	1.16	0.05	2.93	3.12	2.16	2.74	XXX
99385	.....	N	Preventive visit, new, 18-39	+1.53	1.35	1.44	0.58	1.05	0.05	2.93	3.02	2.16	2.63	XXX
99386	.....	N	Preventive visit, new, 40-64	+1.88	1.53	1.70	0.72	1.30	0.06	3.47	3.64	2.66	3.24	XXX
99387	.....	N	Preventive visit,new,65&over	+2.06	1.64	1.84	0.79	1.42	0.07	3.77	3.97	2.92	3.55	XXX
99391	.....	N	Preventive visit, est,infant	+1.02	0.88	1.02	0.39	0.77	0.17	2.07	2.21	1.58	1.96	XXX
99392	.....	N	Preventive visit,est,age 1-4	+1.19	0.95	1.14	0.45	0.89	0.04	2.18	2.37	1.68	2.12	XXX
99393	.....	N	Preventive visit,est,age5-11	+1.19	0.93	1.13	0.45	0.89	0.04	2.16	2.36	1.68	2.12	XXX
99394	.....	N	Preventive visit, est, 12-17	+1.36	1.01	1.27	0.52	1.03	0.04	2.41	2.67	1.92	2.43	XXX
99395	.....	N	Preventive visit, est, 18-39	+1.36	1.04	1.20	0.52	0.94	0.04	2.44	2.60	1.92	2.34	XXX
99396	.....	N	Preventive visit, est, 40-64	+1.53	1.12	1.32	0.58	1.05	0.05	2.70	2.90	2.16	2.63	XXX
99397	.....	N	Preventive visit,est,65&over	+1.71	1.22	1.46	0.65	1.17	0.05	2.98	3.22	2.41	2.93	XXX
99401	.....	N	Preventive counseling, indiv	+0.48	0.53	0.51	0.18	0.34	0.01	1.02	1.00	0.67	0.83	XXX
99402	.....	N	Preventive counseling, indiv	+0.98	0.76	0.87	0.37	0.67	0.03	1.77	1.88	1.38	1.68	XXX
99403	.....	N	Preventive counseling, indiv	+1.46	0.98	1.22	0.56	1.01	0.04	2.48	2.72	2.06	2.51	XXX
99404	.....	N	Preventive counseling, indiv	+1.95	1.20	1.57	0.74	1.34	0.05	3.20	3.57	2.74	3.34	XXX
99411	.....	N	Preventive counseling, group	+0.15	0.15	0.15	0.06	0.11	0.00	0.30	0.30	0.21	0.26	XXX
99412	.....	N	Preventive counseling, group	+0.25	0.21	0.23	0.10	0.18	0.01	0.47	0.49	0.36	0.44	XXX
99420	.....	N	Health risk assessment test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99429	.....	N	Unlisted preventive service	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99431	.....	A	Initial care, normal newborn	1.17	NA	NA	0.38	0.85	0.04	NA	NA	1.59	2.06	XXX
99432	.....	A	Newborn care not in hospital	1.26	1.02	1.22	0.36	0.89	0.04	2.32	2.52	1.66	2.19	XXX
99433	.....	A	Normal newborn care,hospital	0.62	NA	NA	0.20	0.45	0.02	NA	NA	0.84	1.09	XXX
99435	.....	A	Hospital NB discharge day	1.50	NA	NA	0.48	1.08	0.05	NA	NA	2.03	2.63	XXX
99436	.....	A	Attendance, birth	1.50	0.66	1.17	0.46	1.07	0.05	2.21	2.72	2.01	2.62	XXX
99440	.....	A	Newborn resuscitation	2.93	NA	NA	0.96	2.13	0.09	NA	NA	3.98	5.15	XXX
99450	.....	N	Life/disability evaluation	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99455	.....	R	Disability examination	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99456	.....	R	Disability examination	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99499	.....	C	Unlisted E/M service	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0021	.....	I	Outside state ambulance serv	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0030	.....	X	Air ambulance service	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0040	.....	X	Helicopter ambulance service	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0050	.....	X	Water amb service emergency	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0080	.....	I	Noninterest escort in non er	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0090	.....	I	Interest escort in non er	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0100	.....	I	Nonemergency transport taxi	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0110	.....	I	Nonemergency transport bus	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0120	.....	I	Noner transport mini-bus	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0130	.....	I	Noner transport wheelch van	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0140	.....	I	Nonemergency transport air	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0160	.....	I	Noner transport case worker	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0170	.....	I	Noner transport parking fees	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0180	.....	I	Noner transport lodgng recip	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0190	.....	I	Noner transport meals recip	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0200	.....	I	Noner transport lodgng escrt	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0210	.....	I	Noner transport meals escort	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0225	.....	X	Neonatal emergency transport	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0300	.....	X	Ambulance basic non-emer all	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0302	.....	X	Ambulance basic emergeny all	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0304	.....	X	Amb adv non-er no serv all	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0306	.....	X	Amb adv non-er spec serv all	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0308	.....	X	Amb adv er no spec serv all	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0310	.....	X	Amb adv er spec serv all	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0320	.....	X	Amb basic non-er + supplies	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0322	.....	X	Amb basic emerg + supplies	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0324	.....	X	Adv non-er serv sep mileage	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0326	.....	X	Adv non-er no serv sep mile	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0328	.....	X	Adv er no serv sep mileage	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0330	.....	X	Adv er spec serv sep mile	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0340	.....	X	Amb basic non-er + mileage	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0342	.....	X	Ambul basic emer + mileage	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0344	.....	X	Amb adv non-er no serv +mile	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0346	.....	X	Amb adv non-er serv + mile	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0348	.....	X	Adv emer no spec serv + mile	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0350	.....	X	Adv emer spec serv + mileage	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0360	.....	X	Basic non-er sep mile & supp	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0362	.....	X	Basic emer sep mile & supply	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0364	.....	X	Adv non-er no serv sep mi&su	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0366	.....	X	Adv non-er serv sep mil&supp	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0368	.....	X	Adv er no serv sep mile&supp	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0370	.....	X	Adv er spec serv sep mi&supp	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX

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[3] + Indicates RVUs are not used for Medicare payment.
[4] PE RVUs = Practice Expense Relative Value Units.
[5] # Indicates new CPT/HCPCS codes which were not factored into budget neutrality adjustments.

ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT[1]/ HCPCS[2]	MOD	Status	Description	Physician work RVUs[3,5]	Fully implemented non-facility PE RVUs	Year 2000 transitional non-facility PE RVUs	Fully implemented facility PE RVUs	Year 2000 transitional facility PE RVUs	Malpractice RVUs	Fully implemented non-facility total	Year 2000 transitional non-facility total	Fully implemented facility total	Year 2000 transitional facility total	Global
A0380	.....	X	Basic life support mileage	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0382	.....	X	Basic support routine suppls	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0384	.....	X	Bls defibrillation supplies	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0390	.....	X	Advanced life support mileag	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0392	.....	X	Als defibrillation supplies	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0394	.....	X	Als IV drug therapy supplies	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0396	.....	X	Als esophageal intub suppls	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0398	.....	X	Als routine disposble suppls	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0420	.....	X	Ambulance waiting 1/2 hr	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0422	.....	X	Ambulance 02 life sustaining	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0424	.....	X	Extra ambulance attendant	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0888	.....	N	Noncovered ambulance mileage	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0999	.....	X	Unlisted ambulance service	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4206	.....	G	1 CC sterile syringe&needle	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4207	.....	G	2 CC sterile syringe&needle	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4208	.....	G	3 CC sterile syringe&needle	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4209	.....	G	5+ CC sterile syringe&needle	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4210	.....	N	Nonneedle injection device	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4211	.....	P	Supp for self-adm injections	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4212	.....	P	Non coring needle or stylet	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4213	.....	G	20+ CC syringe only	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4214	.....	P	30 CC sterile water/saline	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4215	.....	G	Sterile needle	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4220	.....	P	Infusion pump refill kit	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4221	.....	X	Maint drug infus cath per wk	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4222	.....	X	Drug infusion pump supplies	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4230	.....	N	Infus insulin pump non needl	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4231	.....	N	Infusion insulin pump needle	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4232	.....	N	Syringe w/needle insulin 3cc	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4244	.....	G	Alcohol or peroxide per pint	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4245	.....	G	Alcohol wipes per box	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4246	.....	G	Betadine/phisohex solution	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4247	.....	G	Betadine/iodine swabs/wipes	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4250	.....	N	Urine reagent strips/tablets	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4253	.....	P	Blood glucose/reagent strips	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4254	.....	X	Battery for glucose monitor	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4255	.....	X	Glucose monitor platforms	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4256	.....	P	Calibrator solution/chips	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4258	.....	P	Lancet device each	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4259	.....	P	Lancets per box	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4260	.....	N	Levonorgestrel implant	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4261	.....	N	Cervical cap contraceptive	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4262	.....	B	Temporary tear duct plug	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4263	.....	A	Permanent tear duct plug	0.00	0.00	0.52	0.00	0.52	0.00	0.00	0.52	0.00	0.52	XXX
A4265	.....	P	Paraffin	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4270	.....	B	Disposable endoscope sheath	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4300	.....	A	Cath impl vasc access portal	0.00	0.00	0.52	0.00	0.52	0.00	0.00	0.52	0.00	0.52	XXX
A4301	.....	P	Implantable access syst perc	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4305	.....	P	Drug delivery system >=50 ML	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4306	.....	P	Drug delivery system <=5 ML	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4310	.....	P	Insert tray w/o bag/cath	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4311	.....	P	Catheter w/o bag 2-way latex	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4312	.....	P	Cath w/o bag 2-way silicone	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4313	.....	P	Catheter w/bag 3-way	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4314	.....	P	Cath w/drainage 2-way latex	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4315	.....	P	Cath w/drainage 2-way silcne	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4316	.....	P	Cath w/drainage 3-way	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4320	.....	P	Irrigation tray	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4321	.....	X	Cath therapeutic irrig agent	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4322	.....	P	Irrigation syringe	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4323	.....	P	Saline irrigation solution	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4326	.....	P	Male external catheter	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4327	.....	P	Fem urinary collect dev cup	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4328	.....	P	Fem urinary collect pouch	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4329	.....	P	External catheter start set	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4330	.....	P	Stool collection pouch	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4335	.....	P	Incontinence supply	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4338	.....	P	Indwelling catheter latex	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4340	.....	P	Indwelling catheter special	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4344	.....	P	Cath indw foley 2 way silicn	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4346	.....	P	Cath indw foley 3 way	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4347	.....	P	Male external catheter	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4351	.....	P	Straight tip urine catheter	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4352	.....	P	Coude tip urinary catheter	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4353	.....	X	Intermittent urinary cath	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4354	.....	P	Cath insertion tray w/bag	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4355	.....	P	Bladder irrigation tubing	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4356	.....	P	Ext ureth clmp or compr dvc	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4357	.....	P	Bedside drainage bag	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4358	.....	P	Urinary leg bag	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4359	.....	P	Urinary suspensory w/o leg b	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4361	.....	P	Ostomy face plate	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4362	.....	P	Solid skin barrier	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4363	.....	P	Liquid skin barrier	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX

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[5] # Indicates new CPT/HCPCS codes which were not factored into budget neutrality adjustments.

ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT[1]/ HCPCS[2]	MOD	Status	Description	Physician work RVUs[3,5]	Fully implemented non-facility PE RVUs	Year 2000 transitional non-facility PE RVUs	Fully implemented facility PE RVUs	Year 2000 transitional facility PE RVUs	Malpractice RVUs	Fully implemented non-facility total	Year 2000 transitional non-facility total	Fully implemented facility total	Year 2000 transitional facility total	Global
A4364	.....	P	Ostomy/cath adhesive	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4365	.....	X	Ostomy adhesive remover wipe	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4367	.....	P	Ostomy belt	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4368	.....	X	Ostomy filter	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4397	.....	P	Irrigation supply sleeve	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4398	.....	P	Ostomy irrigation bag	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4399	.....	P	Ostomy irrig cone/cath w brs	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4400	.....	P	Ostomy irrigation set	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4402	.....	P	Lubricant per ounce	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4404	.....	P	Ostomy ring each	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4421	.....	P	Ostomy supply misc	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4454	.....	P	Tape all types all sizes	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4455	.....	P	Adhesive remover per ounce	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4460	.....	P	Elastic compression bandage	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4462	.....	X	Abdmnl drssng holder/binder	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4465	.....	P	Non-elastic extremity binder	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4470	.....	P	Gravlee jet washer	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4480	.....	P	Vabra aspirator	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4481	.....	X	Tracheostoma filter	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4483	.....	X	Moisture exchanger	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4490	.....	N	Above knee surgical stocking	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4495	.....	N	Thigh length surg stocking	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4500	.....	N	Below knee surgical stocking	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4510	.....	N	Full length surg stocking	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4550	.....	A	Surgical trays	0.00	0.00	0.52	0.00	0.52	0.00	0.00	0.52	0.00	0.52	XXX
A4554	.....	N	Disposable underpads	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4556	.....	P	Electrodes	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4557	.....	P	Lead wires	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4558	.....	P	Conductive paste or gel	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4560	.....	X	Pessary	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4565	.....	X	Slings	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4570	.....	X	Splint	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4572	.....	X	Rib belt	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4575	.....	N	Hyperbaric o2 chamber disps	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4580	.....	X	Cast supplies (plaster)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4590	.....	X	Special casting material	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4595	.....	X	TENS suppl 2 lead per month	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4611	.....	X	Heavy duty battery	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4612	.....	X	Battery cables	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4613	.....	X	Battery charger	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4614	.....	X	Hand-held PEFR meter	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4615	.....	X	Cannula nasal	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4616	.....	X	Tubing (oxygen) per foot	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4617	.....	X	Mouth piece	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4618	.....	X	Breathing circuits	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4619	.....	X	Face tent	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4620	.....	X	Variable concentration mask	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4621	.....	X	Tracheotomy mask or collar	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4622	.....	X	Tracheostomy or larngectomy	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4623	.....	X	Tracheostomy inner cannula	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4624	.....	X	Tracheal suction tube	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4625	.....	X	Trach care kit for new trach	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4626	.....	X	Tracheostomy cleaning brush	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4627	.....	N	Spacer bag/reservoir	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4628	.....	X	Oropharyngeal suction cath	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4629	.....	X	Tracheostomy care kit	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4630	.....	X	Repl bat t.e.n.s. own by pt	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4631	.....	X	Wheelchair battery	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4635	.....	X	Underarm crutch pad	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4636	.....	X	Handgrip for cane etc	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4637	.....	X	Repl tip cane/crutch/walker	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4640	.....	X	Alternating pressure pad	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4641	.....	E	Diagnostic imaging agent	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4642	.....	E	Satumomab pendetide per dose	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4643	.....	E	High dose contrast MRI	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4644	.....	E	Contrast 100-199 MGs iodine	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4645	.....	E	Contrast 200-299 MGs iodine	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4646	.....	E	Contrast 300-399 MGs iodine	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4647	.....	B	Supp- paramagnetic contr mat	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4649	.....	P	Surgical supplies	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4650	.....	X	Supp esrd centrifuge	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4655	.....	X	Esrd syringe/needle	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4660	.....	X	Esrd blood pressure device	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4663	.....	X	Esrd blood pressure cuff	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4670	.....	N	Auto blood pressure monitor	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4680	.....	X	Activated carbon filters	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4690	.....	X	Dialyzers	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4700	.....	X	Standard dialysate solution	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4705	.....	X	Bicarb dialysate solution	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4712	.....	X	Sterile water	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4714	.....	X	Treated water for dialysis	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4730	.....	X	Fistula cannulation set dial	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4735	.....	X	Local/topical anesthetics	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4740	.....	X	Esrd shunt accessory	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX

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[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.
[4] PE RVUs = Practice Expense Relative Value Units.
[5] # Indicates new CPT/HCPCS codes which were not factored into budget neutrality adjustments.

ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT[1]/ HCPCS[2]	MOD	Status	Description	Physician work RVUs[3,5]	Fully implemented non-facility PE RVUs	Year 2000 transitional non-facility PE RVUs	Fully implemented facility PE RVUs	Year 2000 transitional facility PE RVUs	Malpractice RVUs	Fully implemented non-facility total	Year 2000 transitional non-facility total	Fully implemented facility total	Year 2000 transitional facility total	Global
A4750	.....	X	Arterial or venous tubing	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4755	.....	X	Arterial and venous tubing	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4760	.....	X	Standard testing solution	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4765	.....	X	Dialysate concentrate	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4770	.....	X	Blood testing supplies	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4771	.....	X	Blood clotting time tube	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4772	.....	X	Dextrostick/glucose strips	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4773	.....	X	Hemostix	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4774	.....	X	Ammonia test paper	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4780	.....	X	Esrd sterilizing agent	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4790	.....	X	Esrd cleansing agents	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4800	.....	X	Heparin/antidote dialysis	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4820	.....	X	Supplies hemodialysis kit	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4850	.....	X	Rubber tipped hemostats	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4860	.....	X	Disposable catheter caps	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4870	.....	X	Plumbing/electrical work	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4880	.....	X	Water storage tanks	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4890	.....	R	Contracts/repair/maintenance	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4900	.....	X	Capd supply kit	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4901	.....	X	Ccpd supply kit	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4905	.....	X	Ipd supply kit	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4910	.....	X	Esrd nonmedical supplies	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4912	.....	X	Gomco drain bottle	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4913	.....	X	Esrd supply	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4914	.....	X	Preparation kit	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4918	.....	X	Venous pressure clamp	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4919	.....	X	Supp dialysis dialyzer holde	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4920	.....	X	Harvard pressure clamp	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4921	.....	X	Measuring cylinder	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4927	.....	X	Gloves	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A5051	.....	P	Pouch clsd w barr attached	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A5052	.....	P	Clsd ostomy pouch w/o barr	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A5053	.....	P	Clsd ostomy pouch faceplate	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A5054	.....	P	Clsd ostomy pouch w/flange	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A5055	.....	P	Stoma cap	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A5061	.....	P	Pouch drainable w barrier at	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A5062	.....	P	Drnble ostomy pouch w/o barr	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A5063	.....	P	Drain ostomy pouch w/flange	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A5064	.....	I	Drain ostomy pouch w/fcplte	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A5065	.....	I	Drain ostomy pouch on fcplte	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A5071	.....	P	Urinary pouch w/barrier	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A5072	.....	P	Urinary pouch w/o barrier	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A5073	.....	P	Urinary pouch on barr w/flng	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A5074	.....	I	Urinary pouch w/faceplate	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A5075	.....	I	Urinary pouch on faceplate	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A5081	.....	P	Continent stoma plug	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A5082	.....	P	Continent stoma catheter	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A5093	.....	P	Ostomy accessory convex inse	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A5102	.....	P	Bedside drain btl w/wo tube	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A5105	.....	P	Urinary suspensory	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A5112	.....	P	Urinary leg bag	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A5113	.....	P	Latex leg strap	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A5114	.....	P	Foam/fabric leg strap	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A5119	.....	P	Skin barrier wipes box pr 50	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A5121	.....	P	Solid skin barrier 6x6	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A5122	.....	P	Solid skin barrier 8x8	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A5123	.....	P	Skin barrier with flange	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A5126	.....	P	Adhesive disc/foam pad	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A5131	.....	P	Appliance cleaner	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A5149	.....	P	Incontinence/ostomy supply	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A5200	.....	X	Percutaneous catheter anchor	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A5500	.....	X	Diab shoe for density insert	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A5501	.....	X	Diabetic custom molded shoe	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A5502	.....	X	Diabetic shoe density insert	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A5503	.....	X	Diabetic shoe w/roller/rockr	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A5504	.....	X	Diabetic shoe with wedge	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A5505	.....	X	Diab shoe w/metatarsal bar	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A5506	.....	X	Diabetic shoe w/off set heel	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A5507	.....	X	Modification diabetic shoe	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6020	.....	P	Collagen wound dressing	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6025	.....	I	Silicone gel sheet, each	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6154	.....	P	Wound pouch each	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6196	.....	P	Alginate dressing <=16 sq in	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6197	.....	P	Alginate drsg >16 <=48 sq in	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6198	.....	P	alginate dressing > 48 sq in	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6199	.....	P	Alginate drsg wound filler	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6200	.....	X	Compos drsg <=16 no border	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6201	.....	X	Compos drsg >16<=48 no bdr	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6202	.....	X	Compos drsg >48 no border	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6203	.....	P	Composite drsg <= 16 sq in	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6204	.....	P	Composite drsg >16<=48 sq in	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6205	.....	P	Composite drsg > 48 sq in	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6206	.....	P	Contact layer <= 16 sq in	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6207	.....	P	Contact layer >16<= 48 sq in	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT[1]/ HCPCS[2]	MOD	Status	Description	Physician work RVUs[3,5]	Fully implemented non-facility PE RVUs	Year 2000 transitional non-facility PE RVUs	Fully implemented facility PE RVUs	Year 2000 transitional facility PE RVUs	Malpractice RVUs	Fully implemented non-facility total	Year 2000 transitional non-facility total	Fully implemented facility total	Year 2000 transitional facility total	Global
A6208	.....	P	Contact layer > 48 sq in	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6209	.....	P	Foam drsg <=16 sq in w/o bdr	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6210	.....	P	Foam drg >16<=48 sq in w/o b	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6211	.....	P	Foam drg > 48 sq in w/o brdr	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6212	.....	P	Foam drg <=16 sq in w/border	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6213	.....	P	Foam drg >16<=48 sq in w/bdr	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6214	.....	P	Foam drg > 48 sq in w/border	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6215	.....	P	Foam dressing wound filler	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6216	.....	P	Non-sterile gauze<=16 sq in	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6217	.....	P	Non-sterile gauze>16<=48 sq	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6218	.....	P	Non-sterile gauze > 48 sq in	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6219	.....	P	Gauze <= 16 sq in w/border	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6220	.....	P	Gauze >16 <=48 sq in w/bordr	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6221	.....	P	Gauze > 48 sq in w/border	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6222	.....	P	Gauze <=16 in no w/sal w/o b	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6223	.....	P	Gauze >16<=48 no w/sal w/o b	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6224	.....	P	Gauze > 48 in no w/sal w/o b	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6228	.....	P	Gauze <= 16 sq in water/sal	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6229	.....	P	Gauze >16<=48 sq in watr/sal	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6230	.....	P	Gauze > 48 sq in water/salne	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6234	.....	P	Hydrocolld drg <=16 w/o bdr	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6235	.....	P	Hydrocolld drg >16<=48 w/o b	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6236	.....	P	Hydrocolld drg > 48 in w/o b	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6237	.....	P	Hydrocolld drg <=16 in w/bdr	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6238	.....	P	Hydrocolld drg >16<=48 w/bdr	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6239	.....	P	Hydrocolld drg > 48 in w/bdr	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6240	.....	P	Hydrocolld drg filler paste	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6241	.....	P	Hydrocolloid drg filler dry	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6242	.....	P	Hydrogel drg <=16 in w/o bdr	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6243	.....	P	Hydrogel drg >16<=48 w/o bdr	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6244	.....	P	Hydrogel drg >48 in w/o bdr	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6245	.....	P	Hydrogel drg <= 16 in w/bdr	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6246	.....	P	Hydrogel drg >16<=48 in w/b	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6247	.....	P	Hydrogel drg > 48 sq in w/b	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6248	.....	P	Hydrogel drsg gel filler	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6250	.....	P	Skin seal protect moisturizr	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6251	.....	P	Absorpt drg <=16 sq in w/o b	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6252	.....	P	Absorpt drg >16 <=48 w/o bdr	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6253	.....	P	Absorpt drg > 48 sq in w/o b	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6254	.....	P	Absorpt drg <=16 sq in w/bdr	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6255	.....	P	Absorpt drg >16<=48 in w/bdr	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6256	.....	P	Absorpt drg > 48 sq in w/bdr	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6257	.....	P	Transparent film <= 16 sq in	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6258	.....	P	Transparent film >16<=48 in	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6259	.....	P	Transparent film > 48 sq in	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6260	.....	P	Wound cleanser any type/size	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6261	.....	P	Wound filler gel/paste /oz	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6262	.....	P	Wound filler dry form / gram	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6263	.....	P	Non-sterile elastic gauze/yd	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6264	.....	P	Non-sterile no elastic gauze	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6265	.....	P	Tape per 18 sq inches	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6266	.....	P	Impreg gauze no h20/sal/yard	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6402	.....	P	Sterile gauze <= 16 sq in	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6403	.....	P	Sterile gauze>16 <= 48 sq in	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6404	.....	P	Sterile gauze > 48 sq in	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6405	.....	P	Sterile elastic gauze /yd	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6406	.....	P	Sterile non-elastic gauze/yd	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A9150	.....	E	Misc/exper non-prescript dru	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A9160	.....	N	Podiatrist non-covered servi	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A9170	.....	N	Chiropractor non-covered ser	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A9190	.....	N	Misc/expe personal comfort i	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A9270	.....	N	Non-covered item or service	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A9300	.....	N	Exercise equipment	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A9500	.....	E	Technetium TC 99m sestamibi	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A9502	.....	X	Technetium TC99M tetrofosmin	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A9503	.....	E	Technetium TC 99m medronate	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A9505	.....	E	Thallous chloride TL 201/mci	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A9507	.....	X	Indium/111 capromab pendetid	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A9600	.....	X	Strontium-89 chloride	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A9605	.....	X	Samarium sm153 lexidronamm	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D0120	.....	N	Periodic oral evaluation	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D0140	.....	N	Limit oral eval problm focus	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D0150	.....	R	Comprehensve oral evaluation	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D0160	.....	N	Extensv oral eval prob focus	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D0210	.....	I	Intraor complete film series	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D0220	.....	I	Intraoral periapical first f	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D0230	.....	I	Intraoral periapical ea add	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D0240	.....	R	Intraoral occlusal film	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D0250	.....	R	Extraoral first film	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D0260	.....	R	Extraoral ea additional film	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D0270	.....	R	Dental bitewing single film	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D0272	.....	R	Dental bitewings two films	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D0274	.....	R	Dental bitewings four films	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D0290	.....	I	Dental film skull/facial bon	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT[1]/ HCPCS[2]	MOD	Status	Description	Physician work RVUs[3,5]	Fully implemented non-facility PE RVUs	Year 2000 transitional non-facility PE RVUs	Fully implemented facility PE RVUs	Year 2000 transitional facility PE RVUs	Malpractice RVUs	Fully implemented non-facility total	Year 2000 transitional non-facility total	Fully implemented facility total	Year 2000 transitional facility total	Global
D0310	.....	I	Dental saliography	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D0320	.....	I	Dental tmj arthrogram incl i	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D0321	.....	I	Dental other tmj films	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D0322	.....	I	Dental tomographic survey	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D0330	.....	I	Dental panoramic film	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D0340	.....	I	Dental cephalometric film	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D0415	.....	N	Bacteriologic study	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D0425	.....	N	Caries susceptibility test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D0460	.....	R	Pulp vitality test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D0470	.....	N	Diagnostic casts	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D0471	.....	R	Diagnostic photographs	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D0501	.....	R	Histopathologic examinations	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D0502	.....	R	Other oral pathology procedu	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D0999	.....	R	Unspecified diagnostic proce	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D1110	.....	N	Dental prophylaxis adult	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D1120	.....	N	Dental prophylaxis child	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D1201	.....	N	Topical fluor w prophy child	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D1203	.....	N	Topical fluor w/o prophy chi	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D1204	.....	N	Topical fluor w/o prophy adu	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D1205	.....	N	Topical fluoride w/ prophy a	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D1310	.....	N	Nutri counsel-control caries	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D1320	.....	N	Tobacco counseling	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D1330	.....	N	Oral hygiene instruction	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D1351	.....	N	Dental sealant per tooth	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D1510	.....	R	Space maintainer fxd unilat	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D1515	.....	R	Fixed bilat space maintainer	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D1520	.....	R	Remove unilat space maintain	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D1525	.....	R	Remove bilat space maintain	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D1550	.....	R	Recement space maintainer	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D2110	.....	N	Amalgam one surface primary	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2120	.....	N	Amalgam two surfaces primary	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2130	.....	N	Amalgam three surfaces prima	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2131	.....	N	Amalgam four/more surf prima	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2140	.....	N	Amalgam one surface permanen	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2150	.....	N	Amalgam two surfaces permane	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2160	.....	N	Amalgam three surfaces perma	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2161	.....	N	Amalgam 4 or > surfaces perm	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2210	.....	N	Silcate cement per restorat	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2330	.....	N	Resin one surface-anterior	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2331	.....	N	Resin two surfaces-anterior	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2332	.....	N	Resin three surfaces-anterio	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2335	.....	N	Resin 4/> surf or w incis an	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2336	.....	N	Composite resin crown	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2380	.....	N	Resin one surf poster primar	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2381	.....	N	Resin two surf poster primar	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2382	.....	N	Resin three/more surf post p	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2385	.....	N	Resin one surf poster perman	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2386	.....	N	Resin two surf poster perman	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2387	.....	N	Resin three/more surf post p	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2410	.....	N	Dental gold foil one surface	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2420	.....	N	Dental gold foil two surface	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2430	.....	N	Dental gold foil three surfa	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2510	.....	N	Dental inlay metalic 1 surf	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2520	.....	N	Dental inlay metallic 2 surf	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2530	.....	N	Dental inlay metl 3/more sur	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2543	.....	N	Dental onlay metallic 3 surf	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2544	.....	N	Dental onlay metl 4/more sur	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2610	.....	N	Inlay porcelain/ceramic 1 su	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2620	.....	N	Inlay porcelain/ceramic 2 su	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2630	.....	N	Dental onlay porc 3/more sur	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2642	.....	N	Dental onlay porcelin 2 surf	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2643	.....	N	Dental onlay porcelin 3 surf	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2644	.....	N	Dental onlay porc 4/more sur	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2650	.....	N	Inlay composite/resin one su	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2651	.....	N	Inlay composite/resin two su	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2652	.....	N	Dental inlay resin 3/mre sur	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2662	.....	N	Dental onlay resin 2 surface	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2663	.....	N	Dental onlay resin 3 surface	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2664	.....	N	Dental onlay resin 4/mre sur	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2710	.....	N	Crown resin laboratory	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2720	.....	N	Crown resin w/ high noble me	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2721	.....	N	Crown resin w/ base metal	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2722	.....	N	Crown resin w/ noble metal	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2740	.....	N	Crown porcelain/ceramic subs	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2750	.....	N	Crown porcelain w/ h noble m	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2751	.....	N	Crown porcelain fused base m	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2752	.....	N	Crown porcelain w/ noble met	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2790	.....	N	Crown full cast high noble m	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2791	.....	N	Crown full cast base metal	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2792	.....	N	Crown full cast noble metal	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2810	.....	N	Crown 3/4 cast metallic	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2910	.....	N	Dental recement inlay	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2920	.....	N	Dental recement crown	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2930	.....	N	Prefab stnlss steel crwn pri	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX

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[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.
[4] PE RVUs = Practice Expense Relative Value Units.
[5] # Indicates new CPT/HCPCS codes which were not factored into budget neutrality adjustments.

ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT[1]/ HCPCS[2]	MOD	Status	Description	Physician work RVUs[3,5]	Fully implemented non-facility PE RVUs	Year 2000 transitional non-facility PE RVUs	Fully implemented facility PE RVUs	Year 2000 transitional facility PE RVUs	Malpractice RVUs	Fully implemented non-facility total	Year 2000 transitional non-facility total	Fully implemented facility total	Year 2000 transitional facility total	Global
D2931	.....	N	Prefab stnlss steel crown pe	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2932	.....	N	Prefabricated resin crown	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2933	.....	N	Prefab stainless steel crown	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2940	.....	N	Dental sedative filling	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2950	.....	N	Core build-up incl any pins	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2951	.....	N	Tooth pin retention	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2952	.....	N	Post and core cast + crown	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2954	.....	N	Prefab post/core + crown	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2955	.....	N	Post removal	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2960	.....	N	Laminate labial veneer	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2961	.....	N	Lab labial veneer resin	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2962	.....	N	Lab labial veneer porcelain	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2970	.....	R	Temporary- fractured tooth	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2980	.....	N	Crown repair	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2999	.....	R	Dental unspec restorative pr	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D3110	.....	N	Pulp cap direct	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D3120	.....	N	Pulp cap indirect	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D3220	.....	N	Therapeutic pulpotomy	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D3230	.....	N	Pulpal therapy anterior prim	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D3240	.....	N	Pulpal therapy posterior pri	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D3310	.....	N	Anterior	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D3320	.....	N	Root canal therapy 2 canals	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D3330	.....	N	Root canal therapy 3 canals	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D3346	.....	N	Retreat root canal anterior	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D3347	.....	N	Retreat root canal bicuspid	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D3348	.....	N	Retreat root canal molar	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D3351	.....	N	Apexification/recalc initial	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D3352	.....	N	Apexification/recalc interim	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D3353	.....	N	Apexification/recalc final	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D3410	.....	N	Apicoect/perirad surg anter	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D3421	.....	N	Root surgery bicuspid	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D3425	.....	N	Root surgery molar	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D3426	.....	N	Root surgery ea add root	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D3430	.....	N	Retrograde filling	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D3450	.....	N	Root amputation	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D3460	.....	R	Endodontic endosseous implan	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D3470	.....	N	Intentional replantation	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D3910	.....	N	Isolation- tooth w rubb dam	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D3920	.....	N	Tooth splitting	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D3950	.....	N	Canal prep/fitting of dowel	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D3960	.....	N	Bleaching of discolored toot	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D3999	.....	R	Endodontic procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D4210	.....	I	Gingivectomy/plasty per quad	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D4211	.....	I	Gingivectomy/plasty per toot	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D4220	.....	N	Gingival curettage per quadr	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D4240	.....	N	Gingival flap proc w/ planin	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D4249	.....	N	Crown lengthen hard tissue	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D4250	.....	R	Mucogingival surg per quadra	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D4260	.....	R	Osseous surgery per quadrant	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D4263	.....	R	Bone replce graft first site	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D4264	.....	R	Bone replce graft each add	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D4266	.....	N	Guided tiss regen resorble	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D4267	.....	N	Guided tiss regen nonresorb	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D4270	.....	R	Pedicle soft tissue graft pr	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D4271	.....	R	Free soft tissue graft proc	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D4273	.....	R	Subepithelial tissue graft	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D4274	.....	N	Distal/proximal wedge proc	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D4320	.....	N	Provision splnt intracoronal	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D4321	.....	N	Provisional splint extracoro	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D4341	.....	N	Periodontal scaling & root	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D4355	.....	R	Full mouth debridement	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D4381	.....	R	Localized chemo delivery	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D4910	.....	N	Periodontal maint procedures	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D4920	.....	N	Unscheduled dressing change	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D4999	.....	N	Unspecified periodontal proc	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5110	.....	N	Dentures complete maxillary	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5120	.....	N	Dentures complete mandible	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5130	.....	N	Dentures immediat maxillary	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5140	.....	N	Dentures immediat mandible	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5211	.....	N	Dentures maxill part resin	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5212	.....	N	Dentures mand part resin	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5213	.....	N	Dentures maxill part metal	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5214	.....	N	Dentures mandibl part metal	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5281	.....	N	Removable partial denture	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5410	.....	N	Dentures adjust cmplt maxil	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5411	.....	N	Dentures adjust cmplt mand	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5421	.....	N	Dentures adjust part maxill	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5422	.....	N	Dentures adjust part mandbl	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5510	.....	N	Dentur repr broken compl bas	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5520	.....	N	Replace denture teeth complt	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5610	.....	N	Dentures repair resin base	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5620	.....	N	Rep part denture cast frame	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5630	.....	N	Rep partial denture clasp	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5640	.....	N	Replace part denture teeth	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX

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[3] + Indicates RVUs are not used for Medicare payment.
[4] PE RVUs = Practice Expense Relative Value Units.
[5] # Indicates new CPT/HCPCS codes which were not factored into budget neutrality adjustments.

ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT[1]/ HCPCS[2]	MOD	Status	Description	Physician work RVUs[3,5]	Fully implemented non-facility PE RVUs	Year 2000 transitional non-facility PE RVUs	Fully implemented facility PE RVUs	Year 2000 transitional facility PE RVUs	Malpractice RVUs	Fully implemented non-facility total	Year 2000 transitional non-facility total	Fully implemented facility total	Year 2000 transitional facility total	Global
D5650		N	Add tooth to partial denture	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5660		N	Add clasp to partial denture	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5710		N	Dentures rebase cmplt maxil	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5711		N	Dentures rebase cmplt mand	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5720		N	Dentures rebase part maxill	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5721		N	Dentures rebase part mandbl	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5730		N	Denture reln cmplt maxil ch	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5731		N	Denture reln cmplt mand chr	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5740		N	Denture reln part maxil chr	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5741		N	Denture reln part mand chr	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5750		N	Denture reln cmplt max lab	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5751		N	Denture reln cmplt mand lab	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5760		N	Denture reln part maxil lab	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5761		N	Denture reln part mand lab	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5810		N	Denture interm cmplt maxill	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5811		N	Denture interm cmplt mandbl	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5820		N	Denture interm part maxill	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5821		N	Denture interm part mandbl	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5850		N	Denture tiss conditn maxill	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5851		N	Denture tiss condtin mandbl	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5860		N	Overdenture complete	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5861		N	Overdenture partial	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5862		N	Precision attachment	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5899		N	Removable prosthodontic proc	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5911		R	Facial moulage sectional	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D5912		R	Facial moulage complete	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D5913		I	Nasal prosthesis	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5914		I	Auricular prosthesis	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5915		I	Orbital prosthesis	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5916		I	Ocular prosthesis	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5919		I	Facial prosthesis	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5922		I	Nasal septal prosthesis	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5923		I	Ocular prosthesis interim	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5924		I	Cranial prosthesis	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5925		I	Facial augmentation implant	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5926		I	Replacement nasal prosthesis	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5927		I	Auricular replacement	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5928		I	Orbital replacement	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5929		I	Facial replacement	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5931		I	Surgical obturator	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5932		I	Postsurgical obturator	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5933		I	Refitting of obturator	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5934		I	Mandibular flange prosthesis	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5935		I	Mandibular denture prosth	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5936		I	Temp obturator prosthesis	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5937		I	Trismus appliance	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5951		R	Feeding aid	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D5952		I	Pediatric speech aid	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5953		I	Adult speech aid	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5954		I	Superimposed prosthesis	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5955		I	Palatal lift prosthesis	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5958		I	Intraoral con def inter plt	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5959		I	Intraoral con def mod palat	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5960		I	Modify speech aid prosthesis	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5982		I	Surgical stent	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5983		R	Radiation applicator	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D5984		R	Radiation shield	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D5985		R	Radiation cone locator	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D5986		N	Fluoride applicator	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5987		R	Commissure splint	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D5988		I	Surgical splint	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5999		I	Maxillofacial prosthesis	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6010		I	Odontics endosteal implant	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6020		I	Odontics abutment placement	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6040		I	Odontics eposteal implant	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6050		I	Odontics transosteal implnt	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6055		I	Implant connecting bar	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6080		I	Implant maintenance	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6090		I	Repair implant	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6095		I	Odontics repr abutment	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6100		I	Removal of implant	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6199		I	Implant procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6210		N	Prosthodont high noble metal	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6211		N	Bridge base metal cast	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6212		N	Bridge noble metal cast	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6240		N	Bridge porcelain high noble	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6241		N	Bridge porcelain base metal	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6242		N	Bridge porcelain nobel metal	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6250		N	Bridge resin w/high noble	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6251		N	Bridge resin base metal	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6252		N	Bridge resin w/noble metal	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6520		N	Dental retainer two surfaces	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6530		N	Retainer metallic 3+ surface	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6543		N	Dental retainr onlay 3 surf	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT[1]/ HCPCS[2]	MOD	Status	Description	Physician work RVUs[3,5]	Fully implemented non-facility PE RVUs	Year 2000 transitional non-facility PE RVUs	Fully implemented facility PE RVUs	Year 2000 transitional facility PE RVUs	Malpractice RVUs	Fully implemented non-facility total	Year 2000 transitional non-facility total	Fully implemented facility total	Year 2000 transitional facility total	Global
D6544	.....	N	Dental retainr onlay 4/more	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6545	.....	N	Dental retainr cast metl	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6720	.....	N	Retain crown resin w hi nble	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6721	.....	N	Crown resin w/base metal	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6722	.....	N	Crown resin w/noble metal	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6750	.....	N	Crown porcelain high noble	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6751	.....	N	Crown porcelain base metal	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6752	.....	N	Crown porcelain noble metal	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6780	.....	N	Crown 3/4 high noble metal	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6790	.....	N	Crown full high noble metal	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6791	.....	N	Crown full base metal cast	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6792	.....	N	Crown full noble metal cast	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6920	.....	R	Dental connector bar	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D6930	.....	N	Dental recement bridge	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6940	.....	N	Stress breaker	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6950	.....	N	Precision attachment	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6970	.....	N	Post & core plus retainer	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6971	.....	N	Cast post bridge retainer	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6972	.....	N	Prefab post & core plus reta	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6973	.....	N	Core build up for retainer	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6975	.....	N	Coping metal	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6980	.....	N	Bridge repair	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6999	.....	N	Fixed prosthodontic proc	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7110	.....	R	Oral surgery single tooth	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D7120	.....	R	Each add tooth extraction	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D7130	.....	R	Tooth root removal	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D7210	.....	R	Rem imp tooth w mucoper flp	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D7220	.....	R	Impact tooth remov soft tiss	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D7230	.....	R	Impact tooth remov part bony	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D7240	.....	R	Impact tooth remov comp bony	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D7241	.....	R	Impact tooth rem bony w/comp	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D7250	.....	R	Tooth root removal	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D7260	.....	R	Oral antral fistula closure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D7270	.....	N	Tooth reimplantation	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7272	.....	N	Tooth transplantation	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7280	.....	N	Exposure impact tooth orthod	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7281	.....	N	Exposure tooth aid eruption	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7285	.....	I	Biopsy of oral tissue hard	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7286	.....	I	Biopsy of oral tissue soft	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7290	.....	N	Repositioning of teeth	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7291	.....	R	Transseptal fiberotomy	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D7310	.....	I	Alveoplasty w/ extraction	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7320	.....	I	Alveoplasty w/o extraction	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7340	.....	I	Vestibuloplasty ridge extens	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7350	.....	I	Vestibuloplasty exten graft	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7410	.....	I	Rad exc lesion up to 1.25 cm	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7420	.....	I	Lesion ≤ 1.25 cm	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7430	.....	I	Exc benign tumor to 1.25 cm	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7431	.....	I	Benign tumor exc ≤ 1.25 cm	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7440	.....	I	Malig tumor exc to 1.25 cm	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7441	.....	I	Malig tumor ≤ 1.25 cm	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7450	.....	I	Rem odontogen cyst to 1.25cm	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7451	.....	I	Rem odontogen cyst ≤ 1.25 cm	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7460	.....	I	Rem nonodonto cyst to 1.25cm	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7461	.....	I	Rem nonodonto cyst ≤ 1.25 cm	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7465	.....	I	Lesion destruction	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7470	.....	I	Rem exostosis maxilla/mandib	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7480	.....	I	Partial ostectomy	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7490	.....	I	Mandible resection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7510	.....	I	I&d absc intraoral soft tiss	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7520	.....	I	I&d abscess extraoral	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7530	.....	I	Removal fb skin/areolar tiss	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7540	.....	I	Removal of fb reaction	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7550	.....	I	Removal of sloughed off bone	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7560	.....	I	Maxillary sinusotomy	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7610	.....	I	Maxilla open reduct simple	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7620	.....	I	Clsd reduct simpl maxilla fx	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7630	.....	I	Open red simpl mandible fx	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7640	.....	I	Clsd red simpl mandible fx	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7650	.....	I	Open red simp malar/zygom fx	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7660	.....	I	Clsd red simp malar/zygom fx	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7670	.....	I	Open red simple alveolus fx	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7680	.....	I	Reduct simple facial bone fx	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7710	.....	I	Maxilla open reduct compound	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7720	.....	I	Clsd reduct compd maxilla fx	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7730	.....	I	Open reduct compd mandble fx	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7740	.....	I	Clsd reduct compd mandble fx	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7750	.....	I	Open red comp malar/zygma fx	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7760	.....	I	Clsd red comp malar/zygma fx	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7770	.....	I	Open reduc compd alveolus fx	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7780	.....	I	Reduct compnd facial bone fx	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7810	.....	I	Tmj open reduct-dislocation	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7820	.....	I	Closed tmp manipulation	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7830	.....	I	Tmj manipulation under anest	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX

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[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.
[4] PE RVUs = Practice Expense Relative Value Units.
[5] # Indicates new CPT/HCPCS codes which were not factored into budget neutrality adjustments.

ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT[1]/ HCPCS[2]	MOD	Status	Description	Physician work RVUs[3,5]	Fully implemented non-facility PE RVUs	Year 2000 transitional non-facility PE RVUs	Fully implemented facility PE RVUs	Year 2000 transitional facility PE RVUs	Malpractice RVUs	Fully implemented non-facility total	Year 2000 transitional non-facility total	Fully implemented facility total	Year 2000 transitional facility total	Global
D7840		I	Removal of tmj condyle	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7850		I	Tmj meniscectomy	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7852		I	Tmj repair of joint disc	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7854		I	Tmj excisn of joint membrane	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7856		I	Tmj cutting of a muscle	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7858		I	Tmj reconstruction	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7860		I	Tmj cutting into joint	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7865		I	Tmj reshaping components	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7870		I	Tmj aspiration joint fluid	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7872		I	Tmj diagnostic arthroscopy	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7873		I	Tmj arthroscopy lysis adhesn	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7874		I	Tmj arthroscopy disc reposit	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7875		I	Tmj arthroscopy synovectomy	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7876		I	Tmj arthroscopy discectomy	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7877		I	Tmj arthroscopy debridement	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7880		I	Occlusal orthotic appliance	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7899		I	Tmj unspecified therapy	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7910		I	Dent sutur recent wnd to 5cm	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7911		I	Dental suture wound to 5 cm	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7912		I	Suture complicate wnd ≤ 5 cm	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7920		I	Dental skin graft	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7940		R	Reshaping bone orthognathic	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7941		I	Bone cutting ramus closed	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7942		I	Bone cutting ramus open	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7943		I	Cutting ramus open w/graft	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7944		I	Bone cutting segmented	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7945		I	Bone cutting body mandible	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7946		I	Reconstruction maxilla total	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7947		I	Reconstruct maxilla segment	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7948		I	Reconstruct midface no graft	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7949		I	Reconstruct midface w/graft	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7950		I	Mandible graft	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7955		I	Repair maxillofacial defects	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7960		I	Frenulectomy/frenulotomy	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7970		I	Excision hyperplastic tissue	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7971		I	Excision pericoronal gingiva	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7980		I	Sialolithotomy	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7981		I	Excision of salivary gland	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7982		I	Sialodochoplasty	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7983		I	Closure of salivary fistula	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7990		I	Emergency tracheotomy	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7991		I	Dental coronoidectomy	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7995		I	Synthetic graft facial bones	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7996		I	Implant mandible for augment	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7999		I	Oral surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D8010		N	Limited dental tx primary	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D8020		N	Limited dental tx transition	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D8030		N	Limited dental tx adolescent	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D8040		N	Limited dental tx adult	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D8050		N	Intercep dental tx primary	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D8060		N	Intercep dental tx transitn	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D8070		N	Compre dental tx transition	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D8080		N	Compre dental tx adolescent	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D8090		N	Compre dental tx adult	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D8210		N	Orthodontic rem appliance tx	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D8220		N	Fixed appliance therapy habt	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D8660		N	Preorthodontic tx visit	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D8670		N	Periodic orthodontc tx visit	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D8680		N	Orthodontic retention	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D8690		N	Orthodontic treatment	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D8999		N	Orthodontic procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D9110		R	Tx dental pain minor proc	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D9210		I	Dent anesthesia w/o surgery	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D9211		I	Regional block anesthesia	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D9212		I	Trigeminal block anesthesia	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D9215		I	Local anesthesia	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D9220		I	General anesthesia	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D9221		I	General anesthesia ea ad 15m	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D9230		R	Analgesia	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D9240		I	Intravenous sedation	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D9310		I	Dental consultation	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D9410		I	Dental house call	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D9420		I	Hospital call	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D9430		I	Office visit during hours	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D9440		I	Office visit after hours	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D9610		I	Dent therapeutic drug inject	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D9630		R	Other drugs/medicaments	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D9910		N	Dent appl desensitizing med	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D9920		N	Behavior management	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D9930		R	Treatment of complications	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D9940		R	Dental occlusal guard	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D9941		N	Fabrication athletic guard	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D9950		R	Occlusion analysis	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D9951		R	Limited occlusal adjustment	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY

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[3] + Indicates RVUs are not used for Medicare payment.
[4] PE RVUs = Practice Expense Relative Value Units.
[5] # Indicates new CPT/HCPCS codes which were not factored into budget neutrality adjustments.

ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT[1]/ HCPCS[2]	MOD	Status	Description	Physician work RVUs[3,5]	Fully implemented non-facility PE RVUs	Year 2000 transitional non-facility PE RVUs	Fully implemented facility PE RVUs	Year 2000 transitional facility PE RVUs	Malpractice RVUs	Fully implemented non-facility total	Year 2000 transitional non-facility total	Fully implemented facility total	Year 2000 transitional facility total	Global
D9952	.....	R	Complete occlusal adjustment	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D9970	.....	N	Enamel microabrasion	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D9999	.....	I	Adjunctive procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0001	.....	X	Drawing blood for specimen	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0002	.....	A	Temporary urinary catheter	0.50	2.90	1.83	0.17	0.47	0.03	3.43	2.36	0.70	1.00	000
G0004	.....	A	ECG transm phys review & int	0.52	0.77	4.35	0.77	4.35	0.02	1.31	4.89	1.31	4.89	XXX
G0005	.....	A	ECG 24 hour recording	0.00	1.30	1.29	1.30	1.29	0.07	1.37	1.36	1.37	1.36	XXX
G0006	.....	A	ECG transmission & analysis	0.00	6.29	6.26	6.29	6.26	0.39	6.68	6.65	6.68	6.65	XXX
G0007	.....	A	ECG phy review & interpret	0.52	0.19	0.31	0.19	0.31	0.02	0.73	0.85	0.73	0.85	XXX
G0008	.....	X	Admin influenza virus vac	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0009	.....	X	Admin pneumococcal vaccine	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0010	.....	X	Admin hepatitis b vaccine	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0015	.....	A	Post symptom ECG tracing	0.00	6.29	6.26	6.29	6.26	0.39	6.68	6.65	6.68	6.65	XXX
G0016	.....	A	Post symptom ECG md review	0.52	0.24	0.34	0.24	0.34	0.02	0.78	0.88	0.78	0.88	XXX
G0025	.....	A	Collagen skin test kit	0.00	0.00	0.52	0.00	0.52	0.00	0.00	0.52	0.00	0.52	XXX
G0026	.....	X	Fecal leukocyte examination	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0027	.....	X	Semen analysis	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0030	.....	C	PET imaging prev PET single	0.00	0.00	0.00	0.00	0.00	0.05	0.05	0.05	0.05	0.05	XXX
G0030	26	A	PET imaging prev PET single	1.50	0.52	0.52	0.52	0.52	0.05	2.07	2.07	2.07	2.07	XXX
G0030	TC	C	PET imaging prev PET single	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0031	.....	C	PET imaging prev PET multple	0.00	0.00	0.00	0.00	0.00	0.08	0.08	0.08	0.08	0.08	XXX
G0031	26	A	PET imaging prev PET multple	1.87	0.70	0.71	0.70	0.71	0.08	2.65	2.66	2.65	2.66	XXX
G0031	TC	C	PET imaging prev PET multple	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0032	.....	C	PET follow SPECT 78464 singl	0.00	0.00	0.00	0.00	0.00	0.05	0.05	0.05	0.05	0.05	XXX
G0032	26	A	PET follow SPECT 78464 singl	1.50	0.52	0.52	0.52	0.52	0.05	2.07	2.07	2.07	2.07	XXX
G0032	TC	C	PET follow SPECT 78464 singl	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0033	.....	C	PET follow SPECT 78464 mult	0.00	0.00	0.00	0.00	0.00	0.06	0.06	0.06	0.06	0.06	XXX
G0033	26	A	PET follow SPECT 78464 mult	1.87	0.70	0.71	0.70	0.71	0.06	2.63	2.64	2.63	2.64	XXX
G0033	TC	C	PET follow SPECT 78464 mult	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0034	.....	C	PET follow SPECT 76865 singl	0.00	0.00	0.00	0.00	0.00	0.05	0.05	0.05	0.05	0.05	XXX
G0034	26	A	PET follow SPECT 76865 singl	1.50	0.52	0.52	0.52	0.52	0.05	2.07	2.07	2.07	2.07	XXX
G0034	TC	C	PET follow SPECT 76865 singl	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0035	.....	C	PET follow SPECT 78465 mult	0.00	0.00	0.00	0.00	0.00	0.07	0.07	0.07	0.07	0.07	XXX
G0035	26	A	PET follow SPECT 78465 mult	1.87	0.70	0.71	0.70	0.71	0.07	2.64	2.65	2.64	2.65	XXX
G0035	TC	C	PET follow SPECT 78465 mult	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0036	.....	C	PET follow cornry angio sing	0.00	0.00	0.00	0.00	0.00	0.06	0.06	0.06	0.06	0.06	XXX
G0036	26	A	PET follow cornry angio sing	1.50	0.52	0.52	0.52	0.52	0.06	2.08	2.08	2.08	2.08	XXX
G0036	TC	C	PET follow cornry angio sing	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0037	.....	C	PET follow cornry angio mult	0.00	0.00	0.00	0.00	0.00	0.07	0.07	0.07	0.07	0.07	XXX
G0037	26	A	PET follow cornry angio mult	1.87	0.70	0.71	0.70	0.71	0.07	2.64	2.65	2.64	2.65	XXX
G0037	TC	C	PET follow cornry angio mult	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0038	.....	C	PET follow myocard perf sing	0.00	0.00	0.00	0.00	0.00	0.05	0.05	0.05	0.05	0.05	XXX
G0038	26	A	PET follow myocard perf sing	1.50	0.52	0.52	0.52	0.52	0.05	2.07	2.07	2.07	2.07	XXX
G0038	TC	C	PET follow myocard perf sing	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0039	.....	C	PET follow myocard perf mult	0.00	0.00	0.00	0.00	0.00	0.06	0.06	0.06	0.06	0.06	XXX
G0039	26	A	PET follow myocard perf mult	1.87	0.70	0.71	0.70	0.71	0.06	2.63	2.64	2.63	2.64	XXX
G0039	TC	C	PET follow myocard perf mult	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0040	.....	C	PET follow stress echo singl	0.00	0.00	0.00	0.00	0.00	0.05	0.05	0.05	0.05	0.05	XXX
G0040	26	A	PET follow stress echo singl	1.50	0.52	0.52	0.52	0.52	0.05	2.07	2.07	2.07	2.07	XXX
G0040	TC	C	PET follow stress echo singl	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0041	.....	C	PET follow stress echo mult	0.00	0.00	0.00	0.00	0.00	0.06	0.06	0.06	0.06	0.06	XXX
G0041	26	A	PET follow stress echo mult	1.87	0.70	0.71	0.70	0.71	0.06	2.63	2.64	2.63	2.64	XXX
G0041	TC	C	PET follow stress echo mult	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0042	.....	C	PET follow ventriculogm sing	0.00	0.00	0.00	0.00	0.00	0.05	0.05	0.05	0.05	0.05	XXX
G0042	26	A	PET follow ventriculogm sing	1.50	0.52	0.52	0.52	0.52	0.05	2.07	2.07	2.07	2.07	XXX
G0042	TC	C	PET follow ventriculogm sing	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0043	.....	C	PET follow ventriculogm mult	0.00	0.00	0.00	0.00	0.00	0.06	0.06	0.06	0.06	0.06	XXX
G0043	26	A	PET follow ventriculogm mult	1.87	0.70	0.71	0.70	0.71	0.06	2.63	2.64	2.63	2.64	XXX
G0043	TC	C	PET follow ventriculogm mult	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0044	.....	C	PET following rest ECG singl	0.00	0.00	0.00	0.00	0.00	0.05	0.05	0.05	0.05	0.05	XXX
G0044	26	A	PET following rest ECG singl	1.50	0.52	0.52	0.52	0.52	0.05	2.07	2.07	2.07	2.07	XXX
G0044	TC	C	PET following rest ECG singl	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0045	.....	C	PET following rest ECG mult	0.00	0.00	0.00	0.00	0.00	0.06	0.06	0.06	0.06	0.06	XXX
G0045	26	A	PET following rest ECG mult	1.87	0.70	0.71	0.70	0.71	0.06	2.63	2.64	2.63	2.64	XXX
G0045	TC	C	PET following rest ECG mult	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0046	.....	C	PET follow stress ECG singl	0.00	0.00	0.00	0.00	0.00	0.05	0.05	0.05	0.05	0.05	XXX
G0046	26	A	PET follow stress ECG singl	1.50	0.52	0.52	0.52	0.52	0.05	2.07	2.07	2.07	2.07	XXX
G0046	TC	C	PET follow stress ECG singl	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0047	.....	C	PET follow stress ECG mult	0.00	0.00	0.00	0.00	0.00	0.07	0.07	0.07	0.07	0.07	XXX
G0047	26	A	PET follow stress ECG mult	1.87	0.70	0.71	0.70	0.71	0.07	2.64	2.65	2.64	2.65	XXX
G0047	TC	C	PET follow stress ECG mult	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0050	.....	A	Residual urine by ultrasound	0.00	0.89	0.89	0.89	0.89	0.04	0.93	0.93	0.93	0.93	XXX
G0101	.....	A	CA screen;pelvic/breast exam	0.45	0.60	0.45	0.17	0.24	0.02	1.07	0.92	0.64	0.71	XXX
G0104	.....	A	CA screen;flexi sigmoidscope	0.96	4.50	2.92	0.37	0.48	0.04	5.50	3.92	1.37	1.48	000
G0105	.....	A	Colorectal scrn; hi risk ind	3.70	6.25	5.37	1.41	2.92	0.15	10.10	9.22	5.26	6.77	000
G0106	.....	A	Colon CA screen;barium enema	0.99	2.71	2.76	2.71	2.76	0.15	3.85	3.90	3.85	3.90	XXX
G0106	26	A	Colon CA screen;barium enema	0.99	0.38	0.44	0.38	0.44	0.04	1.41	1.47	1.41	1.47	XXX
G0106	TC	A	Colon CA screen;barium enema	0.00	2.33	2.32	2.33	2.32	0.11	2.44	2.43	2.44	2.43	XXX
G0107	.....	X	CA screen; fecal blood test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0108	.....	A	Diab manage trn per indiv	0.00	1.64	1.64	1.64	1.64	0.01	1.65	1.65	1.65	1.65	XXX
G0109	.....	A	Diab manage trn ind/group	0.00	0.96	0.97	0.96	0.97	0.01	0.97	0.98	0.97	0.98	XXX
G0110	.....	R	Nett pulm-rehab educ; ind	0.90	0.79	0.54	0.34	0.31	0.04	1.73	1.48	1.28	1.25	XXX
G0111	.....	R	Nett pulm-rehab educ; group	0.27	0.30	0.26	0.10	0.16	0.01	0.58	0.54	0.38	0.44	XXX
G0112	.....	R	Nett;nutrition guid, initial	1.72	1.53	1.29	0.66	0.86	0.07	3.32	3.08	2.45	2.65	XXX

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[3] + Indicates RVUs are not used for Medicare payment.

[4] PE RVUs = Practice Expense Relative Value Units.

[5] # Indicates new CPT/HCPCS codes which were not factored into budget neutrality adjustments.

ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT[1]/ HCPCS[2]	MOD	Status	Description	Physician work RVUs[3,5]	Fully implemented non-facility PE RVUs	Year 2000 transitional non-facility PE RVUs	Fully implemented facility PE RVUs	Year 2000 transitional facility PE RVUs	Malpractice RVUs	Fully implemented non-facility total	Year 2000 transitional non-facility total	Fully implemented facility total	Year 2000 transitional facility total	Global
G0113	.....	R	Nett;nutrition guid,subseqnt	1.29	1.31	1.08	0.49	0.67	0.05	2.65	2.42	1.83	2.01	XXX
G0114	.....	R	Nett; psychosocial consult	1.20	0.56	0.47	0.46	0.42	0.03	1.79	1.70	1.69	1.65	XXX
G0115	.....	R	Nett; psychological testing	1.20	0.64	0.51	0.46	0.42	0.03	1.87	1.74	1.69	1.65	XXX
G0116	.....	R	Nett; psychosocial counsel	1.11	0.76	0.57	0.42	0.40	0.03	1.90	1.71	1.56	1.54	XXX
G0120	.....	A	Colon ca scrn; barium enema	0.99	2.71	2.76	2.71	2.76	0.15	3.85	3.90	3.85	3.90	XXX
G0120	26	A	Colon ca scrn; barium enema	0.99	0.38	0.44	0.38	0.44	0.04	1.41	1.47	1.41	1.47	XXX
G0120	TC	A	Colon ca scrn; barium enema	0.00	2.33	2.32	2.33	2.32	0.11	2.44	2.43	2.44	2.43	XXX
G0121	.....	N	Colon ca scrn not hi rsk ind	+3.70	6.25	5.37	1.41	2.92	0.15	10.10	9.22	5.26	6.77	XXX
G0122	.....	N	Colon ca scrn; barium enema	+0.99	2.71	2.76	2.71	2.76	0.15	3.85	3.90	3.85	3.90	XXX
G0122	26	N	Colon ca scrn; barium enema	+0.99	0.38	0.44	0.38	0.44	0.04	1.41	1.47	1.41	1.47	XXX
G0122	TC	N	Colon ca scrn; barium enema	+0.00	2.33	2.32	2.33	2.32	0.11	2.44	2.43	2.44	2.43	XXX
G0123	.....	X	Screen cerv/vag thin layer	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0124	.....	A	Screen c/v thin layer by MD	0.42	0.18	0.31	0.18	0.31	0.02	0.62	0.76	0.62	0.76	XXX
G0125	.....	A	Lung image (PET)	1.50	56.15	56.15	56.15	56.15	2.16	59.81	59.81	59.81	59.81	XXX
G0125	26	A	Lung image (PET)	1.50	0.52	0.52	0.52	0.52	0.05	2.07	2.07	2.07	2.07	XXX
G0125	TC	A	Lung image (PET)	0.00	55.63	55.63	55.63	55.63	2.11	57.74	57.74	57.74	57.74	XXX
G0126	.....	A	Lung image (PET) staging	1.87	56.33	56.34	56.33	56.34	2.17	60.37	60.38	60.37	60.38	XXX
G0126	26	A	Lung image (PET) staging	1.87	0.70	0.71	0.70	0.71	0.06	2.63	2.64	2.63	2.64	XXX
G0126	TC	A	Lung image (PET) staging	0.00	55.63	55.63	55.63	55.63	2.11	57.74	57.74	57.74	57.74	XXX
G0127	.....	R	Trim nail(s)	0.11	1.06	0.66	0.04	0.09	0.00	1.17	0.77	0.15	0.20	000
G0128	.....	R	CORF skilled nursing service	0.08	0.00	0.00	0.00	0.00	0.00	0.08	0.08	0.08	0.08	XXX
G0130	.....	A	Single energy x-ray study	0.22	0.90	0.90	0.90	0.90	0.05	1.17	1.17	1.17	1.17	XXX
G0130	26	A	Single energy x-ray study	0.22	0.11	0.11	0.11	0.11	0.01	0.34	0.34	0.34	0.34	XXX
G0130	TC	A	Single energy x-ray study	0.00	0.79	0.79	0.79	0.79	0.04	0.83	0.83	0.83	0.83	XXX
G0131	.....	A	CT scan, bone density study	0.25	3.18	3.18	3.18	3.18	0.15	3.58	3.58	3.58	3.58	XXX
G0131	26	A	CT scan, bone density study	0.25	0.13	0.13	0.13	0.13	0.01	0.39	0.39	0.39	0.39	XXX
G0131	TC	A	CT scan, bone density study	0.00	3.05	3.05	3.05	3.05	0.14	3.19	3.19	3.19	3.19	XXX
G0132	.....	A	CT scan, bone density study	0.22	0.90	0.90	0.90	0.90	0.05	1.17	1.17	1.17	1.17	XXX
G0132	26	A	CT scan, bone density study	0.22	0.11	0.11	0.11	0.11	0.01	0.34	0.34	0.34	0.34	XXX
G0132	TC	A	CT scan, bone density study	0.00	0.79	0.79	0.79	0.79	0.04	0.83	0.83	0.83	0.83	XXX
G0141	.....	A	Scr c/v cyto,autosys and md	0.42	0.18	0.18	0.18	0.18	0.02	0.62	0.62	0.62	0.62	XXX
G0143	.....	X	Scr c/v cyto,thinlayer,rescr	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0144	.....	X	Scr c/v cyto,thinlayer,rescr	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0145	.....	X	Scr c/v cyto,thinlayer,rescr	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0147	.....	X	Scr c/v cyto, automated sys	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0148	.....	X	Scr c/v cyto, autosys, rescr	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0160	.....	C	Cryosurgery, prostate cancer	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	090
G0161	.....	C	Echo guidance cryosurgery	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0161	26	C	Echo guidance cryosurgery	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0161	TC	C	Echo guidance cryosurgery	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0163	.....	A	Positron emission tomography	#1.50	56.15	56.15	56.15	56.15	2.16	59.81	59.81	59.81	59.81	XXX
G0163	26	A	Positron emission tomography	#1.50	0.52	0.52	0.52	0.52	0.05	2.07	2.07	2.07	2.07	XXX
G0163	TC	A	Positron emission tomography	#0.00	55.63	55.63	55.63	55.63	2.11	57.74	57.74	57.74	57.74	XXX
G0164	.....	A	Positron emission tomography	#1.87	56.34	56.34	56.34	56.34	2.19	60.40	60.40	60.40	60.40	XXX
G0164	26	A	Positron emission tomography	#1.87	0.71	0.71	0.71	0.71	0.08	2.66	2.66	2.66	2.66	XXX
G0164	TC	A	Positron emission tomography	#0.00	55.63	55.63	55.63	55.63	2.11	57.74	57.74	57.74	57.74	XXX
G0165	.....	A	Positron emission tomography	#1.50	56.15	56.15	56.15	56.15	2.16	59.81	59.81	59.81	59.81	XXX
G0165	26	A	Positron emission tomography	#1.50	0.52	0.52	0.52	0.52	0.05	2.07	2.07	2.07	2.07	XXX
G0165	TC	A	Positron emission tomography	#0.00	55.63	55.63	55.63	55.63	2.11	57.74	57.74	57.74	57.74	XXX
J0120	.....	E	Tetracyclin injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0130	.....	E	Abciximab injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0150	.....	E	Injection adenosine 6 MG	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0151	.....	E	Adenosine injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0170	.....	E	Adrenalin epinephrin inject	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0190	.....	E	Inj biperiden lactate/5 mg	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0205	.....	E	Alglucerase injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0207	.....	E	Amifostine	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0210	.....	E	Methyldopate hcl injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0256	.....	E	Alpha 1 proteinase inhibitor	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0270	.....	E	Alprostadil for injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0275	.....	E	Alprostadil urethral suppos	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0280	.....	E	Aminophyllin 250 MG inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0285	.....	E	Amphotericin B	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0286	.....	E	Amphotericin B lipid complex	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0290	.....	E	Ampicillin 500 MG inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0295	.....	E	Ampicillin sodium per 1.5 gm	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0300	.....	E	Amobarbital 125 MG inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0330	.....	E	Succinycholine chloride inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0340	.....	E	Nandrolon phenpropionate inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0350	.....	E	Injection anistreplase 30 u	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0360	.....	E	Hydralazine hcl injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0380	.....	E	Inj metaraminol bitartrate	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0390	.....	E	Chloroquine injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0395	.....	E	Arbutamine HCl injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0400	.....	E	Inj trimethaphan camsylate	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0460	.....	E	Atropine sulfate injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0470	.....	E	Dimecaprol injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0475	.....	E	Baclofen 10 MG injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0476	.....	E	Baclofen intrathecal trial	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0500	.....	E	Dicyclomine injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0510	.....	E	Benzquinamide injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0515	.....	E	Inj benztropine mesylate	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0520	.....	E	Bethanechol chloride inject	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0530	.....	E	Penicillin g benzathine inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX

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[3] + Indicates RVUs are not used for Medicare payment.

[4] PE RVUs = Practice Expense Relative Value Units.

[5] # Indicates new CPT/HCPCS codes which were not factored into budget neutrality adjustments.

ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT[1]/ HCPCS[2]	MOD	Status	Description	Physician work RVUs[3,5]	Fully implemented non-facility PE RVUs	Year 2000 transitional non-facility PE RVUs	Fully implemented facility PE RVUs	Year 2000 transitional facility PE RVUs	Malpractice RVUs	Fully implemented non-facility total	Year 2000 transitional non-facility total	Fully implemented facility total	Year 2000 transitional facility total	Global
J0540	.....	E	Penicillin g benzathine inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0550	.....	E	Penicillin g benzathine inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0560	.....	E	Penicillin g benzathine inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0570	.....	E	Penicillin g benzathine inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0580	.....	E	Penicillin g benzathine inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0585	.....	E	Botulinum toxin a per unit	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0590	.....	E	Ethylnorepinephrine hcl inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0600	.....	E	Edetate calcium disodium inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0610	.....	E	Calcium gluconate injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0620	.....	E	Calcium glycer & lact/10 ML	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0630	.....	E	Calcitonin salmon injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0635	.....	E	Calcitriol injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0640	.....	E	Leucovorin calcium injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0670	.....	E	Inj mepivacaine HCL/10 ml	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0690	.....	E	Cefazolin sodium injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0694	.....	E	Cefoxitin sodium injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0695	.....	E	Cefonocid sodium injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0696	.....	E	Ceftriaxone sodium injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0697	.....	E	Sterile cefuroxime injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0698	.....	E	Cefotaxime sodium injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0702	.....	E	Betamethasone acet&sod phosp	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0704	.....	E	Betamethasone sod phosp/4 MG	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0710	.....	E	Cephapirin sodium injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0713	.....	E	Inj ceftazidime per 500 mg	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0715	.....	E	Ceftizoxime sodium / 500 MG	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0720	.....	E	Chloramphenicol sodium injec	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0725	.....	E	Chorionic gonadotropin/1000u	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0730	.....	E	Chlorpheniramin maleate inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0735	.....	E	Clonidine hydrochloride	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0740	.....	E	Cidofovir injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0743	.....	E	Cilastatin sodium injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0745	.....	E	Inj codeine phosphate /30 MG	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0760	.....	E	Colchicine injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0770	.....	E	Colistimethate sodium inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0780	.....	E	Prochlorperazine injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0800	.....	E	Corticotropin injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0810	.....	E	Cortisone injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0835	.....	E	Inj cosyntropin per 0.25 MG	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0850	.....	E	Cytomegalovirus imm IV /vial	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0895	.....	E	Deferoxamine mesylate inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0900	.....	E	Testosterone enanthate inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0945	.....	E	Brompheniramine maleate inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0970	.....	E	Estradiol valerate injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1000	.....	E	Depo-estradiol cypionate inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1020	.....	E	Methylprednisolone 20 MG inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1030	.....	E	Methylprednisolone 40 MG inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1040	.....	E	Methylprednisolone 80 MG inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1050	.....	E	Medroxyprogesterone inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1055	.....	N	Medroxyprogester acetate inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1060	.....	E	Testosterone cypionate 1 ML	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1070	.....	E	Testosterone cypionat 100 MG	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1080	.....	E	Testosterone cypionat 200 MG	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1090	.....	E	Testosterone cypionate 50 MG	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1095	.....	E	Inj dexamethasone acetate	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1100	.....	E	Dexamethosone sodium phos	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1110	.....	E	Inj dihydroergotamine mesylt	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1120	.....	E	Acetazolamid sodium injectio	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1160	.....	E	Digoxin injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1165	.....	E	Phenytoin sodium injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1170	.....	E	Hydromorphone injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1180	.....	E	Dyphylline injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1190	.....	E	Dexrazoxane HCl injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1200	.....	E	Diphenhydramine hcl injectio	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1205	.....	E	Chlorothiazide sodium inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1212	.....	E	Dimethyl sulfoxide 50% 50 ML	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1230	.....	E	Methadone injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1240	.....	E	Dimenhydrinate injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1245	.....	E	Dipyridamole injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1250	.....	E	Inj dobutamine HCL/250 mg	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1260	.....	E	Dolasetron mesylate	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1320	.....	E	Amitriptyline injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1325	.....	E	Epoprostenol injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1330	.....	E	Ergonovine maleate injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1362	.....	E	Erythromycin glucep / 250 MG	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1364	.....	E	Erythro lactobionate /500 MG	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1380	.....	E	Estradiol valerate 10 MG inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1390	.....	E	Estradiol valerate 20 MG inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1410	.....	E	Inj estrogen conjugate 25 MG	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1435	.....	E	Injection estrone per 1 MG	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1436	.....	E	Etidronate disodium inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1440	.....	E	Filgrastim 300 mcg injeciton	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1441	.....	E	Filgrastim 480 mcg injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1455	.....	E	Foscarnet sodium injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1460	.....	E	Gamma globulin 1 CC inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX

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[5] # Indicates new CPT/HCPCS codes which were not factored into budget neutrality adjustments.

ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT[1]/ HCPCS[2]	MOD	Status	Description	Physician work RVUs[3,5]	Fully implemented non-facility PE RVUs	Year 2000 transitional non-facility PE RVUs	Fully implemented facility PE RVUs	Year 2000 transitional facility PE RVUs	Malpractice RVUs	Fully implemented non-facility total	Year 2000 transitional non-facility total	Fully implemented facility total	Year 2000 transitional facility total	Global
J1470	.....	E	Gamma globulin 2 CC inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1480	.....	E	Gamma globulin 3 CC inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1490	.....	E	Gamma globulin 4 CC inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1500	.....	E	Gamma globulin 5 CC inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1510	.....	E	Gamma globulin 6 CC inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1520	.....	E	Gamma globulin 7 CC inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1530	.....	E	Gamma globulin 8 CC inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1540	.....	E	Gamma globulin 9 CC inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1550	.....	E	Gamma globulin 10 CC inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1560	.....	E	Gamma globulin ≤ 10 CC inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1561	.....	E	Immune globulin 500 mg	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1562	.....	E	Immune globulin 5 gms	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1565	.....	E	RSV-ivig	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1570	.....	E	Ganciclovir sodium injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1580	.....	E	Garamycin gentamicin inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1600	.....	E	Gold sodium thiomaleate inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1610	.....	E	Glucagon hydrochloride/1 MG	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1620	.....	E	Gonadorelin hydroch/ 100 mcg	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1626	.....	E	Granisetron HCl injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1630	.....	E	Haloperidol injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1631	.....	E	Haloperidol decanoate inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1642	.....	E	Inj heparin sodium per 10 u	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1644	.....	E	Inj heparin sodium per 1000u	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1645	.....	E	Dalteparin sodium	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1650	.....	E	Inj enoxaparin sodium 30 mg	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1670	.....	E	Tetanus immune globulin inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1690	.....	E	Prednisolone tebutate inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1700	.....	E	Hydrocortisone acetate inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1710	.....	E	Hydrocortisone sodium ph inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1720	.....	E	Hydrocortisone sodium succ i	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1730	.....	E	Diazoxide injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1739	.....	E	Hydroxyprogesterone cap 125	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1741	.....	E	Hydroxyprogesterone cap 250	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1742	.....	E	Ibutilide fumarate injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1760	.....	E	Iron dextran 2 CC inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1770	.....	E	Iron dextran 5 CC inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1780	.....	E	Iron dextran 10 CC inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1785	.....	E	Injection imiglucerase /unit	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1790	.....	E	Droperidol injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1800	.....	E	Propranolol injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1810	.....	E	Droperidol/fentanyl inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1820	.....	E	Insulin injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1825	.....	E	Interferon beta-1a	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1830	.....	E	Interferon beta-1b / .25 MG	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1840	.....	E	Kanamycin sulfate 500 MG inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1850	.....	E	Kanamycin sulfate 75 MG inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1885	.....	E	Ketorolac tromethamine inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1890	.....	E	Cephalothin sodium injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1910	.....	E	Kutapressin injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1930	.....	E	Propiomazine injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1940	.....	E	Furosemide injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1950	.....	E	Leuprolide acetate /3.75 MG	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1955	.....	E	Inj levocarnitine per 1 gm	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1956	.....	E	Levofloxacin injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1960	.....	E	Levorphanol tartrate inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1970	.....	E	Methotrimeprazine injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1980	.....	E	Hyoscyamine sulfate inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1990	.....	E	Chlordiazepoxide injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2000	.....	E	Lidocaine injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2010	.....	E	Lincomycin injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2060	.....	E	Lorazepam injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2150	.....	E	Mannitol injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2175	.....	E	Meperidine hydrochl /100 MG	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2180	.....	E	Meperidine/promethazine inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2210	.....	E	Methylergonovin maleate inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2240	.....	E	Metocurine iodide injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2250	.....	E	Inj midazolam hydrochloride	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2260	.....	E	Inj milrinone lactate / 5 ML	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2270	.....	E	Morphine sulfate injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2271	.....	E	Morphine so4 injection 100mg	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2275	.....	E	Morphine sulfate injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2300	.....	E	Inj nalbuphine hydrochloride	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2310	.....	E	Inj naloxone hydrochloride	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2320	.....	E	Nandrolone decanoate 50 MG	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2321	.....	E	Nandrolone decanoate 100 MG	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2322	.....	E	Nandrolone decanoate 200 MG	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2330	.....	E	Thiothixene injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2350	.....	E	Niacinamide/niacin injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2355	.....	E	Oprelvekin injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2360	.....	E	Orphenadrine injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2370	.....	E	Phenylephrine hcl injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2400	.....	E	Chloroprocaine hcl injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2405	.....	E	Ondansetron hcl injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2410	.....	E	Oxymorphone hcl injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX

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[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.
[4] PE RVUs = Practice Expense Relative Value Units.
[5] # Indicates new CPT/HCPCS codes which were not factored into budget neutrality adjustments.

ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT[1]/ HCPCS[2]	MOD	Status	Description	Physician work RVUs[3,5]	Fully implemented non-facility PE RVUs	Year 2000 transitional non-facility PE RVUs	Fully implemented facility PE RVUs	Year 2000 transitional facility PE RVUs	Malpractice RVUs	Fully implemented non-facility total	Year 2000 transitional non-facility total	Fully implemented facility total	Year 2000 transitional facility total	Global
J2430	.....	E	Pamidronate disodium /30 MG	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2440	.....	E	Papaverin hcl injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2460	.....	E	Oxytetracycline injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2480	.....	E	Hydrochlorides of opium inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2510	.....	E	Penicillin g procaine inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2512	.....	E	Inj pentagastrin per 2 ML	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2515	.....	E	Pentobarbital sodium inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2540	.....	E	Penicillin g potassium inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2545	.....	E	Pentamidine isethionte/300mg	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2550	.....	E	Promethazine hcl injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2560	.....	E	Phenobarbital sodium inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2590	.....	E	Oxytocin injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2597	.....	E	Inj desmopressin acetate	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2640	.....	E	Prednisolone sodium ph inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2650	.....	E	Prednisolone acetate inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2670	.....	E	Totazoline hcl injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2675	.....	E	Inj progesterone per 50 MG	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2680	.....	E	Fluphenazine decanoate 25 MG	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2690	.....	E	Procainamide hcl injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2700	.....	E	Oxacillin sodium injeciton	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2710	.....	E	Neostigmine methylslfte inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2720	.....	E	Inj protamine sulfate/10 MG	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2725	.....	E	Inj protirelin per 250 mcg	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2730	.....	E	Pralidoxime chloride inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2760	.....	E	Phentolaine mesylate inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2765	.....	E	Metoclopramide hcl injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2790	.....	E	Rho d immune globulin inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2792	.....	E	Rho(D) immune globulin h, sd	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2800	.....	E	Methocarbamol injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2810	.....	E	Inj theophylline per 40 MG	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2820	.....	E	Sargramostim injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2860	.....	E	Secobarbital sodium inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2910	.....	E	Aurothioglucose injeciton	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2912	.....	E	Sodium chloride injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2920	.....	E	Methylprednisolone injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2930	.....	E	Methylprednisolone injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2950	.....	E	Promazine hcl injeciton	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2970	.....	E	Methicillin sodium injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2994	.....	E	Reteplase double bolus	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2995	.....	E	Inj streptokinase /250000 IU	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2996	.....	E	Alteplase recombinant inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J3000	.....	E	Streptomycin injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J3010	.....	E	Fentanyl citrate injeciton	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J3030	.....	E	Sumatriptan succinate / 6 MG	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J3070	.....	E	Pentazocine hcl injeciton	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J3080	.....	E	Chlorprothixene injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J3105	.....	E	Terbutaline sulfate inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J3120	.....	E	Testosterone enanthate inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J3130	.....	E	Testosterone enanthate inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J3140	.....	E	Testosterone suspension inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J3150	.....	E	Testosteron propionate inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J3230	.....	E	Chlorpromazine hcl injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J3240	.....	E	Thyrotropin injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J3250	.....	E	Trimethobenzamide hcl inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J3260	.....	E	Tobramycin sulfate injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J3265	.....	E	Injection torsemide 10 mg/ml	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J3270	.....	E	Imipramine hcl injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J3280	.....	E	Thiethylperazine maleate inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J3301	.....	E	Triamcinolone acetonide inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J3302	.....	E	Triamcinolone diacetate inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J3303	.....	E	Triamcinolone hexacetonl inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J3305	.....	E	Inj trimetrexate glucoronate	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J3310	.....	E	Perphenazine injeciton	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J3320	.....	E	Spectinomycn di-hcl inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J3350	.....	E	Urea injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J3360	.....	E	Diazepam injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J3364	.....	E	Urokinase 5000 IU injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J3365	.....	E	Urokinase 250,000 IU inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J3370	.....	R	Vancomycin hcl injeciton	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J3390	.....	E	Methoxamine injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J3400	.....	E	Triflupromazine hcl inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J3410	.....	E	Hydroxyzine hcl injeciton	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J3420	.....	E	Vitamin b12 injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J3430	.....	E	Vitamin k phytonadione inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J3450	.....	E	Mephentermine sulfate inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J3470	.....	E	Hyaluronidase injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J3475	.....	E	Inj magnesium sulfate	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J3480	.....	E	Inj potassium chloride	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J3490	.....	E	Drugs unclassified injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J3520	.....	N	Edetate disodium per 150 mg	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J3530	.....	E	Nasal vaccine inhalation	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J3535	.....	N	Metered dose inhaler drug	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J3570	.....	N	Laetrile amygdalin vit B17	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7030	.....	E	Normal saline solution infus	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX

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[3] + Indicates RVUs are not used for Medicare payment.
[4] PE RVUs = Practice Expense Relative Value Units.
[5] # Indicates new CPT/HCPCS codes which were not factored into budget neutrality adjustments.

ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT[1]/ HCPCS[2]	MOD	Status	Description	Physician work RVUs[3,5]	Fully implemented non-facility PE RVUs	Year 2000 transitional non-facility PE RVUs	Fully implemented facility PE RVUs	Year 2000 transitional facility PE RVUs	Malpractice RVUs	Fully implemented non-facility total	Year 2000 transitional non-facility total	Fully implemented facility total	Year 2000 transitional facility total	Global
J7040	.....	E	Normal saline solution infus	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7042	.....	E	5% dextrose/normal saline	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7050	.....	E	Normal saline solution infus	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7051	.....	E	Sterile saline/water	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7060	.....	E	5% dextrose/water	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7070	.....	E	D5w infusion	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7100	.....	E	Dextran 40 infusion	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7110	.....	E	Dextran 75 infusion	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7120	.....	E	Ringers lactate infusion	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7130	.....	E	Hypertonic saline solution	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7190	.....	X	Factor viii	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7191	.....	X	Factor VIII (porcine)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7192	.....	X	Factor viii recombinant	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7194	.....	X	Factor ix complex	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7196	.....	X	Othr hemophilia clot factors	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7197	.....	X	Antithrombin iii injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7300	.....	N	Intraut copper contraceptive	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7310	.....	E	Ganciclovir long act implant	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7315	.....	E	Sodium hyaluronate injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7320	.....	E	Hylan G-F 20 injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7500	.....	X	Azathiop po tab 50mg 100s ea	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7501	.....	X	Azathioprine parenteral	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7503	.....	X	Cyclosporine parenteral	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7504	.....	X	Lymphocyte immune globulin	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7505	.....	X	Monoclonal antibodies	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7506	.....	X	Prednisone oral	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7507	.....	E	Tacrolimus oral per 1 MG	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7508	.....	E	Tacrolimus oral per 5 MG	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7509	.....	X	Methylprednisolone oral	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7510	.....	X	Prednisolone oral per 5 mg	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7513	.....	E	Daclizumab, parenteral	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7599	.....	X	Immunosuppressive drug noc	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7610	.....	E	Acetylcysteine 10% injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7615	.....	E	Acetylcysteine 20% injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7620	.....	E	Albuterol sulfate .083%/ml	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7625	.....	E	Albuterol sulfate .5% inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7627	.....	E	Bitolterolmesylate inhal sol	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7630	.....	E	Cromolyn sodium injeciton	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7640	.....	E	Epinephrine injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7645	.....	E	Ipratropium bromide .02%/ml	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7650	.....	E	Isoetharine hcl .1% inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7651	.....	E	Isoetharine hcl .125% inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7652	.....	E	Isoetharine hcl .167% inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7653	.....	E	Isoetharine hcl .2%/ inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7654	.....	E	Isoetharine hcl .25% inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7655	.....	E	Isoetharine hcl 1% inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7660	.....	E	Isoproterenol hcl .5% inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7665	.....	E	Isoproterenol hcl 1% inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7670	.....	E	Metaproterenol sulfate .4%	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7672	.....	E	Metaproterenol sulfate .6%	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7675	.....	E	Metaproterenol sulfate 5%	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7699	.....	E	Inhalation solution for DME	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7799	.....	E	Non-inhalation drug for DME	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J8499	.....	N	Oral prescrip drug non chemo	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J8530	.....	E	Cyclophosphamide oral 25 MG	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J8560	.....	E	Etoposide oral 50 MG	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J8600	.....	E	Melphalan oral 2 MG	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J8610	.....	E	Methotrexate oral 2.5 MG	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J8999	.....	E	Oral prescription drug chemo	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9000	.....	E	Doxorubic hcl 10 MG vl chemo	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9015	.....	E	Aldesleukin/single use vial	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9020	.....	E	Asparaginase injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9031	.....	E	Bcg live intravesical vac	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9040	.....	E	Bleomycin sulfate injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9045	.....	E	Carboplatin injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9050	.....	E	Carmus bischl nitro inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9060	.....	E	Cisplatin 10 MG injeciton	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9062	.....	E	Cisplatin 50 MG injeciton	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9065	.....	E	Inj cladribine per 1 MG	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9070	.....	E	Cyclophosphamide 100 MG inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9080	.....	E	Cyclophosphamide 200 MG inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9090	.....	E	Cyclophosphamide 500 MG inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9091	.....	E	Cyclophosphamide 1.0 grm inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9092	.....	E	Cyclophosphamide 2.0 grm inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9093	.....	E	Cyclophosphamide lyophilized	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9094	.....	E	Cyclophosphamide lyophilized	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9095	.....	E	Cyclophosphamide lyophilized	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9096	.....	E	Cyclophosphamide lyophilized	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9097	.....	E	Cyclophosphamide lyophilized	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9100	.....	E	Cytarabine hcl 100 MG inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9110	.....	E	Cytarabine hcl 500 MG inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9120	.....	E	Dactinomycin actinomycin d	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9130	.....	E	Dacarbazine 10 MG inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9140	.....	E	Dacarbazine 200 MG inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT[1]/ HCPCS[2]	MOD	Status	Description	Physician work RVUs[3,5]	Fully implemented non-facility PE RVUs	Year 2000 transitional non-facility PE RVUs	Fully implemented facility PE RVUs	Year 2000 transitional facility PE RVUs	Malpractice RVUs	Fully implemented non-facility total	Year 2000 transitional non-facility total	Fully implemented facility total	Year 2000 transitional facility total	Global
J9150	.....	E	Daunorubicin	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9151	.....	E	Daunorubicin citrate liposom	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9165	.....	E	Diethylstilbestrol injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9170	.....	E	Docetaxel	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9181	.....	E	Etoposide 10 MG inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9182	.....	E	Etoposide 100 MG inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9185	.....	E	Fludarabine phosphate inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9190	.....	E	Fluorouracil injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9200	.....	E	Floxuridine injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9201	.....	E	Gemcitabine HCl	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9202	.....	E	Goserelin acetate implant	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9206	.....	E	Irinotecan injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9208	.....	E	Ifosfomide injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9209	.....	E	Mesna injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9211	.....	E	Idarubicin hcl injeciton	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9212	.....	E	Interferon alfacon-1	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9213	.....	E	Interferon alfa-2a inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9214	.....	E	Interferon alfa-2b inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9215	.....	E	Interferon alfa-n3 inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9216	.....	E	Interferon gamma 1-b inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9217	.....	E	Leuprolide acetate suspnsion	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9218	.....	E	Leuprolide acetate injeciton	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9230	.....	E	Mechlorethamine hcl inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9245	.....	E	Inj melphalan hydrochl 50 MG	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9250	.....	E	Methotrexate sodium inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9260	.....	E	Methotrexate sodium inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9265	.....	E	Paclitaxel injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9266	.....	E	Pegaspargase/singl dose vial	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9268	.....	E	Pentostatin injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9270	.....	E	Plicamycin (mithramycin) inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9280	.....	E	Mitomycin 5 MG inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9290	.....	E	Mitomycin 20 MG inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9291	.....	E	Mitomycin 40 MG inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9293	.....	E	Mitoxantrone hydrochl / 5 MG	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9310	.....	E	Rituximab cancer treatment	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9320	.....	E	Streptozocin injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9340	.....	E	Thiotepa injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9350	.....	E	Topotecan	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9360	.....	E	Vinblastine sulfate inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9370	.....	E	Vincristine sulfate 1 MG inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9375	.....	E	Vincristine sulfate 2 MG inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9380	.....	E	Vincristine sulfate 5 MG inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9390	.....	E	Vinorelbine tartrate/10 mg	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9600	.....	E	Porfimer sodium	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9999	.....	E	Chemotherapy drug	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
M0064	.....	A	Visit for drug monitoring	0.37	0.26	0.24	0.12	0.17	0.01	0.64	0.62	0.50	0.55	XXX
M0075	.....	N	Cellular therapy	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
M0076	.....	N	Prolotherapy	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
M0100	.....	N	Intragastric hypothermia	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
M0300	.....	N	IV chelationtherapy	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
M0301	.....	N	Fabric wrapping of aneurysm	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
M0302	.....	N	Assessment of cardiac output	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
P2028	.....	X	Cephalin floculation test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
P2029	.....	X	Congo red blood test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
P2031	.....	N	Hair analysis	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
P2033	.....	X	Blood thymol turbidity	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
P2038	.....	X	Blood mucoprotein	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
P3000	.....	X	Screen pap by tech w md supv	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
P3001	.....	A	Screening pap smear by phys	0.42	0.18	0.27	0.18	0.27	0.01	0.61	0.70	0.61	0.70	XXX
P7001	.....	I	Culture bacterial urine	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
P9010	.....	E	Whole blood for transfusion	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
P9011	.....	E	Blood split unit	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
P9012	.....	E	Cryoprecipitate each unit	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
P9013	.....	E	Unit/s blood fibrinogen	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
P9016	.....	E	Leukocyte poor blood, unit	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
P9017	.....	E	One donor fresh frozn plasma	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
P9018	.....	E	Plasma protein fract, unit	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
P9019	.....	E	Platelet concentrate unit	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
P9020	.....	E	Plaelet rich plasma unit	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
P9021	.....	E	Red blood cells unit	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
P9022	.....	E	Washed red blood cells unit	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
P9603	.....	X	One-way allow prorated miles	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
P9604	.....	X	One-way allow prorated trip	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
P9612	.....	X	Catheterize for urine spec	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
P9615	.....	X	Urine specimen collect mult	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q0034	.....	X	Admin of influenza vaccine	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q0035	.....	A	Cardiokymography	0.17	0.47	0.50	0.47	0.50	0.03	0.67	0.70	0.67	0.70	XXX
Q0035	26	A	Cardiokymography	0.17	0.06	0.10	0.06	0.10	0.01	0.24	0.28	0.24	0.28	XXX
Q0035	TC	A	Cardiokymography	0.00	0.40	0.40	0.40	0.40	0.02	0.42	0.42	0.42	0.42	XXX
Q0068	.....	A	Extracorpeal plasmapheresis	1.67	4.41	2.90	0.53	0.96	0.11	6.19	4.68	2.31	2.74	000
Q0091	.....	A	Obtaining screen pap smear	0.37	0.74	0.52	0.14	0.22	0.01	1.12	0.90	0.52	0.60	XXX
Q0092	.....	A	Set up port xray equipment	0.00	0.33	0.33	0.33	0.33	0.01	0.34	0.34	0.34	0.34	XXX
Q0111	.....	X	Wet mounts/ w preparations	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q0112	.....	X	Potassium hydroxide preps	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX

[1] CPT codes and descriptions only are copyright 1998 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

[2] Copyright 1994 American Dental Association. All rights reserved.

[3] + Indicates RVUs are not used for Medicare payment.

[4] PE RVUs = Practice Expense Relative Value Units.

[5] # Indicates new CPT/HCPCS codes which were not factored into budget neutrality adjustments.

ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT[1]/ HCPCS[2]	MOD	Status	Description	Physician work RVUs[3,5]	Fully implemented non-facility PE RVUs	Year 2000 transitional non-facility PE RVUs	Fully implemented facility PE RVUs	Year 2000 transitional facility PE RVUs	Malpractice RVUs	Fully implemented non-facility total	Year 2000 transitional non-facility total	Fully implemented facility total	Year 2000 transitional facility total	Global
Q0113		X	Pinworm examinations	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q0114		X	Fern test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q0115		X	Post-coital mucous exam	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q0132		X	Dispensing fee DME neb drug	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q0136		X	Non esrd epoetin alpha inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q0144		N	Azithromycin dihydrate, oral	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q0156		X	Human albumin 5%	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q0157		X	Human albumin 25%	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q0160		X	Factor IX non-recombinant	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q0161		X	Factor IX recombinant	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q0163		X	Diphenhydramine HCl 50mg	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q0164		X	Prochlorperazine maleate 5mg	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q0165		X	Prochlorperazine maleate10mg	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q0166		X	Granisetron HCl 1 mg oral	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q0167		X	Dronabinol 2.5mg oral	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q0168		X	Dronabinol 5mg oral	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q0169		X	Promethazine HCl 12.5mg oral	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q0170		X	Promethazine HCl 25 mg oral	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q0171		X	Chlorpromazine HCl 10mg oral	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q0172		X	Chlorpromazine HCl 25mg oral	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q0173		X	Trimethobenzamide HCl 250mg	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q0174		X	Thiethylperazine maleate10mg	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q0175		X	Perphenazine 4mg oral	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q0176		X	Perphenazine 8mg oral	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q0177		X	Hydroxyzine pamoate 25mg	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q0178		X	Hydroxyzine pamoate 50mg	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q0179		X	Ondansetron HCl 8mg oral	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q0180		X	Dolasetron mesylate oral	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q0181		X	Unspecified oral anti-emetic	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q0183		E	Nonmetabolic active tissue	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q0184		E	Metabolically active tissue	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q0185		E	Metabolic active D/E tissue	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q9920		E	Epoetin with hct <= 20	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q9921		E	Epoetin with hct = 21	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q9922		E	Epoetin with hct = 22	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q9923		E	Epoetin with hct = 23	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q9924		E	Epoetin with hct = 24	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q9925		E	Epoetin with hct = 25	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q9926		E	Epoetin with hct = 26	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q9927		E	Epoetin with hct = 27	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q9928		E	Epoetin with hct = 28	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q9929		E	Epoetin with hct = 29	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q9930		E	Epoetin with hct = 30	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q9931		E	Epoetin with hct = 31	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q9932		E	Epoetin with hct = 32	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q9933		E	Epoetin with hct = 33	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q9934		E	Epoetin with hct = 34	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q9935		E	Epoetin with hct = 35	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q9936		E	Epoetin with hct = 36	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q9937		E	Epoetin with hct = 37	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q9938		E	Epoetin with hct = 38	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q9939		E	Epoetin with hct = 39	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q9940		E	Epoetin with hct >= 40	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
R0070		C	Transport portable x-ray	0.00	0.00	0.00	0.00	0.00	0.01	0.01	0.01	0.01	0.01	XXX
R0075		C	Transport port x-ray multipl	0.00	0.00	0.00	0.00	0.00	0.01	0.01	0.01	0.01	0.01	XXX
R0076		B	Transport portable EKG	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2020		X	Vision svcs frames purchases	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2025		N	Eyeglasses delux frames	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2100		X	Lens spher single plano 4.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2101		X	Single visn sphere 4.12-7.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2102		X	Singl visn sphere 7.12-20.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2103		X	Spherocylindr 4.00d/12-2.00d	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2104		X	Spherocylindr 4.00d/2.12-4d	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2105		X	Spherocylinder 4.00d/4.25-6d	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2106		X	Spherocylinder 4.00d/>6.00d	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2107		X	Spherocylinder 4.25d/12-2d	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2108		X	Spherocylinder 4.25d/2.12-4d	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2109		X	Spherocylinder 4.25d/4.25-6d	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2110		X	Spherocylinder 4.25d/over 6d	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2111		X	Spherocylindr 7.25d/.25-2.25	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2112		X	Spherocylindr 7.25d/2.25-4d	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2113		X	Spherocylindr 7.25d/4.25-6d	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2114		X	Spherocylinder over 12.00d	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2115		X	Lens lenticular bifocal	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2116		X	Nonaspheric lens bifocal	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2117		X	Aspheric lens bifocal	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2118		X	Lens aniseikonic single	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2199		X	Lens single vision not oth c	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2200		X	Lens spher bifoc plano 4.00d	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2201		X	Lens sphere bifocal 4.12-7.0	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2202		X	Lens sphere bifocal 7.12-20.	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2203		X	Lens sphcyl bifocal 4.00d/.1	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2204		X	Lens sphcy bifocal 4.00d/2.1	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2205		X	Lens sphcy bifocal 4.00d/4.2	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX

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[5] # Indicates new CPT/HCPCS codes which were not factored into budget neutrality adjustments.

ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT[1]/ HCPCS[2]	MOD	Status	Description	Physician work RVUs[3,5]	Fully implemented non-facility PE RVUs	Year 2000 transitional non-facility PE RVUs	Fully implemented facility PE RVUs	Year 2000 transitional facility PE RVUs	Malpractice RVUs	Fully implemented non-facility total	Year 2000 transitional non-facility total	Fully implemented facility total	Year 2000 transitional facility total	Global
V2206	.....	X	Lens sphcy bifocal 4.00d/ove	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2207	.....	X	Lens sphcy bifocal 4.25-7d/.	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2208	.....	X	Lens sphcy bifocal 4.25-7/2.	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2209	.....	X	Lens sphcy bifocal 4.25-7/4.	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2210	.....	X	Lens sphcy bifocal 4.25-7/ov	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2211	.....	X	Lens sphcy bifo 7.25-12/.25-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2212	.....	X	Lens sphcyl bifo 7.25-12/2.2	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2213	.....	X	Lens sphcyl bifo 7.25-12/4.2	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2214	.....	X	Lens sphcyl bifocal over 12.	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2215	.....	X	Lens lenticular bifocal	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2216	.....	X	Lens lenticular nonaspheric	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2217	.....	X	Lens lenticular aspheric bif	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2218	.....	X	Lens aniseikonic bifocal	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2219	.....	X	Lens bifocal seg width over	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2220	.....	X	Lens bifocal add over 3.25d	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2299	.....	X	Lens bifocal speciality	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2300	.....	X	Lens sphere trifocal 4.00d	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2301	.....	X	Lens sphere trifocal 4.12-7.	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2302	.....	X	Lens sphere trifocal 7.12-20	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2303	.....	X	Lens sphcy trifocal 4.0/.12-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2304	.....	X	Lens sphcy trifocal 4.0/2.25	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2305	.....	X	Lens sphcy trifocal 4.0/4.25	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2306	.....	X	Lens sphcyl trifocal 4.00/>6	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2307	.....	X	Lens sphcy trifocal 4.25-7/.	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2308	.....	X	Lens sphc trifocal 4.25-7/2.	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2309	.....	X	Lens sphc trifocal 4.25-7/4.	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2310	.....	X	Lens sphc trifocal 4.25-7/>6	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2311	.....	X	Lens sphc trifo 7.25-12/.25-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2312	.....	X	Lens sphc trifo 7.25-12/2.25	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2313	.....	X	Lens sphc trifo 7.25-12/4.25	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2314	.....	X	Lens sphcyl trifocal over 12	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2315	.....	X	Lens lenticular trifocal	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2316	.....	X	Lens lenticular nonaspheric	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2317	.....	X	Lens lenticular aspheric tri	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2318	.....	X	Lens aniseikonic trifocal	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2319	.....	X	Lens trifocal seg width > 28	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2320	.....	X	Lens trifocal add over 3.25d	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2399	.....	X	Lens trifocal speciality	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2410	.....	X	Lens variab asphericity sing	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2430	.....	X	Lens variable asphericity bi	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2499	.....	X	Variable asphericity lens	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2500	.....	X	Contact lens pmma spherical	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2501	.....	X	Cntct lens pmma-toric/prism	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2502	.....	X	Contact lens pmma bifocal	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2503	.....	X	Cntct lens pmma color vision	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2510	.....	X	Cntct gas permeable sphericl	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2511	.....	X	Cntct toric prism ballast	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2512	.....	X	Cntct lens gas permbl bifocl	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2513	.....	X	Contact lens extended wear	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2520	.....	P	Contact lens hydrophilic	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2521	.....	X	Cntct lens hydrophilic toric	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2522	.....	X	Cntct lens hydrophil bifocl	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2523	.....	X	Cntct lens hydrophil extend	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2530	.....	X	Contact lens gas impermeable	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2531	.....	X	Contact lens gas permeable	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2599	.....	X	Contact lens/es other type	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2600	.....	X	Hand held low vision aids	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2610	.....	X	Single lens spectacle mount	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2615	.....	X	Telescop/othr compound lens	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2623	.....	X	Plastic eye prosth custom	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2624	.....	X	Polishing artifical eye	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2625	.....	X	Enlargemnt of eye prosthesis	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2626	.....	X	Reduction of eye prosthesis	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2627	.....	X	Scleral cover shell	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2628	.....	X	Fabrication & fitting	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2629	.....	X	Prosthetic eye other type	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2630	.....	X	Anter chamber intraocul lens	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2631	.....	X	Iris support intraoclr lens	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2632	.....	X	Post chmbr intraocular lens	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2700	.....	X	Balance lens	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2710	.....	X	Glass/plastic slab off prism	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2715	.....	X	Prism lens/es	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2718	.....	X	Fresnell prism press-on lens	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2730	.....	X	Special base curve	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2740	.....	X	Rose tint plastic	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2741	.....	X	Non-rose tint plastic	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2742	.....	X	Rose tint glass	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2743	.....	X	Non-rose tint glass	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2744	.....	X	Tint photochromatic lens/es	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2750	.....	X	Anti-reflective coating	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2755	.....	X	UV lens/es	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2760	.....	X	Scratch resistant coating	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2770	.....	X	Occluder lens/es	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2780	.....	X	Oversize lens/es	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT[1]/ HCPCS[2]	MOD	Status	Description	Physician work RVUs[3,5]	Fully implemented non-facility PE RVUs	Year 2000 transitional non-facility PE RVUs	Fully implemented facility PE RVUs	Year 2000 transitional facility PE RVUs	Malpractice RVUs	Fully implemented non-facility total	Year 2000 transitional non-facility total	Fully implemented facility total	Year 2000 transitional facility total	Global
V2781	.....	X	Progressive lens per lens	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2785	.....	X	Corneal tissue processing	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2799	.....	X	Miscellaneous vision service	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5008	.....	N	Hearing screening	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5010	.....	N	Assessment for hearing aid	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5011	.....	N	Hearing aid fitting/checking	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5014	.....	N	Hearing aid repair/modifying	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5020	.....	N	Conformity evaluation	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5030	.....	N	Body-worn hearing aid air	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5040	.....	N	Body-worn hearing aid bone	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5050	.....	N	Body-worn hearing aid in ear	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5060	.....	N	Behind ear hearing aid	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5070	.....	N	Glasses air conduction	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5080	.....	N	Glasses bone conduction	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5090	.....	N	Hearing aid dispensing fee	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5100	.....	N	Body-worn bilat hearing aid	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5110	.....	N	Hearing aid dispensing fee	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5120	.....	N	Body-worn binaur hearing aid	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5130	.....	N	In ear binaural hearing aid	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5140	.....	N	Behind ear binaur hearing ai	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5150	.....	N	Glasses binaural hearing aid	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5160	.....	N	Dispensing fee binaural	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5170	.....	N	Within ear cros hearing aid	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5180	.....	N	Behind ear cros hearing aid	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5190	.....	N	Glasses cros hearing aid	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5200	.....	N	Cros hearing aid dispens fee	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5210	.....	N	In ear bicros hearing aid	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5220	.....	N	Behind ear bicros hearing ai	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5230	.....	N	Glasses bicros hearing aid	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5240	.....	N	Dispensing fee bicros	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5299	.....	R	Hearing service	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5336	.....	N	Repair communication device	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5362	.....	R	Speech screening	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5363	.....	R	Language screening	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5364	.....	R	Dysphagia screening	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX

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Federal Register

Thursday
July 22, 1999

Part IV

Department of Justice

Office of Justice Programs

28 CFR Part 90

Grants To Combat Violent Crimes Against Women on Campuses; Final Rule

Notice of Grants To Combat Violent Crimes Against Women on Campuses Solicitation; Notice

DEPARTMENT OF JUSTICE

Office of Justice Programs

28 CFR Part 90

[OJP (OJP)–1206f]

RIN 1121–AA49

Grants To Combat Violent Crimes Against Women on Campuses

AGENCY: Office of Justice Programs, Violence Against Women Office, Justice.

ACTION: Final rule.

SUMMARY: The Violence Against Women Office, Office of Justice Programs, U.S. Department of Justice, is publishing final regulations governing the implementation of Grants to Combat Violent Crimes Against Women on Campuses authorized by Title VIII, Part E, section 826 of the Higher Education Amendments of 1998. This authorization provides funds to institutions of higher education for two broad purposes: To develop and strengthen effective security and investigation strategies to combat violent crimes against women on campuses, particularly domestic violence, sexual assault, and stalking and to develop, enlarge, and strengthen victim services in cases involving violent crimes against women on campuses.

As microcosms of the larger society, institutions of higher education harbor many of the same social conditions and forces that permit violence against women to occur outside the campus community. Sexism, male student support systems that validate and perpetuate violence against women, and institutional minimization of, or indifference to, violence against women can create a hostile environment for women on campuses. Therefore, the higher education community must address not only the actual incidents and consequences, but also the underlying causes of violence against women.

EFFECTIVE DATE: This regulation is effective July 22, 1999.

FOR FURTHER INFORMATION CONTACT: Preet Kang, Senior Associate, Violence Against Women Office, Office of Justice Programs, 810 Seventh Street, NW, Washington, DC 20531. Telephone: (202) 307–6026.

SUPPLEMENTARY INFORMATION: On April 23, 1999, the Violence Against Women Office (VAWO) of the Office of Justice Programs (OJP) published proposed regulations in the **Federal Register** at 64 FR 20091, to amend the regulations governing the STOP Violence Against Women Formula and Discretionary Grants Program, found at 28 CFR Part 90, to comply with the amendments to the authorizing statutes, 42 U.S.C. 3796gg through 3796gg–5, enacted by the Violence Against Women Act, Title IV of the Violent Crime Control and Law Enforcement Act of 1994, Public Law 103–322, and Title VIII, Part E, section 826 of the Higher Education Amendments of 1998, Public Law 105–244, 112 Stat. 1815 (1998).

The Higher Education Amendments of 1998 authorize Federal financial assistance to institutions of higher education to work individually or in consortia consisting of campus personnel, student organizations, campus administrators, security personnel, and regional crisis centers affiliated with the institution. Grant funds may be used to develop, implement, and strengthen effective security and investigation strategies to combat violent crimes against women on campuses, including sexual assault, stalking, and domestic violence; and to develop and strengthen victim services and prevention efforts.

In an effort to fulfill the letter, as well as the spirit of Title VIII, Part E, section 826 of the Higher Education Amendments of 1998, the Violence Against Women Office of the Office of Justice Programs sought comments on all aspects of this Program, consistent with the statutory limitations. Comments were specifically solicited regarding, but not limited to, the following issues:

1. The Violence Against Women Office of the Office of Justice Programs sought comments on other priority areas that should be considered in addition to the statutory purpose areas identified in § 90.102 of Subpart E of the regulation set out in the following pages.

2. For the purposes of this Program, the Violence Against Women Office of the Office of Justice Programs sought comments on whether there are any special needs of diverse campuses with underserved populations that should be considered.

3. For the purposes of this Program, victims are eligible for assistance provided through grant-funded programs if they qualify for the types of services provided through rape crisis centers, campus women's centers, battered women's shelters, sexual assault and domestic violence programs, including campus counseling support and victim advocate organizations, campus health centers, and other campus victim service providers, consistent with sections 826(b)(4), (5) and (8) of the Higher Education Amendments of 1998. The Violence Against Women Office of the Office of Justice Programs sought comments on whether this scope of eligibility adequately covered the types of services needed by victims.

4. For the purposes of this Program, section 826(f) of the Higher Education Amendments of 1998 defines the term ''victim services'' to mean a nonprofit, nongovernmental organization that assists domestic violence or sexual assault victims, including campus women's centers, rape crisis centers, battered women's shelters, and other sexual assault or domestic violence programs, including campus counseling support and victim advocate organizations with domestic violence, stalking, and sexual assault programs, whether or not organized and staffed by students. This statutory definition excludes victim service providers, including women's centers, rape crisis centers and other sexual assault and domestic violence programs that are established and operated by public institutions of higher education. The Violence Against Women Office of the Office of Justice Programs sought comments on whether and/or how the exclusion of programs established and operated by public institutions would affect the effectiveness of this Program.

5. For the purposes of this Grant Program, the Violence Against Women Office of the Office of Justice Programs is defining ''students'' to include both full-and part-time students enrolled at an institution of higher education; and ''employees'' of the institution to include full-and part-time faculty, staff, and administrators, as well as temporary and contract employees such as visiting professors, and contractors whose primary work duties are on campus or at a location that is affiliated with the institution. The Violence Against Women Office of the Office of Justice Programs sought comments on whether or not these definitions adequately covered all persons on campuses.

6. For the purposes of this Grant Program, ''campus-community members'' is defined as including all campus students and employees as defined above. The Violence Against Women Office of the Office of Justice Programs sought comments on whether or not the scope of the definition of campus-community members adequately encompassed the types of victimizations against women likely to occur in a campus environment.

7. For the purposes of this Grant Program, victims are eligible for services provided through grant funds if they are students or employees (as defined above) at the institution. Victims are also eligible for services provided

through grant funds if the victimization took place within the campus community as defined above. In addition, victims are eligible for grant-funded services if they are victimized by perpetrators who are students, faculty, staff, administrators or affiliated in some manner with an entity that is officially recognized by the institution of higher education, such as fraternities and sororities. Victims are also eligible for grant-funded services if the victimization occurred at events associated with campus life, such as educational activities, meetings, and social gatherings sponsored by an institution of higher education or a group affiliated with an institution of higher education. The Violence Against Women Office of the Office of Justice Programs sought comments on whether or not the eligibility criteria for grant-funded services adequately covered all types of victims affiliated with institutions of higher education.

8. For the purposes of this Grant Program, victim services include, but are not limited to, 24-hour hotlines; development of safety plans with the victim; transportation to hospitals, medical appointments, police stations, prosecutor's offices, court hearings, and on-and off-campus service agencies; intervention with professors, employers, creditors, and landlords; relocation to another on-campus housing facility; provision of new locks and other security devices; provision of a new, unlisted telephone number and e-mail address; provision of services to victims with disabilities; provision of language interpretation services; orientation to the criminal justice and the institution's administrative disciplinary systems; written information about the institution's administrative disciplinary systems and criminal justice systems and options; escort to court, the administrative disciplinary hearings, and medical appointments; victim notification regarding offender release, case status and outcome; assistance with preparation of victim impact statements and restitution claims; assistance with insurance and other compensation claims; referrals to off-campus counseling; arrangements for and referrals to on-campus counseling; and assistance with a transfer to another institution of higher education if the victim chooses. For the purposes of this Grant Program, ''victim services'' excludes mediation between the victim and the offender, and any counseling or other support services for the perpetrator. The Violence Against Women Office of the Office of Justice Programs sought comments on whether or not the scope of the proposed grant-funded services adequately covered the needs of victims of sexual assault, stalking, and domestic violence.

9. For the purposes of this Grant Program, institutions of higher education would be required to provide equal information about both the administrative disciplinary process and the criminal and civil justice process to victims, if available. In no case should less information be provided about the criminal and civil justice process than about the internal institutional administrative disciplinary process in an effort to influence the victim to pursue university adjudication of violent crimes against women. If applicable, victims should be provided with information about pursuing the matter through both the criminal and civil justice systems and the institution's administrative disciplinary process simultaneously. The Violence Against Women Office of the Office of Justice Programs sought comments on whether or not this requirement adequately ensures that victims receive information about options to seek redress and hold the perpetrator accountable through not only internal administrative disciplinary processes, but also through the criminal and civil justice systems.

10. For the purposes of this Grant Program, institutions of higher education would be required to establish specific penalties for specific crimes, if not already in place (for example, mandatory permanent expulsion for criminal justice system convictions or a finding of guilt by the campus administrative disciplinary board for crimes of domestic violence, stalking, and sexual assault). Institutions of higher education also would have to develop means for entering permanent notations on the permanent student records or employee records of offenders. The Violence Against Women Office of the Office of Justice Programs sought comments on whether or not these requirements will assist in holding offenders accountable adequately.

11. For the purposes of this Grant Program, institutions of higher education would be required to encourage victims to report sexual assault, domestic violence, and stalking to local law enforcement authorities and hold offenders accountable through the criminal and civil justice systems. Institutions must make every effort to facilitate victims' access to the criminal justice system by providing information about options; an explanation of how the criminal justice system operates; telephone numbers of appropriate law enforcement and legal agencies; and transportation to police stations, prosecutor's offices, and the courts. The Violence Against Women Office of the Office of Justice Programs sought comments on whether or not these requirements would provide adequate information to victims to enable them to make informed decisions about their options to use the criminal and civil justice systems.

12. For the purposes of this Grant Program, Congress appropriated $10 million. To maximize the impact of these limited funds, the Violence Against Women Office of the Office of Justice Programs sought comments on whether the most effective use of these funds would be to support a limited number (e.g., 10 to 15) of carefully selected demonstration projects, or more numerous, smaller grants to a larger number of institutions of higher education.

The Violence Against Women Office received a total of 32 sets of comments on the proposed regulations from 17 organizations and individuals. The respondent organizations and individuals consisted of: 12 public institutions of higher education; a private institution of higher education; a national campus crime organization; a Member of Congress; a county health agency; and a Federal agency. The Violence Against Women Office thanks these organizations and individuals for sharing their views. These comments are on file in the Violence Against Women Office.

In preparing the Final Rule, the Violence Against Women Office considered all comments that it received, and has interpreted the scope of the Program as broadly as possible, while adhering closely to the letter and spirit of the Congressional legislation. Language contained in this final rule has been modified to reflect consideration of the comments. The 32 sets of comments provided by the 17 respondents are delineated and addressed.

Comment Set #1: Four respondents, consisting of one national campus crime organization, one Federal government agency, one public institution of higher education, and one Member of Congress, commented on the Grant Program's requirements related to the Family Educational Rights and Privacy Act of 1974 (FERPA), as amended by Public Law 105–244, 112 Stat. 1835, section 951 of the Higher Education Amendments of 1998. These four respondents recommended that victim consent should not be required before public disclosure of offender information. A fifth respondent from a

public higher education institution commented more generally on the difficulty of obtaining a student's class schedule from institutions of higher education.

Response #1: The final rule at § 90.103(b)(3) has been modified, and the proposed rule formerly denoted at § 90.103(4) has been deleted. These changes were made from the proposed rule so as to be consistent with the requirements of FERPA, as amended by Section 951 of the Higher Education Amendments of 1998. To be eligible for this Grant Program, institutions of higher education must certify that they are in compliance with FERPA.

Comment Set #2: Three comments were received regarding the requirement that eligible applicants must have or institute a policy prohibiting the release of a victim's or a witness' name and other identifying information without their consent. Commenters, which consisted of one national campus crime organization and two public higher education institutions, expressed concern that this requirement may conflict with applicable State laws.

Response #2: Provisions of the proposed regulations, formerly denoted as §§ 90.103 (b)(5), (b)(6), and (b)(7), under the proposed rule, dealt with certifying that grant recipients have or plan to develop written policies prohibiting the disclosure of a victim's or witness' identifying information without prior voluntary written consent. As a result of the concerns expressed by the commenters, this proposed regulatory provision has been removed.

Comment Set #3: One respondent, a national campus crime organization, recommended that applicants be required to disclose the number of rapes reported to counseling centers during the previous three years.

Response #3: Victims seek assistance from counseling centers with the belief that all information related to this contact will be kept confidential. If counseling centers are unable to provide such assurances, it will deter victims from contacting counseling centers when they have been assaulted or abused. Even if centers are merely required to disclose the number of rapes, on many campuses, the identity of the victims could be easily determined. Requiring counseling centers to collect and disclose such information would prevent them from serving their true purpose—assisting victims in the recovery process.

Comment Set #4: One respondent, a national campus crime organization, recommended that to be eligible for this Grant Program, applicants be required to conduct an independent audit to verify that institutions of higher education are in compliance with the campus crime reporting requirements set forth in section 486(e) of the Higher Education Amendments of 1998, as amended. Public Law 105–244, 112 Stat. 1741. 20 U.S.C. 1092(f).

Response #4: The Violence Against Women Office is requiring all applicants to certify that they are in compliance with the campus crime reporting requirements of the Higher Education Amendments of 1998. However, an independent audit is not programmatically necessary or warranted by legislative intent.

Comment Set #5: One respondent, a national campus crime organization, recommended that institutions of higher education be required to provide victims with more information about the criminal justice system than about internal administrative disciplinary procedures because of the former's complexity.

Response #5: In the Fiscal Year 1999 solicitation for the Grant Program, applicants will be strongly encouraged to provide extensive information about both the criminal justice system and internal administrative proceedings to enable victims to make informed decisions.

Comment Set #6: Eight respondents, consisting of a national campus crime organization and seven public institutions of higher education, suggested that ''victim services'' as defined by section 826(f) of the Higher Education Amendments of 1998 be modified so that it does not exclude victim service providers at public higher education institutions.

Response #6: Because ''victim services'' is statutorily defined and mandated, the suggested modifications cannot be incorporated into this final rule. Consistent with the vision guiding all efforts supported by the Violence Against Women Office, all applicants will be required to collaborate with private, non-profit victim service providers to develop coordinated community responses to violence against women on campuses. The Fiscal Year 1999 solicitation will also clarify that campus-based victim service providers should be part of any coordinated campus response to violence against women.

Comment Set #7: Three respondents—one private institution of higher education and two public institutions of higher education—supported the proposition that grants be awarded to support a few, large demonstration programs, while three others from public higher education institutions recommended awarding mid-sized grants to more institutions and another two respondents—a national campus crime organization and one public university—proposed awarding numerous smaller grants. One respondent from a public university recommended funding a combination of two or three large demonstration grants and awarding the remainder of the funds to support numerous smaller grants. One group of respondents from a public university could not reach agreement on this issue, while another response from a public university was unclear.

Response #7: Based on these comments, the Violence Against Women Office plans to award a mix of large and mid-sized grants in Fiscal Year 1999.

Comment Set #8: Two respondents from public universities recommended that higher education institutions not be required to impose specific sanctions for specific offenses.

Response #8: After carefully considering these comments, the Violence Against Women Office has decided to adopt these recommendations. Institutions of higher education will not be required to impose specific sanctions for specific crimes, but will be encouraged to impose serious sanctions on perpetrators of sexual assault, stalking, and domestic violence.

Comment Set #9: One respondent from a public university recommended that victims should be eligible for grant-funded services if they are victimized at a function that is not an officially sanctioned event or a campus life associated event but is held in close proximity to the campus and an informal association can be inferred.

Response #9: Victims are eligible for services provided through grant funds if the victimization took place within the campus community, which is defined as including all campus students and employees. In addition, victims are eligible for grant-funded services if they are victimized by students, faculty, staff, administrators or someone affiliated in some manner with an entity that is officially recognized by the institution of higher education, such as fraternities and sororities.

Comment Set #10: One respondent from a county health department recommended requiring the involvement of libraries in programs funded by the Grant Program.

Response #10: This recommendation has been incorporated into the Fiscal Year 1999 solicitation for the Grant Program by encouraging institutions of higher education to consider library administrators as potential partners in the development of coordinated campus

and community responses to violence against women.

Comment Set #11: One respondent from a public university indicated that the regulation was too heavily oriented toward directing victims to the criminal justice system, under the assumption that criminal justice professionals have adequate training to respond effectively to sexual assault cases. The respondent requested clarification on whether funds provided under this Grant Program could be used to educate county prosecutors about effective prosecutions of such cases.

Response #11: In developing this regulation, the Violence Against Women Office followed Congressional intent as specified in the statute. The statute explicitly authorizes the Attorney General to make grants to institutions of higher education to develop and strengthen effective security and investigation strategies to combat violent crimes against women on campuses and to develop and strengthen victim services in cases involving violent crimes against women on campuses. In the Fiscal Year 1999 solicitation for the Grant Program, grant recipients will be required to develop coordinated community responses to violence against women by collaborating with both local nonprofit, nongovernmental victim advocacy organizations and one or more criminal justice and civil legal agencies, including local prosecutors.

Comment Set #12: One respondent from a public university requested clarification on whether funds through the Grant Program can be used to duplicate and distribute a sexual assault handbook to the broader community.

Response #12: Section 826 of the Higher Education Amendments of 1998 directs the Attorney General to award funds to institutions of higher education for two broad purposes: to develop and strengthen effective security and investigation strategies to combat violent crimes against women on campuses; and to develop and strengthen victim services in cases involving violent crimes against women on campuses. Further, the Violence Against Women Office is requiring all grant applicants to develop coordinated community responses to violence against women on campuses in partnership with community-based nonprofit, nongovernmental victim service providers and criminal justice and civil legal agencies. The Violence Against Women Office recognizes the importance of educating the entire community about violence against women. However, the Congressional intent as reflected in the statutory language is that the primary beneficiaries of these grant funds would be the campus population. To the extent that campuses are inextricably linked to the broader community, products intended primarily for a campus population could be made available to the larger community, secondarily.

Comment Set #13: One respondent from a public university requested clarification on whether or not self-defense training for women students qualified for funding under the regulation denoted as § 90.102(c) under the proposed and final rules, which indicates that grant funds may be used to implement and operate education programs for prevention of violent crimes against women.

Response #13: The Violence Against Women Office is requiring applicants to develop comprehensive, coordinated responses to violence against women on campuses. Accordingly, prevention strategies, such as self defense classes, must be part of a broader approach that addresses the underlying causes of sexual assault, domestic violence, and stalking on campus.

Comment Set #14: One respondent from a public university requested clarification on the eligibility of a Victim Witness Assistance program that is housed in the prosecutor's office and an education and survivor advocacy program housed in a State mental health facility for receiving funds under the Grant Program.

Response #14: Consistent with Sec. 826 of the Higher Education Amendments of 1998, eligibility for the Grant Program is limited to institutions of higher education who are in compliance with all applicable requirements of the Higher Education Amendments of 1998. In the Fiscal Year 1999 solicitation for the Grant Program, grant recipients will be required to develop coordinated community responses to violence against women involving partnerships with both nonprofit, nongovernmental victim service providers and at least one criminal justice or civil legal agency, including the prosecutor's office.

Comment Set #15: One respondent from a public university requested clarification as to whether, under § 90.102 (a) of the proposed and final rules, grant funds could be used to collect data for ongoing, existing research efforts such as interviews with survivors of sexual violence on college campuses to determine why they chose to use the campus judiciary and not the criminal justice process.

Response #15: The relevant regulatory provision, § 90.102 (a) stipulates that funds can be used to provide personnel, training, technical assistance, data collection, and other equipment to increase arrests, investigations, and adjudication of persons committing violent crimes against women on campus. Accordingly, the Violence Against Women Office believes that data collection for research purposes as envisioned by the respondent falls outside the scope of the statute.

Comment Set #16: One respondent from a public university requested clarification of the use of Grant Program funds to document the impact of existing campus programs.

Response #16: The regulatory provision at § 90.104 (c)(4) requires applicants to provide measurable goals and expected results from programs funded through the Grant Program, not existing campus programs.

Comment Set #17: Two respondents from public universities proposed that grants be awarded for larger sums of money for a longer period, such as five years, and one of the respondents further recommended that applicants be asked to demonstrate their capacity to sustain the program over time.

Response #17: Based on the comments received, the Violence Against Women Office is planning to award a range of mid-sized to large grants for up to two years. Given the limited amount of funds, the Violence Against Women Office is unable to commit to awarding grants for longer periods. Regarding the sustainability issue, the Violence Against Women Office strongly encourages all applicants to include program strategies for sustaining the program beyond the grant period and to commit matching funds to the program as a demonstration of ongoing commitment to sustain the effort.

Comment Set #18: One respondent from a public university suggested that educational programs, training programs, and expansion of support services aimed at reducing violent crimes should be considered integral components of a prevention program.

Response #18: In the Fiscal Year 1999 solicitation for the Grant Program, the Violence Against Women Office lists prevention programs as one of the priority areas that the office is particularly interested in supporting. Under this special interest category, the Office envisions supporting projects that are designed to address the underlying causes of violence against women through comprehensive training, education and other related efforts for the entire campus community.

Comment Set #19: One respondent from a public university suggested that there be a strong focus on evaluation,

including consideration of program design and replication in other settings.

Response #19: In the Fiscal Year 1999 solicitation for this Grant Program, the Violence Against Women Office is requiring programs to set aside funds for program evaluations that are practitioner-driven and conducted by those who are knowledgeable about violence against women issues.

Comment Set #20: One respondent from a public university recommended that grant funding under this rule be provided to support one year planning grants to enable applicants to develop stronger applications.

Response #20: After serious consideration, the Violence Against Women Office has modified the Fiscal Year 1999 solicitation to require applicants to include a planning phase in their proposal.

Comment Set #21: One respondent from a public institution of higher education recommended that funds through the Grant Program be allowed for the development of an offender program that confronts perpetrators of violence against women.

Response #21: The Violence Against Women Office is unable to adopt this recommendation as it is beyond the statutory scope of Sec. 826 of the Higher Education Amendments of 1998, the Grants to Combat Violent Crimes Against Women on Campuses.

Comment Set #22: One respondent from a private university recommended that the definition of ''campus-community members'' be expanded to include wives of international students so that these spouses can be included in prevention programs as well.

Response #22: For the purposes of this Grant Program, spouses and intimate partners of students, faculty, staff, and administrators may be considered part of the ''campus-community.''

Comment Set #23: One respondent from a private university suggested that educating women about information gathering through technology should be a priority area.

Response #23: In its Fiscal Year 1999 solicitation for the Grant Program, the Violence Against Women Office has included prevention programs as one of its priority areas that it is particularly interested in supporting. Applicants are encouraged to educate the entire campus-community about violence against women. Prevention programs could include information about the uses of new technologies in perpetrating, as well as responding to, these crimes and the steps that can be taken to prevent such crimes.

Comment Set #24: One recommendation from a private university was received concerning using Grant Program funds to support counseling and other support programs as part of an ''early identification and intervention'' effort.

Response #24: Grant Program funds may be used to support prevention programs that include providing information about warning signs and other identifiers of potential perpetrators of violence against women.

Comment Set #25: One comment from a respondent at a public university was received suggesting that projects funded through the Grant Program provide services to victims of verbal and psychological abuse.

Response #25: Collaboration with nonprofit, nongovernmental victim service providers is required by the Violence Against Women Office. The Fiscal Year 1999 solicitation for the Grant Program includes comprehensive victim advocacy programs as a special interest category. Such programs could include assisting victims of various types of abuse.

Comment Set #26: One public university respondent recommended that the definition of domestic violence be expanded to include dating violence and Grant Program funds be made available to address this violence.

Response #26: Domestic violence is statutorily defined for this Grant Program and includes dating violence in States in which domestic or family violence statutes include dating violence. In addition, the Fiscal Year 1999 solicitation for this Grant Program encourages collaboration with campus- and community-based victim service providers, many of which provide services to victims of dating violence.

Comment Set #27: One respondent from a public university suggested that grant recipients be required to make available advocacy services to victims who are reporting to and involved in pursuing their cases through administrative disciplinary proceedings and/or in the criminal justice system.

Response #27: After serious consideration of this recommendation, the Violence Against Women Office decided not to mandate advocacy services in the final regulations, but is requiring all applicants to collaborate with private non-profit, non-governmental victim service providers and advocates as part of a broad strategy to develop coordinated campus-community response to violence against women.

Comment Set #28: Three suggestions by respondents from public universities were made to consider the special needs of international students. One of the three also urged consideration of the special needs of the disabled student population, while another mentioned commuters and returning older students.

Response #28: The Violence Against Women Office has incorporated these suggestions in the Fiscal Year 1999 solicitation for the Grant Program.

Comment Set #29: One respondent from a public university recommended that projects funded through the Grant Program be allowed to support intervention and treatment services for students who witnessed violence in their homes or were themselves victims of this violence.

Response #29: The Violence Against Women Office concurs that students who witnessed or experienced violence in their homes may need intervention or treatment services when they attend institutions of higher education. The Fiscal Year 1999 solicitation for the Grant Program encourages the development and strengthening of comprehensive campus-based victim advocacy programs, which could include such services.

Comment Set #30: One respondent from a public university recommended that grant funds be used to provide personal protection equipment using global positioning satellite technology, and further that Internet technology be made available to allow victims and witnesses to report violence against women, anonymously if necessary, through a secure web site.

Response #30: The Violence Against Women Office is requiring that applicants adopt coordinated community responses to violence against women in which technology and infrastructure development are a small component of a broader strategy that addresses the underlying causes of sexual assault, stalking, and domestic violence.

Comment Set #31: One respondent from a public university recommended that resident assistants employed by campus housing offices be provided with annual training.

Response #31: The Violence Against Women Office has included a recommendation in the FY 1999 solicitation for the Grant Program that residence hall assistants be part of a coordinated campus response to violence against women. The special interest category addressing prevention also recommends educating the entire campus community about violence against women, including campus housing authorities.

Comment Set #32: A respondent from a public university recommended broadening the definition of campus-community to include guests such as

high school students who may be visiting the campus for an event and are assaulted.

Response #32: The Violence Against Women Office has adopted this recommendation by modifying the eligibility for services funded through the Grant Program to include individuals who are victimized on campus. For the purposes of this Grant Program, victims are eligible for services provided through grant funds if they are students or employees (as defined previously) at the institution. Victims are also eligible for services provided through grant funds if the victimization took place within the campus community as defined previously. In addition, victims are eligible for grant-funded services if they are victimized by perpetrators who are students, faculty, staff, administrators or affiliated in some manner with an entity that is officially recognized by the institution of higher education, such as fraternities and sororities. Victims are also eligible for grant-funded services if the victimization occurred on campus or at events associated with campus life, such as educational activities, meetings, and social gatherings sponsored by an institution of higher education or a group affiliated with an institution of higher education.

Statement of the Problem

Violence against women on college and university campuses is a serious, widespread problem. More than half of all stalking victims are between 18–29 years old, according to the National Violence Against Women Survey sponsored by the National Institute of Justice (NIJ) and the Centers for Disease Control and Prevention.[1] Similarly, National Crime Victimization Survey (NCVS) data indicate that more than 52 percent of all rape/sexual assault victims are females younger than age 25.[2] Although these figures are for the population as a whole, they are especially significant for the campus community in its efforts to recognize and address violent crimes against women, given the typical age of the campus populace. Further, results of several studies indicate that among college students, the average prevalence rate for nonsexual dating violence is 32 percent.[3]

Sexual assault is the second most common violent crime committed on college campuses, according to a national survey of 3,472 students at 12 randomly selected sites around the country.[4] This 1995 study also revealed that:

- Most of the perpetrators of sexual victimization are students known to the victims;
- More sexual victimizations occur on-campus than off-campus;
- Half of the off-campus sexual victimizations occur in the victims' residence and an additional one-third occur in off-campus student housing, such as fraternities;
- Most of the victims of sexual assaults are full-time students, with about one-third of them being freshmen between 17–19 years old; and
- Almost 81 percent of the on-campus and 84 percent of the off-campus sexual assaults are not reported to police.

Consistent with the findings of this survey, numerous other studies have also revealed that sexual assaults, as well as other forms of violence against women, are seriously underreported generally and on campuses, indicating that the problem is even more acute than the available data suggest. Victims cite a number of reasons for not reporting the violence, including considering the matter to be private, being unaware or unclear that the violent behavior was in fact criminal, being embarrassed, fearing reprisals, and in some instances relenting to peer pressure, especially when the perpetrator is a prominent member of the campus community, such as an athlete.

One of the most frequent factors cited for violence against women on campus is substance abuse, particularly alcohol abuse, which is disproportionately high among college students. A survey of 89,874 students at 171 institutions of higher education revealed that alcohol was involved in 74 percent of the sexual assaults.[5] Another study conducted by the Harvard School of Public Health indicates that ''non-binge drinking women living on campuses with high levels of binge drinking had almost twice the risk of experiencing unwanted sexual advances as their counterparts at lower drinking-level schools.'' [6]

While alcohol may be an important, and all too frequent, exacerbating factor in violence against women in the campus community, alcohol consumption cannot be viewed as a cause of these crimes. Ultimately, the responsibility for the criminal actions rests with perpetrators, who must be held accountable. Unfortunately, many male students continue to hold beliefs and attitudes, about gender roles, often supported by their male peers, that result in the physical and sexual abuse of women, whether or not alcohol is involved.

Recently, cases have been reported in which perpetrators have used drugs to subdue their victims prior to the sexual assault. These drugs, such as Rohypnol and GHB, can be easily slipped into drinks and consumed by unsuspecting victims. Within 15 to 30 minutes of ingestion, the drugs may produce effects ranging from drowsiness, impaired memory or judgement, loss of motor skills, and dizziness to loss of consciousness. These effects are further magnified when the drugs are mixed with alcohol and can be potentially lethal. Victims often do not remember the attack itself but wake up knowing that something is wrong. They may have hazy memories of waking up for a few seconds during the assault and then losing consciousness again. For these reasons, an assault may not be reported to the police for several days, if at all, and victims may have difficulty testifying in court about the assault.

Unlike their counterparts in the larger community, female students victimized by students often face additional challenges in a ''closed'' campus environment. For instance, stalking victims may find it difficult to escape their tormentors because the stalker may have a seemingly ''legitimate'' reason for remaining in contact with or proximity to the victim (e.g., attending class or studying in the library). Similarly, the fear and anguish suffered by rape victims may continue because they attend the same classes or live in the same dormitory as their rapists. Even changing class schedules or living arrangements may not eliminate the threat of encountering the perpetrator on campus, assuming such options are available without the victim incurring

[1] ''Stalking and Domestic Violence,'' Attorney General's Third Annual Report to Congress under the Violence Against Women Act, Office of Justice Programs, Violence Against Women Grants Office, (Washington, DC: U.S. Department of Justice, July 1998), p. 10.

[2] U.S. Department of Justice, Bureau of Justice Statistics, ''Age Patterns of Victims of Serious Violent Crime,'' September 1997, NCJ–162031.

[3] ''Fact Sheet on Dating Violence,'' Centers for Disease Control and Prevention, National Center for Injury Prevention and Control, January 1998, p. 1.

[4] Bonnie Fisher, John J. Sloan, III, and Francis T. Cullen, ''Final Report: Understanding Crime Victimization Among College Students: Implications for Crime Prevention,'' Funded through National Institute of Justice Grant No. 93–IJ–CX–0049, 1995, p. 65.

[5] Presley, C.A., Meilman, P.W., Cashin, J.R., Leichliter, J.S., ''Alcohol and Drugs on American College Campuses: Issues of Violence, A Report to College Presidents,'' Core Institute Monograph, Southern Illinois University, Carbondale, IL, p. 4.

[6] Henry Wechsler, Bryn Austin, and William DeJong, ''Secondary Effects of Binge Drinking on College Campuses,'' The Higher Education Center for Alcohol and Other Drug Prevention Bulletin, February 1996, p. 4.

any academic disadvantage or further financial penalties and emotional hardship.

Historically, institutions of higher education generally have handled crimes of violence against women through closed administrative procedures or processes rather than initiating criminal proceedings through the local law enforcement agency. However, this approach, where it is used in lieu of a report to local law enforcement, sends a message to victims, perpetrators, and the entire campus community that violence against women is not criminal behavior. Quite simply, an administrative response trivializes the seriousness of these crimes. When campus administrators fail to respond adequately, they perpetuate the acceptance and continuation of violence against women and may also encourage the escalation of such behaviors.

Institutions of higher education are in a unique position to educate young men and women about violence against women, and to help shape attitudes that students will carry with them long after they leave. The campus community can create large-scale social change by adopting policies and protocols that treat violence against women as a serious offense and by developing victim services and programs that make victim safety, offender accountability and prevention of such crimes a high priority. Through their policies, protocols, and actions, colleges and universities can demonstrate to every student that violence against women in any shape or form will not be tolerated and that sexual assault, stalking, and domestic violence are serious crimes, requiring legal action. Should such violence and abuse occur, appropriate steps should be taken to ensure victim safety and offender accountability both through internal administrative disciplinary processes and through the criminal justice system. Violence against women should be treated with the same gravity as any other criminal justice matter, whether it occurs on a campus, on the streets, or in private homes.

Effective Responses To Combat Violence Against Women on Campuses

The cornerstone of any effective strategy for addressing violence against women must include the development of a coordinated, multidisciplinary response involving the entire campus community, including victim service providers, campus security, faculty, staff, administrators, offices of the dean of students, women's centers, the athletic department, student groups, fraternity and sorority life coordinators, health care professionals, and campus clergy. In addition, this comprehensive effort must involve the larger community in which the institution is located by developing partnerships with community-based victim service providers, victim advocates, civil legal agencies, local law enforcement and prosecution agencies and other criminal justice officials. A comprehensive, coordinated approach not only provides enhanced victim safety and offender accountability, but also includes prevention efforts to address the underlying causes of violence against women. Implementation of such coordinated strategies sends a strong message that acts of violence against women are serious criminal offenses and that ending violence against women requires the involvement of the entire campus and broader community.

Elements of a coordinated, multidisciplinary response include:

- Enlisting the full support and commitment of the entire campus leadership of the higher education institution, including the president or chancellor. This commitment can be demonstrated by establishing and strengthening campus policies and protocols; consistently implementing these policies; vigorously responding to victimization; publicly condemning all forms of violence against women; and actively communicating expectations about appropriate conduct. For instance, the president of the University of Virginia wrote a letter condemning acquaintance rape, along with a discussion of what constitutes acquaintance rape.[7] Both the letter and the discussion were published in the college newspaper.
- Emphasizing that sexual assault, stalking, and domestic violence are serious crimes and encouraging victims to report these crimes to criminal justice authorities. Higher education institutions, as a matter of policy, should routinely provide information about the criminal and civil justice options available to victims, with guidance on how to access these systems (e.g., providing information cards that list addresses and telephone numbers of sexual assault and domestic violence units in the local police department and the prosecutor's office). Victims should be provided assistance with obtaining services from criminal justice agencies (for example, transportation to the police department or the court.)
- Developing formal written policies and protocols specifically for responding to sexual assault, stalking, and domestic violence, emphasizing victim safety and confidentiality, as well as meaningful offender accountability. These policies and protocols must be formulated in collaboration with community and campus experts on violence against women to ensure that the needs of victims are met and that perpetrators are held accountable.

These protocols should provide clear guidance to campus officials on specific procedures for handling incidents of sexual assault, stalking and domestic violence, including who victims should notify on campus, how victims should make a report, the specific procedures to be followed once a report is made, and how officials should work with victims on the issue of notifying local law enforcement agencies to report the crime. The protocols must make clear that sexual assault, stalking, and domestic violence are crimes, that victims must be provided full information on how to report these crimes to local law enforcement, and that officials must not dissuade victims from reporting these crimes to local law enforcement. Training should be provided to all relevant persons in positions likely to respond to, or have authority over those responding to, violent crimes against women.

These policies and protocols must be widely disseminated to the campus community. Written materials should be developed for dissemination by the office of the dean of students, explaining the protocols and procedures as well as how victims can contact local law enforcement. These materials should also explain when a report will be filed with an internal disciplinary board, how the board operates, how long it will take to review and take action on such a report, the victim's and perpetrator's rights before the board, the range of sanctions or disciplinary actions possible, and any other relevant information.

- Developing comprehensive, appropriate victim services for all students[8] and campus employees[9],

[7] ''Preventing Alcohol-Related Problems on Campus: Acquaintance Rape, A Guide for Program Coordinators,'' The Higher Education Center for Alcohol and Other Drug Prevention, (Newton, MA, 1997), p. 5–7.

[8] For the purposes of this Grant Program, students include both full- and part-time students enrolled at an institution of higher education.

[9] For the purposes of this Grant Program, employees include full- and part-time permanent faculty, staff, and administrators, as well as temporary and contract employees (e.g., visiting professors who are on sabbatical from other institutions for an extended time), and contractors whose primary work duties are on campus or at a location that is affiliated with the institution.

including underserved campus populations. To accomplish this goal, institutions of higher education must forge strong, meaningful partnerships with community-based victim service providers, victim advocates, and local law enforcement authorities to enhance collaboration and coordination of resources so that victims receive services tailored to their specific safety needs and perpetrators are held accountable through the criminal and civil justice system. These partnerships have the added benefit of ensuring that the higher education institution's decisionmaking is informed by the realities and experiences of the larger community.

- Reviewing and revising, if necessary, the student and employee codes of conduct and policies to ensure that incidents involving violence against women are treated as serious offenses, with strong consequences. These codes of conduct should be distributed to every new student and employee entering the institution. Institutions should explore other means of disseminating this information as widely as possible, including posting the code on an institution's website, sending it through e-mail, and posting excerpts on student and employee bulletin boards throughout the campus.
- Working in collaboration with campus and community-based victim advocates and victim service providers to develop training programs and materials (e.g., brochures and stickers with campus and local hotline numbers) for students and campus employees that explain the causes and consequences of violence against women. This training should include basic information and precise definitions of sexual assault, domestic violence, and stalking so that everyone understands what actions constitute each of these crimes, that these crimes are serious, and that offenders will face severe criminal sanctions. Information must be provided about both the internal institutional and external legal sanctions against perpetrators; common myths surrounding violence against women; why different victims may have very different responses to the same crime; the importance of gathering evidence promptly after a crime has been committed; the role of drugs and alcohol as contributory factors, including Rohypnol, GHB, and other drugs used by rapists; maintenance of victim confidentiality; available campus and community resources and how to access them; safety planning; how peers can support victims and hold offenders accountable; campus policies and protocols addressing violence against women; and any mandatory reporting policies and laws. The training should also include a discussion of the underlying causes, such as social attitudes, beliefs, and conditions that allow violence against women to exist in our society. These education programs should be made an integral component of orientation sessions for all first year students and other new students on campus and be mandatory for all campus employees.
- Formulating audience-specific training and awareness campaigns and developing resources to reach out effectively to student groups, such as athletes, fraternities, sororities, student groups representing diverse communities, first year students, and other new students. Materials should be tailored to the specific audiences being addressed. Members of these student groups should be recruited as trainers and spokespersons on issues related to violence against women. These individuals should receive rigorous training on the underlying causes of such violence.
- Developing ongoing, innovative public outreach campaigns to raise awareness and reinforce continually the information provided during the training. Possible opportunities for this ongoing training could include the periodic meetings convened by resident assistants for dormitory residents, and special events in conjunction with sexual assault and domestic violence awareness months. As part of this outreach campaign, the campus and local community media, such as the campus radio and television stations, could be used to disseminate information about violence against women, including how to identify signs of abuse, the legal rights of victims, availability of resources for victims, and sanctions for perpetrators.
- Developing strategies for preventing violence against women on campuses through education programs and media campaigns. These efforts should be designed to change the social norms and attitudes that support and perpetuate violence against women.
- Evaluating the campus infrastructure for safety and security and the quality and availability of resources such as escort services after dark, shuttles, and extra lighting. This undertaking, however, should be only one element of a larger effort to address the problem comprehensively. As studies indicate, most women are victimized in private spaces, such as houses or apartments, by people they know. Therefore, by themselves, physical security measures have only a limited impact.

Campus sexual assault, stalking, and domestic violence are serious crimes requiring swift, forceful and coordinated responses from the higher education community. These responses must be sensitive to victims' needs and safety and must hold offenders accountable for their criminal actions through the criminal justice system and, as a supplement but not a substitute, through internal administrative disciplinary processes. Pursuing criminal charges enables victims of violence against women to use the criminal justice system to enhance their safety and potentially deter future abuse. These intervention efforts, however, must be combined with prevention strategies that seek to change the underlying campus culture and social norms that explicitly or implicitly support violent and abusive behavior against women.

Fiscal Year 1999 Grants To Combat Violent Crimes Against Women on Campuses

Consistent with the vision guiding all of the efforts supported through the Violence Against Women Act (VAWA), the Grants to Combat Violent Crimes Against Women on Campuses are designed to encourage the higher education community to adopt comprehensive, multidisciplinary strategies for preventing, detecting, and stopping violence against women, particularly sexual assault, stalking, and domestic violence. Addressing and ending violence against women is the entire community's responsibility. Institutions of higher education, working in partnership with the communities in which they are located, must adopt coordinated, campus-wide and community-wide efforts for responding to sexual assault, stalking, and domestic violence. Accordingly, all applicants for these grants are strongly encouraged to form consortia consisting of campus personnel, such as the athletic department and the women's center; student organizations, such as fraternities and sororities; groups working with diverse communities; campus housing officials, including student residence hall assistants; campus administrators, such as the institution's president and the dean of students; campus disciplinary boards; security personnel such as campus police and local law enforcement; and on-campus and community-based victim service providers; prosecutors; and judicial personnel to shape and guide grant-funded efforts. This multidisciplinary approach is intended to create strategies that are responsive to victims, bring perpetrators to justice *and*

change the underlying campus climate to make it inhospitable to violence and abuse against women in all shapes and forms.

For Fiscal Year 1999, Congress appropriated $10 million to the Department of Justice to fight violent crimes against women on campuses across the country. These funds will be awarded competitively for the following broad purposes:

1. To provide personnel, training, technical assistance, data collection, and other equipment to increase arrests, investigations, and adjudication of persons committing violent crimes against women on campus;
2. To train campus administrators, campus security personnel, and campus disciplinary or judicial boards to identify and respond more effectively to violent crimes against women on campus, including sexual assault, stalking, and domestic violence;
3. To implement and operate education programs for prevention of violent crimes against women;
4. To develop, expand, or strengthen support services programs, including medical or psychological counseling, for victims of sexual offense crimes;
5. To create, disseminate, or otherwise provide assistance and information about victims' options on and off campus to bring disciplinary or other legal action;
6. To develop and implement more effective campus policies, protocols, orders, and services to prevent, identify, and respond to violent crimes against women on campus, including the crimes of sexual assault, stalking, and domestic violence;
7. To develop, install, or expand data collection and communication systems, including computerized systems, linking campus security to the local law enforcement for the purposes of identifying and tracking arrests, protection orders, violations of protection orders, prosecutions, and convictions with respect to violent crimes against women on campus, including sexual assault, stalking, and domestic violence;
8. To develop, enlarge, or strengthen victim service programs for the campus and to improve delivery of victim services on campus;
9. To provide capital improvements (including improved lighting and communications facilities but excluding the construction of buildings) on campuses to address violent crimes against women on campus, including the crimes of sexual assault, stalking, and domestic violence; and
10. To support improved coordination among campus administrators, campus security personnel, and local law enforcement to reduce violent crimes against women on campus.

Distribution of Grant Funds

The Higher Education Amendments of 1998 call on the Attorney General to award the Grants to Combat Violent Crimes Against Women on Campuses on a competitive basis. Every effort will be made to ensure the equitable participation of private and public institutions of higher education in activities supported through this Grant Program and the equitable geographic distribution of grants under this section among the various regions of the country.

Eligibility Requirements

To be eligible to receive grant funds under this Program, all grant applicants must be in compliance with the campus crime reporting requirements set forth in 20 U.S.C. 1092 (f) as amended by Public Law 105–244, 112 Stat. 1581, section 486(e) (1998).

This section requires in part that all institutions of higher education collect crime statistics and information about any campus security policies for their respective campuses. The information must be compiled in an annual security report and disseminated to all current students and employees, and, upon request, to any applicant for enrollment or employment. The annual security report must contain information regarding campus security policies and campus crime statistics. (See Exhibit A for relevant provisions of the Campus Security Act of 1990, as amended by Public Law 105–244, 112 Stat. 1741, section 486 (e) of the Higher Education Amendments of 1998.)

FERPA Requirements

To be eligible for this Grant Program, institutions of higher education must certify that they have developed policies consistent with the requirements of the Amendment to the Family Educational Rights and Privacy Act (FERPA) of 1974, as amended by Public Law 105–244, 112 Stat. 1835, section 951 of the Higher Education Amendments of 1998. (See Exhibit B for an excerpt of this section.)

Application Requirements

In their applications, all grant applicants must:

- Describe the need for grant funds and a plan for implementation of any of the 10 purpose areas. Higher Education Amendments of 1998, section 826(b), 20 U.S.C. 1152;
- Describe how campus authorities shall consult and coordinate with nonprofit and other victim service programs both on campus and in the local community, including sexual assault and domestic violence victim service programs;
- Describe the characteristics of the population being served, including type of campus, demographics of the population, and the number of students;
- Provide measurable goals and expected results from the use of grant funds; and
- Provide assurances that Federal funds made available under this section shall be used to supplement and, to the extent practical, increase the level of funds that would, in the absence of Federal funds, be made available by the institution for the 10 purpose areas set forth in section 826(b) of the Higher Education Amendments of 1998. 20 U.S.C. 1152.

Other Requirements

OJP will require all applicants seeking funds for capital improvements to combine these efforts with a broader approach to addressing violence against women, consisting of some combination of the following: victim service provision, local law enforcement, local prosecution, or formation of a task force whose members include representatives of the institution's administration, the athletic department, student organizations such as the fraternities and sororities, the women's center, the health center, faculty and staff. While security strategies such as increased lighting and alarms are important, to be fully effective they must be part of a broader coordinated community response that addresses the underlying causes of violence against women. All applicants also will be required to enter into partnerships with nonprofit, nongovernmental victim service providers through formal memoranda of understanding (MOU) clearly describing the responsibilities of each partner.

Reporting Requirements

In addition to semi-annual progress reports, all institutions of higher education receiving a grant through this Program are required to submit annual performance reports to the Violence Against Women Office in the Office of Justice Programs. Funding shall be suspended if an institution fails to submit an annual performance report.

Upon completion of the grant period, the institution shall be required to file a performance report with the Violence Against Women Office of the Office of Justice Programs, Violence Against Women Office, and the U.S. Department of Education's Safe and Drug-Free Schools Program, explaining the activities carried out and assessing the

effectiveness of those activities in achieving the purposes of the Program.

Administrative Requirements

Executive Order 12866

This proposed regulation has been drafted and reviewed in accordance with Executive Order 12866, section 1(b), Principles of Regulation. The Office of Justice Programs has determined that this rule is not a ''significant regulatory action'' under Executive Order 12866, section 3(f), Regulatory Planning and Review, and accordingly this rule has not been reviewed by the Office of Management and Budget.

Executive Order 12612

This regulation will not have substantial direct effects on the States, on the relationship between the national government and the States, or on the distribution of power and responsibilities among the various levels of government. Therefore, in accordance with Executive Order 12612, it is determined that this rule does not have sufficient federalism implications to warrant preparation of a Federalism Assessment.

Regulatory Flexibility Act

The Office of Justice Programs, in accordance with the Regulatory Flexibility Act (5 U.S.C. 605(b)), has reviewed this regulation and by approving it certifies that this regulation will not have a significant economic impact upon a substantial number of small entities for the following reasons: The Grants to Combat Violence Against Women on Campuses will be administered by the Office of Justice Programs, and any funds distributed under it shall be distributed to institutions of higher education, not small entities, and the economic impact is limited to the Office of Justice Programs' appropriated funds.

Unfunded Mandates Reform Act of 1995

This rule will not result in the expenditure by State, local, and Tribal governments, in the aggregate, or by the private sector, of $100,000,000 or more in any one year, and it will not uniquely affect small governments. Therefore, no actions were deemed necessary under the provisions of the Unfunded Mandates Reform Act of 1995.

Small Business Regulatory Enforcement Fairness Act of 1996

This rule is not a major rule as defined by section 804 of the Small Business Regulatory Enforcement Fairness Act of 1996. This rule will not result in an annual effect on the economy of $100,000,000 or more; a major increase in cost or prices; or significant adverse effects on competition, employment, investment, productivity, innovation, or on the ability of Unites States-based companies to compete in domestic and export markets.

Paperwork Reduction Act

The collection of information requirements contained in the final regulation were approved on March 22, 1999 by the Office of Management and Budget (OMB) under the Paperwork Reduction Act (44 U.S.C. 3504(h)). In accordance with 5 CFR 1320.5(b), the OMB control number pertaining to the collection of information is 1121–0233.

List of Subjects in 28 CFR Part 90

Colleges and universities, Crime, Grant programs—Indians, Grant programs—law, Grant programs—women, Reporting and recordkeeping requirements, Women.

For the reasons set forth in the preamble, 28 CFR Chapter I is proposed to be amended as follows:

PART 90—VIOLENCE AGAINST WOMEN

1. The authority for Part 90 is revised to read as follows:

Authority: 42 U.S.C. 3711 *et seq.*; Sec. 826, part E, title VIII, Pub. L. 105–244, 112 Stat. 1815.

2. Part 90 is amended by adding a new Subpart E to read as follows:

Subpart E—Grants to Combat Violent Crimes Against Women on Campuses

Sec.

Subpart E—Grants To Combat Violent Crimes Against Women on Campuses

§ 90.100 What is the scope of the grant program?

This Subpart implements the Higher Education Amendments of 1998, Part E, section 826 (Pub. L. 105–244, 112 Stat. 1815), which authorizes Federal financial assistance to institutions of higher education to work individually or in consortia consisting of campus personnel, student organizations, campus administrators, security personnel, and regional crisis centers affiliated with the institution for two broad purposes: to develop, implement, and strengthen effective security and investigation strategies to combat violent crimes against women on campuses, including sexual assault, stalking, and domestic violence and to develop, enlarge, and strengthen support services for victims of sexual assault, stalking, and domestic violence.

§ 90.101 What definitions apply for the grant program?

For the purposes of this Subpart, the following definitions apply:

(a) *Domestic violence* includes acts or threats of violence committed by a current or former spouse of the victim, by a person with whom the victim shares a child in common, by a person who is cohabitating with or has cohabitated with the victim, by a person similarly situated to a spouse of the victim under the domestic or family violence laws of the jurisdiction, or by any other person against a victim who is protected from that person's acts under the domestic or family violence laws of the jurisdiction.

(b) *Institution of higher education* is defined to include an educational institution in any State that admits as regular students only persons having a certificate of graduation from a school providing secondary education, or the recognized equivalent of such a certificate; is legally authorized within such State to provide a program of education beyond secondary education; provides an educational program for which the institution has been granted preaccreditation status by such an agency or association that has been recognized by the Secretary for the granting of preaccreditation status, and the Secretary has determined that there is satisfactory assurance that the institution will meet the accreditation standards of such an agency or association within a reasonable time. Section 101, Public Law 105–244, 20 U.S.C. 1001.

(c) *Sexual assault* means any conduct proscribed by chapter 109A of Title 18, United States Code, whether or not the conduct occurs in the special maritime and territorial jurisdiction of the United States or in a Federal prison, including both assaults committed by offenders who are strangers to the victim and assaults committed by offenders who are known or related by blood or marriage to the victim.

(d) *Victim services* means a nonprofit, nongovernmental organization that assists domestic violence or sexual

assault victims, including campus women's centers, rape crisis centers, battered women's shelters, and other sexual assault or domestic violence programs, including campus counseling support and victim advocate organizations with domestic violence, stalking, and sexual assault programs, whether or not organized and staffed by students.

§ 90.102 What are the purposes of the grant program?

The purposes of the grant program in this subpart are:

(a) To provide personnel, training, technical assistance, data collection, and other equipment with respect to the increased apprehension, investigation, and adjudication of persons committing violent crimes against women on campus;

(b) To train campus administrators, campus security personnel, and personnel serving on campus disciplinary or judicial boards to more effectively identify and respond to violent crimes against women on campus, including the crimes of sexual assault, stalking, and domestic violence;

(c) To implement and operate education programs for the prevention of violent crimes against women;

(d) To develop, enlarge or strengthen support services programs, including medical or psychological counseling, for victims of sexual offense crimes;

(e) To create, disseminate, or otherwise provide assistance and information about victims' options on and off campus to bring disciplinary or other legal action;

(f) To develop and implement more effective campus policies, protocols, orders, and services specifically devoted to prevent, identify, and respond to violent crimes against women on campus, including the crimes of sexual assault, stalking, and domestic violence;

(g) To develop, install, or expand data collection and communication systems, including computerized systems, linking campus security to the local law enforcement for the purpose of identifying and tracking arrests, protection orders, violations of protection orders, prosecutions, and convictions with respect to violent crimes against women on campus, including the crimes of sexual assault, stalking, and domestic violence;

(h) To develop, enlarge, or strengthen victim services programs for the campus and to improve delivery of victim services on campus;

(i) To provide capital improvements (including improved lighting and communications facilities but not including the construction of buildings) on campuses to address violent crimes against women on campus, including the crimes of sexual assault, stalking, and domestic violence; and

(j) To support improved coordination among campus administrators, campus security personnel, and local law enforcement to reduce violent crimes against women on campus.

§ 90.103 What are the eligibility requirements for the grant program?

(a) Eligible grantees are institutions of higher education that are in compliance with the campus crime reporting requirements as set forth in section 486(e) of the Higher Education Amendments of 1998, as amended, Public Law 105–244, 112 Stat. 1741, 20 U.S.C. 1092(f).

(b) To be eligible for this Grant Program, such institutions of higher education referred to in paragraph (a) of this section must:

(1) Collect crime statistics and information about any campus security policies for their respective campuses, and compile such data in an annual security report and disseminate it to all current students and employees, and, upon request, to any applicant for enrollment or employment;

(2) Include in all annual security reports referred to in paragraph (b)(1) of this section information regarding campus security policies and campus crime statistics;

(3) Certify that they have developed and carry out policies consistent with the requirements of the Amendment to the Family Educational Rights and Privacy Act (FERPA) of 1974, as amended by section 951 of the Higher Education Amendments of 1998;

(4) Enter into partnerships with nonprofit, nongovernmental victim service providers through formal memoranda of understanding (MOU) clearly describing the responsibilities of each partner.

§ 90.104 What must the grant program application contain?

(a) *Format.* Applications from institutions of higher education must be submitted on Standard Form 424, Application for Federal Assistance, at a time designated by the Violence Against Women Office of the Office of Justice Programs. The Violence Against Women Office of the Office of Justice Programs will develop and disseminate to institutions of higher education and other interested parties a complete Application Kit, which will include a Standard Form 424, a list of assurances to which applicants must agree, and additional guidance on how to prepare and submit an application for grants under this Subpart. Complete application kits will be available from: The Violence Against Women Office, Office of Justice Programs, 810 Seventh Street, N.W., Washington, D.C. 20531. Telephone: (202) 307–6026.

(b) *Programs.* Applications must set forth programs and projects that meet the purposes and criteria of the Grants to Combat Violent Crimes Against Women on Campuses set out in §§ 90.102 and 90.103.

(c) *Requirements.* Applicants in their applications must, at a minimum:

(1) Describe the need for grant funds and a plan for implementation of any of the 10 purpose areas set forth in § 826 (b) of the Higher Education Amendments of 1998, Public Law 105–244, 112 Stat. 1816 (20 U.S.C. 1152);

(2) Describe how campus authorities shall consult and coordinate with nonprofit and other victim service programs, including sexual assault and domestic violence victim service programs;

(3) Describe the characteristics of the population being served, including type of campus, demographics of the population, and the number of students;

(4) Provide measurable goals and expected results from the use of grant funds;

(5) Provide assurances that Federal funds made available under this section shall be used to supplement and, to the extent practical, increase the level of funds that would, in the absence of Federal funds, be made available by the institution for the 10 purposes as set forth in § 826 (b) of the Higher Education Amendments of 1998, Public Law 105–244, 112 Stat. 1816 (20 U.S.C. 1152);

(6) Identify the agency or office or groups of agencies or offices responsible for carrying out the Program; and

(7) Include documentation from nonprofit, nongovernmental sexual assault and domestic violence victims' programs demonstrating their participation in developing the application, and explain how these groups will be involved in the development and implementation of the project.

(d) *Certifications.* (1) Each institution of higher education applying for grant funds must be in compliance with the eligibility requirements set out in § 90.103.

(2) Each institution of higher education applying for grant funds must certify that it is in compliance with the requirements of section 485(f) of the Higher Education Act of 1965.

(3) Each institution of higher education applying for grant funds must certify that it has developed policies

consistent with the requirements of the Amendment to the Family Educational Rights and Privacy Act (FERPA) of 1974, at section 951 of the Higher Education Amendments of 1998, Public Law 105–244, 112 Stat. 1835.

(4) Each institution of higher education applying for grant funds must certify that all the information contained in the application is correct. All submissions will be treated as a material representation of fact upon which reliance will be placed, and any false or incomplete representation may result in suspension or termination of funding, recovery of funds provided, and civil and/or criminal sanctions.

§ 90.105 What are the review criteria for grant program applications?

(a) *Equitable participation and geographic distribution.* In accordance with section 826(a)(3) of the Higher Education Amendments of 1998, Public Law 105–244, 112 Stat. 1816, every effort shall be made to ensure:

(1) The equitable participation of private and public institutions of higher education in the activities assisted under this Subpart; and

(2) The equitable geographic distribution of grants funded through this Subpart among the various regions of the United States.

(b) *Additional review criteria.* Priority shall be given to applicants that demonstrate a commitment to developing strong collaborative models for developing services that are victim-centered; policies, protocols and penalties that hold offenders accountable; and programs that educate the entire campus community about how to end and prevent violence against women through systemic change. Commitment may be demonstrated in a number of ways including: clear communication from the institution's top leadership that strong responses to and prevention of violence against women is a priority; development and vigorous enforcement of campus policies and adherence to local laws addressing violence against women; creation of coordinated, multidisciplinary task forces that include at a minimum both campus and community-based victim service providers and campus security personnel and local law enforcement; innovative approaches to educating the entire campus community, including faculty, staff, administration, and students; provision of training and education programs to campus security personnel, others in positions of authority, and campus victim service providers; development of resource materials and information on violence against women; and innovative dissemination strategies for communicating information about the identification of violence against women, its underlying causes, and the consequences of committing violent crimes against women.

(c) *Intergovernmental review.* This grant program is covered by Executive Order 12372, Intergovernmental Review of Federal Programs (3 CFR, 1982 Comp., p. 197), and implementing regulations at 28 CFR Part 30. A copy of the application submitted to the Violence Against Women Office of the Office of Justice Programs should also be submitted at the same time to the State's Single Point of Contact, if there is a Single Point of Contact.

§ 90.106 What are the grantee reporting requirements for the grant program?

(a) *Semi-annual progress reports and annual performance reports.* Each grantee receiving funds under this Subpart shall submit semi-annual progress reports and an annual performance report to the Attorney General (Office of Justice Programs, Violence Against Women Office). Funding shall be suspended if a grantee fails to submit an annual performance report.

(b) *Final performance report.* Upon completion of the grant period, the institution shall be required to file a final performance report to the Attorney General (Office of Justice Programs, Violence Against Women Office) and the Secretary of Education (U.S. Department of Education's Safe and Drug Free Schools Program) explaining the activities carried out under this Subpart along with an assessment of the effectiveness of those activities in achieving the purposes set forth previously.

Note: The following exhibits will not appear in the Code of Federal Regulations.

Exhibit A to Preamble—Excerpts From Section 204 of the Student Right-to-Know and Campus Security Act, as Amended by Section 486(e) of the Higher Education Amendments of 1998

Relevant sections of the campus crime reporting requirements set forth in the Student Right-To-Know and Campus Security Act, as amended by the section 486(e) of the Higher Education Amendments of 1998, 20 U.S.C. 1092(f),[1] mandate the following:

(f) Disclosure of campus security policy and campus crime statistics

(1) Each eligible institution participating in any program under this subchapter and part C of subchapter I of chapter 34 of Title 42 shall on August 1, 1991, begin to collect the following information with respect to campus crime statistics and campus security policies of that institution, and beginning September 1, 1992, and each year thereafter, prepare, publish, and distribute, through appropriate publications or mailings, to all current students and employees, and to any applicant for enrollment or employment upon request, an annual security report containing at least the following information with respect to the campus security policies and campus crime statistics of that institution:

(A) A statement of current campus policies regarding procedures and facilities for students and others to report criminal actions or other emergencies occurring on campus and policies concerning the institution's response to such reports.

(B) A statement of current policies concerning security and access to campus facilities, including campus residences, and security considerations used in the maintenance of campus facilities.

(C) A statement of current policies concerning campus law enforcement, including—

(i) The enforcement authority of security personnel, including their working relationship with State and local police agencies; and

(ii) Policies which encourage accurate and prompt reporting of all crimes to the campus police and the appropriate police agencies.

(D) A description of the type and frequency of programs designed to inform students and employees about campus security procedures and practices and to encourage students and employees to be responsible for their own security and the security of others.

(E) A description of programs designed to inform students and employees about the prevention of crimes.

(F) Statistics concerning the occurrence on campus, in or on noncampus buildings or property, and on public property during the most recent calendar year, and during the 2 preceding calendar years for which data are available—

(i) Of the following criminal offenses reported to campus security authorities or local police agencies:

(I) murder;

(II) sex offenses, forcible or nonforcible;

(III) robbery;

(IV) aggravated assault;

(V) burglary;

(VI) motor vehicle theft;

(VII) manslaughter;

(VIII) arson; and

(IX) arrests or persons referred for campus disciplinary action for liquor law violations, drug-related violations, and weapons possession; and

(ii) Of the crimes described in subclauses (I) through (VIII) of clause (i), and other crimes involving bodily injury to any person in which the victim is intentionally selected because of the actual or perceived race, gender, religion, sexual orientation, ethnicity, or disability of the victim that are reported to campus security authorities or local police agencies, which data shall be collected and reported according to category of prejudice.

(G) A statement of policy concerning the monitoring and recording through local

[1] **Note:** The official version of section 486(e) of Public Law 105–244 appears at 112 Stat. 1742.

police agencies of criminal activity at off-campus student organizations which are recognized by the institution and that are engaged in by students attending the institution, including those student organizations with off-campus housing facilities.

(H) A statement of policy regarding the possession, use, and sale of alcoholic beverages and enforcement of State underage drinking laws and a statement of policy regarding the possession, use, and sale of illegal drugs and enforcement of Federal and State drug laws and a description of any drug or alcohol abuse education programs as required under Section 1011i of this title.

(2) Nothing in this subsection shall be construed to authorize the Secretary to require particular policies, procedures, or practices by institutions of higher education with respect to campus crimes or campus security.

(3) Each institution participating in any program under this subchapter and part C of subchapter I of chapter 34 of Title 42 shall make timely reports to the campus community on crimes considered to be a threat to other students and employees described in paragraph (1)(F) that are reported to campus security or local law police agencies. Such reports shall be provided to students and employees in a manner that is timely and that will aid in the prevention of similar occurrences.

(4) (A) Each institution participating in any program under this subchapter [20 U.S.C.A. § 1070 *et seq.*] and part C of subchapter I of chapter 34 of Title 42 [42 U.S.C.A. § 2751 *et seq.*] that maintains a police or security department of any kind shall make, keep, and maintain a daily log, written in a form that can be easily understood, recording all crimes reported to such police or security department, including—

(i) The nature, date, time, and general location of each crime; and

(ii) The disposition of the complaint, if known.

(B) (i) All entries that are required pursuant to this paragraph shall, except where disclosure of such information is prohibited by law or such disclosure would jeopardize the confidentiality of the victim, be open to public inspection within two business days of the initial report being made to the department or a campus security authority.

(ii) If new information about an entry into a log becomes available to a police or security department, then the new information shall be recorded in the log not later than two business days after the information becomes available to the police or security department.

(iii) If there is clear and convincing evidence that the release of such information would jeopardize an ongoing criminal investigation or the safety of an individual, cause a suspect to flee or evade detection, or result in the destruction of evidence, such information may be withheld until that damage is no longer likely to occur from the release of such information.

(5) On an annual basis, each institution participating in any program under this subchapter and part C of subchapter I of chapter 34 of Title 42 [42 U.S.C.A. § 2751 *et seq.*] shall submit to the Secretary a copy of the statistics required to be made available under paragraph (1)(F). The Secretary shall—

(A) Review such statistics and report to the Committee on Education and the Workforce of the House of Representatives and the Committee on Labor and Human Resources of the Senate on campus crime statistics by September 1, 2000;

(B) Make copies of the statistics submitted to the Secretary available to the public; and

(C) In coordination with representatives of institutions of higher education, identify exemplary campus security policies, procedures, and practices and disseminate information concerning those policies, procedures, and practices that have proven effective in the reduction of campus crime.

(6)(A) In this subsection:

(i) The term *campus* means—

(I) Any building or property owned or controlled by an institution of higher education within the same reasonably contiguous geographic area of the institution and used by the institution in direct support of, or in a manner related to, the institution's educational purposes, including residence halls; and

(II) Property within the same reasonably contiguous geographic area of the institution that is owned by the institution but controlled by another person, is used by students, and supports institutional purposes (such as a food or other retail vendor).

(ii) The term *noncampus building or property means*—

(I) Any building or property owned or controlled by a student organization recognized by the institution; and

(II) Any building or property (other than a branch campus) owned or controlled by an institution of higher education that is used in direct support of, or in relation to, the institution's educational purposes, is used by students, and is not within the same reasonably contiguous geographic area of the institution.

(iii) The term *public property* means all public property that is within the same reasonably contiguous geographic area of the institution, such as a sidewalk, a street, other thoroughfare, or parking facility, and is adjacent to a facility owned or controlled by the institution, if the facility is used by the institution in direct support of, or in a manner related to the institution's educational purposes.

(B) In cases where branch campuses of an institution of higher education, schools within an institution of higher education, or administrative divisions within an institution are not within a reasonably contiguous geographic area, such entities shall be considered separate campuses for purposes of the reporting requirements of this section.

(7) The statistics described in paragraph (1)(F) shall be compiled in accordance with the definitions used in the uniform crime reporting system of the Department of Justice, Federal Bureau of Investigation, and the modifications in such definitions as implemented pursuant to the Hate Crime Statistics Act. Such statistics shall not identify victims of crimes or persons accused of crimes.

(8)(A) Each institution of higher education participating in any program under this subchapter and part C of subchapter I of chapter 34 of Title 42 shall develop and distribute as part of the report described in paragraph (1) a statement of policy regarding—

(i) Such institution's campus sexual assault programs, which shall be aimed at prevention of sex offenses; and

(ii) The procedures followed once a sex offense has occurred.

(B) The policy described in subparagraph (A) shall address the following areas:

(i) Education programs to promote the awareness of rape, acquaintance rape, and other sex offenses.

(ii) Possible sanctions to be imposed following the final determination of an on-campus disciplinary procedure regarding rape, acquaintance rape, or other sex offenses, forcible or nonforcible.

(iii) Procedures students should follow if a sex offense occurs, including who should be contacted, the importance of preserving evidence as may be necessary to the proof of criminal sexual assault, and to whom the alleged offense should be reported.

(iv) Procedures for on-campus disciplinary action in cases of alleged sexual assault, which shall include a clear statement that—

(I) The accuser and the accused are entitled to the same opportunities to have others present during a campus disciplinary proceeding; and

(II) Both the accuser and the accused shall be informed of the outcome of any campus disciplinary proceeding brought alleging a sexual assault.

(v) Informing students of their options to notify proper law enforcement authorities, including on-campus and local police, and the option to be assisted by campus authorities in notifying such authorities, if the student so chooses.

(vi) Notification of students of existing counseling, mental health or student services for victims of sexual assault, both on campus and in the community.

(vii) Notification of students of options for, and available assistance in, changing academic and living situations after an alleged sexual assault incident, if so requested by the victim and if such changes are reasonably available.

(C) Nothing in this paragraph shall be construed to confer a private right of action upon any person to enforce the provisions of this paragraph.

(9) The Secretary shall provide technical assistance in complying with the provisions of this section to an institution of higher education who requests such assistance.

(10) Nothing in this Section shall be construed to require the reporting or disclosure of privileged information.

(11) The Secretary shall report to the appropriate committees of Congress each institution of higher education that the Secretary determines is not in compliance with the reporting requirements of this subsection.

(12) For purposes of reporting the statistics with respect to crimes described in paragraph (1)(F), an institution of higher education shall distinguish, by means of separate categories, any criminal offenses that occur—

(A) On campus;

(B) In or on a noncampus building or property;

(C) On public property; and

(D) In dormitories or other residential facilities for students on campus.

(13) Upon a determination pursuant to section 1094(c)(3)(B) of this title that an institution of higher education has substantially misrepresented the number, location, or nature of the crimes required to be reported under this Subsection, the Secretary shall impose a civil penalty upon the institution in the same amount and pursuant to the same procedures as a civil penalty is imposed under section 1094(c)(3)(B) of this title.

(14) (A) Nothing in this Subsection may be construed to—

(i) Create a cause of action against any institution of higher education or any employee of such an institution for any civil liability; or

(ii) Establish any standard of care.

(B) Notwithstanding any other provision of law, evidence regarding compliance or noncompliance with this subsection shall not be admissible as evidence in any proceeding of any court, agency, board, or other entity, except with respect to an action to enforce this subsection.

* * * * *

Note: The following exhibits will not appear in the Code of Federal Regulations.

Exhibit B to Preamble—Excerpts From the Family Educational Rights and Privacy Act of 1974, 20 U.S.C. 1232g(b), as Amended by Section 951 of the Higher Education Amendments of 1998

Relevant sections of the Family Educational Rights and Privacy Act of 1974, 20 U.S.C. 1232g(b), as amended by Section 951 of the Higher Education Amendments of 1998, 112 Stat. 1835,[1] state the following:

* * * * *

(B) Nothing in this section shall be construed to prohibit an institution of postsecondary education from disclosing the final results of any disciplinary proceeding conducted by such institution against a student who is an alleged perpetrator of any crime of violence (as that term is defined in Section 16 of Title 18, United States Code), or a nonforcible sex offense, if the institution determines as a result of that disciplinary proceeding that the student committed a violation of the institution's rules or policies with respect to such crime or offense.

(C) For the purpose of this paragraph, the final results of any disciplinary proceeding—

(i) Shall include only the name of the student, the violation committed, and any sanction imposed by the institution on that student; and

(ii) May include the name of any other student, such as a victim or witness, only with the written consent of that other student.

* * * * *

Dated: July 15, 1999.

Laurie Robinson,

Assistant Attorney General, Office of Justice Programs.

[FR Doc. 99–18591 Filed 7–21–99; 8:45 am]

BILLING CODE 4410–18–P

[1] **Note:** The official version of section 951 of Public Law 105–244 appears at 112 Stat. 1835.

DEPARTMENT OF JUSTICE

Office of Justice Programs

[OJP(OJP)–1240]

RIN 1121–ZB74

Notice of Grants To Combat Violent Crimes Against Women on Campuses Solicitation

AGENCY: Office of Justice Programs, Violence Against Women Office, Justice.

ACTION: Notice of Funds Availability.

SUMMARY: The Violence Against Women Office of the Office of Justice Programs hereby announces the availability of funds for Grants to Combat Violent Crimes Against Women on Campuses. These funds are available to institutions of higher education for two broad purposes: (1) to develop and strengthen effective security and investigation strategies to combat violent crimes against women on campuses, particularly domestic violence, sexual assault, and stalking; and (2) to develop, enlarge, and strengthen victim services in cases involving violent crimes against women on campuses. Copies of the application for this solicitation can be obtained on the Internet from the Violence Against Women Office web site at http://www.ojp.usdoj.gov/vawgo or by calling toll free (800) 851–3420 and requesting publication number SL000360. Applications for this solicitation are due no later than 5:00 p.m. EDT, Friday, July 30, 1999.

ADDRESSES: The Violence Against Women Office, Office of Justice Programs, 810 Seventh Street, N.W., Washington, D.C. 20531. The telephone number is (202) 307–6026, and this is not a toll-free telephone number.

FOR FURTHER INFORMATION CONTACT: Questions concerning this notice should be directed to the Violence Against Women Office, at the above address and telephone number.

SUPPLEMENTARY INFORMATION:

Authority: The Grants to Combat Violent Crimes Against Women on Campuses are authorized by Title VIII, Part E, section 826 of the Higher Education Amendments of 1998.

Dated: July 15, 1999.

Laurie Robinson,

Assistant Attorney General, Office of Justice Programs.

[FR Doc. 99–18592 Filed 7–21–99; 8:45 am]

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Federal Register

Thursday
July 22, 1999

Part V

Department of Agriculture

Agricultural Marketing Service

7 CFR Part 1218

Proposed Blueberry Promotion, Research, and Information Order; Proposed Rule

Blueberry Promotion, Research, and Information Order; Referendum Procedures; Proposed Rule

DEPARTMENT OF AGRICULTURE

Agricultural Marketing Service

7 CFR Part 1218

[FV–99–701–PR1]

Proposed Blueberry Promotion, Research, and Information Order

AGENCY: Agricultural Marketing Service, USDA.

ACTION: Proposed rule.

SUMMARY: The U.S. Department of Agriculture (USDA) is seeking comments regarding the establishment of an industry-funded promotion, research, and information program for cultivated blueberries. A proposed program—the Blueberry Promotion, Research, and Information Order (Order)—was submitted to USDA by the North American Blueberry Council, Inc. Under the Order, blueberry producers and importers would pay an assessment of $12 per ton, which would be paid to the proposed U.S.A. Blueberry Council. Producers and importers of less than 2,000 pounds of fresh and processed blueberries annually would be exempt from the assessment. The proposed program would be implemented under the Commodity Promotion, Research, and Information Act of 1996 (Act).

DATES: Comments must be received by September 20, 1999.

ADDRESSES: Interested persons are invited to submit written comments concerning this proposed rule to the Docket Clerk, Research and Promotion Branch, Fruit and Vegetable Programs, Agricultural Marketing Service, USDA, Stop 0244, Room 2535–S, 1400 Independence Avenue, S.W., Washington, D.C. 20250–0244. Comments should be submitted in triplicate and will be made available for public inspection at the above address during regular business hours. Comments may also be submitted electronically to: malinda.farmer@usda.gov. All comments should reference the docket number, the date, and the page number of this issue of the **Federal Register**. A copy of this rule may be found at: www.ams.usda.gov/fv/rpdocketlist.htm.

Pursuant to the Paperwork Reduction Act (PRA), send comments regarding the accuracy of the burden estimate, ways to minimize the burden, including the use of automated collection techniques or other forms of information technology, or any other aspect of this collection of information to the above address. Comments concerning the information collection under the PRA should also be sent to the Desk Officer for Agriculture, Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C. 20503.

FOR FURTHER INFORMATION CONTACT: Oliver L. Flake, Research and Promotion Branch, Fruit and Vegetable Programs, AMS, USDA, Stop 0244, 1400 Independence Avenue, S.W., Room 2535–S, Washington, D.C. 20250–0244; telephone 202) 720–5976 or fax (202) 205–2800.

SUPPLEMENTARY INFORMATION: This proposed Order is issued pursuant to the Commodity Promotion, Research, and Information Act of 1996, 7 U.S.C. 7401–7425; Public Law 104–127, enacted April 4, 1996, hereinafter referred to as the Act.

Executive Order 12988

This proposed rule has been reviewed under Executive Order 12988, Civil Justice Reform. It is not intended to have retroactive effect. Section 524 of the Act provides that the Act shall not affect or preempt any other Federal or state law authorizing promotion or research relating to an agricultural commodity.

Under Section 519 of the Act, a person subject to the Order may file a petition with the Secretary of Agriculture (Secretary) stating that the Order, any provision of the Order, or any obligation imposed in connection with the Order, is not established in accordance with the law, and requesting a modification of the Order or an exemption from the Order. Any petition filed challenging the Order, any provision of the Order, or any obligation imposed in connection with the Order, shall be filed within two years after the effective date of the Order, provision, or obligation subject to challenge in the petition. The petitioner will have the opportunity for a hearing on the petition. Thereafter, the Secretary of Agriculture (Secretary) will issue a ruling on a petition. The Act provides that the district court of the United States for any district in which the petitioner resides or conducts business shall have the jurisdiction to review a final ruling on the petition, if the petitioner files a complaint for that purpose not later than 20 days after the date of the entry of the Secretary's final ruling.

Executive Order 12866

This proposed rule has been determined not significant for purposes of Executive Order 12866 and therefore has not been reviewed by the Office of Management and Budget (OMB).

Regulatory Flexibility Act

In accordance with the Regulatory Flexibility Act (RFA) [5 U.S.C. 601 *et seq.*], the Agency is required to examine the impact of the proposed rule on small entities. The purpose of the RFA is to fit regulatory actions to the scale of businesses subject to such actions so that small businesses will not be disproportionately burdened.

The Act authorizes generic programs of promotion, research, and information for agricultural commodities. Congress found that it is in the national public interest and vital to the welfare of the agricultural economy of the United States to maintain and expand existing markets and develop new markets and uses for agricultural commodities through industry-funded, government-supervised, generic commodity promotion programs.

This program is intended to develop and finance an effective and coordinated program of promotion, research, and consumer information to maintain and expand the markets for cultivated blueberries (hereinafter referred to as blueberries). A proposal was submitted by the North American Blueberry Council, Inc. (proponent or NABC). The proponent has proposed that blueberry producers and importers approve the program in a referendum in advance of its implementation. In addition, NABC proposed that producers, importers, exporters, and a first handler would serve on a 13-member U.S.A. Blueberry Council (USABC) that would administer the program under USDA's oversight. In addition, any person subject to the program may file with the Secretary a petition stating that the Order or any provision is not in accordance with law and requesting a modification of the Order or an exemption from the Order.

While the proposed Order would impose certain record keeping requirements on first handlers, information required under the proposed Order could be compiled from records currently maintained. First handlers would collect and remit the assessments on domestic blueberries to the Council. Their responsibilities would include accurate recordkeeping and accounting of all blueberries purchased or contracted for, including the number of pounds handled, the names of their producers, and when blueberries are purchased. The forms require the minimum information necessary to effectively carry out the requirements of the program, and their use is necessary to fulfill the intent of the Act. Such records shall be retained for at least two years. These

requirements are already being conducted as a normal business practice.

In addition, first handlers of blueberries who seek nomination to serve on the USABC would be required to complete a nomination form which would be submitted to the Secretary.

The added burden to first handlers for a blueberry promotion, research, and information program is therefore expected to be minimal.

There is also a minimal burden on producers. The burden relates to those producers who would seek nomination to serve on the USABC and those who vote in referenda. In addition, the proposed Order would require producers to keep records and to provide information to the USABC or the Secretary when requested. However, it is not anticipated that producers would be required to submit forms to the USABC. Most likely, the information would be obtained through an audit of a producer's records to confirm information provided by a first handler or if a first handler did not file the required reports as part of the USABC's compliance operation. When seeking nomination to serve on the USABC, producers would be required to complete one form which would be submitted to the Secretary.

In addition, there is a minimal burden on importers. The import assessments would be collected by the U.S. Customs Service (Customs) at time of entry into the United States. Importers would be required to keep records and to provide information to the USABC or the Secretary when requested. However, it is not anticipated that importers would be required to submit forms to the USABC. Importers who seek nomination to serve on the USABC would be required to complete one form which would be submitted to the Secretary.

Further, there would be a minimal burden on exporters who seek nomination to serve on the USABC. They would be required to complete one form which would be submitted to the Secretary.

The estimated annual cost of providing the information to the USABC by an estimated 1,611 respondents (1,287 producers, 200 first handlers, 120 importers, and 4 exporters) would be $12,995 or $7,185 for all producers or $5.58 per producer, $2,000 for all first handlers or $10.00 per first handler, $3,800 for all importers or $31.66 per importer, and $10 for all exporters or $2.50 per exporter

USDA would oversee program operations and, if the program is implemented, would conduct a referendum (1) every five years to determine whether blueberry producers and importers support continuation of the program, (2) at the request of the USABC established under the Order, or (3) at the request of 10 percent or more of the number of persons eligible to vote in referenda. Additionally, the Secretary may conduct a referendum at any time to determine whether the continuation, suspension, or termination of the Order or a provision of the Order is favored by those eligible to vote in referenda.

There are approximately 1,287 producers, 200 first handlers, and 120 importers, and 4 exporters of blueberries who would be subject to the program. Most of the producers would be classified as small businesses under the criteria established by the Small Business Administration (SBA) [13 CFR 121.601]. Most importers and first handlers would not be classified as small businesses and while most exporters are large we assume that some are small. The SBA defines small agricultural handlers as those whose annual receipts are less than $5 million, and small agricultural producers are defined as those having annual receipts of not more than $500,000 annually.

The blueberry, along with the cranberry and Concord grape, is one of only three native North American fruits. Blueberries were domesticated from wild highbush blueberries in the early 1900's. Over the years, they have been bred for flavor, size, color, vigor, and yield.

North America is the world's leading producer of blueberries. From 1993 to 1997, cultivated blueberries represented an average of approximately 70 percent of all blueberries produced in the United States with the remainder, known as lowbush (wild) blueberries, produced primarily in Maine. There are over 37 varieties of blueberries, but not all are actively produced for market.

Blueberries are harvested from April through October, with more than 60 percent harvested from mid-June though mid-August. Blueberries are grown in 35 states. Commercial production operations are located in Michigan (44 percent), New Jersey (19 percent), Oregon (12 percent), Georgia 9 percent), North Carolina (5 percent), Washington (5 percent), Indiana and Florida (2 percent each), and all other states (2 percent).

A majority of blueberry growers are relatively small business owners, operating 20 to 30-acre farms which have been in their families for a number of generations. Blueberry acreage is expanding in the United States, with considerable growth in the high-yielding areas of the Northwest and South. Harvested acreage in the United States has more than doubled over the past 15 years, from 21,850 harvested acres in 1980 to an estimated 46,685 harvested acres in 1996.

U.S. blueberry production has more than doubled since the late 1970's, from an average of 35,693 tons during the five-year period 1977 through 1981 to an average of more than 75,500 tons from 1993 through 1997. According to USDA's National Agricultural Statistics Service (NASS), total production of blueberries was 79,485 tons in 1998, a decrease from 84,990 tons in 1997. Approximately 39,493 tons of the total were utilized for fresh market sale and 37,608 tons were processed (primarily frozen).

Farm value of the 1997 blueberry crop was $141 million, compared with $113.6 million a year earlier.

U.S. frozen blueberry per capita consumption has been declining rapidly in recent years, decreasing from 0.38 pounds in 1996 to 0.33 pounds in 1997. From calendar year 1991 through 1995, U.S. per capita consumption of frozen blueberries averaged 0.43 pounds.

The United States exported 6.3 million pounds of fresh blueberries in 1997, valued at $7.9 million. Canada is the principal destination for U.S. exports—accounting for nearly 79 percent of the total in 1997. Other key markets included Switzerland (7 percent), the United Kingdom (5 percent), and Germany (3 percent). The remaining export volume went mostly to other European and Asian countries.

U.S. exports of frozen blueberries totaled 11,050 tons in 1997, and were valued at $9.9 million. The largest U.S. export market for frozen blueberries is Canada, accounting for 90 percent of the total quantity exported in 1997. Japan was the second largest U.S. market, accounting for 8 percent of the total. The remaining 2 percent of U.S. exports were sent mainly to other Asian and European countries.

In 1997, the United States imported 6,950 tons of fresh blueberries worth $10.8 million. Imports from Canada accounted for 89 percent of the total. Other major suppliers of fresh blueberries were Chile, with 9 percent of the total, and New Zealand with 2 percent.

In 1997, total imports of frozen blueberries reached 4,900 tons, valued at $8.5 million. The bulk of U.S. frozen blueberry imports (about 96 percent) in 1997 came from Canada. U.S. imports of frozen blueberries from Chile represented 2 percent of the total, while Mexico accounted for 1 percent of the total. The rest of the 1997 import volume originated from the Netherlands, Costa Rica and Colombia.

During the 1997 season, average annual production per U.S. producer was approximately 66.04 tons of blueberries. Blueberries produced during this growing season provided average annual gross sales of $109,557 per blueberry producer.

The proposed Order would authorize a fixed assessment paid by producers (to be collected by first handlers) and importers (to be collected by Customs) at a rate of $12 per ton.

Section 516(a)(1) of the Act provides authority to the Secretary to exempt from the Order any de minimis quantity of an agricultural commodity otherwise covered by the Order. The proponent has recommended that producers and importers of less than 2,000 pounds of blueberries annually be exempt from assessment.

At the proposed rate of assessment of $12 per ton, the USABC would collect approximately $1.1 million annually. It is expected that the assessment would represent less than 1 percent of producers' average return. In 1997, the average price for blueberries was $1,659 per ton.

USDA will keep all individuals informed throughout the referendum process to ensure that they are aware of and are able to participate in the referendum. USDA will publicize information regarding the referendum process so that trade associations and related industry media can be kept informed. If the program is implemented, the newly established USABC would recommend to USDA regulations for the program.

In addition, the blueberry industry would nominate producers, importers, exporters, and a first handler to serve as members and alternates on the USABC. The USABC would recommend the assessment rate, programs, projects, a budget, and any rules and regulations that might be necessary for the administration of the program. USDA would ensure that the nominees represent the blueberry industry in accordance with the proposed Order.

The USABC would consist of 13 members: one producer representative from each of four regions, one producer representative for each of the top five producing states, one importer, one exporter, one first handler, and one public member. The regional and state members would be nominated from within the respective regions or states by the state commissions or the NABC as applicable for initial nominations, and the importer, exporter, and first handler members would be nominated by the USABC. There would be an alternate for each member. The importer position would be filled by a person who imports fresh or processed blueberries from outside of the United States for sale in the United States. The exporter position would be filled by a representative of the foreign production area which, based on a 3-year average, produces the most blueberries that are shipped to the United States.

In order to provide the opportunity for public input into USABC deliberations, the Secretary has added one public member and alternate to the proponent's proposed USABC. The public member and alternate would be nominated by the USABC.

Proposed record keeping and reporting requirements for the blueberry promotion, research, and information program would be designed to minimize the burden on the blueberry industry. The blueberry promotion program would be designed to strengthen the position of blueberries in the marketplace, maintain and expand existing domestic and foreign markets, and develop new uses and markets for blueberries.

The estimated annual cost of providing the information to the USABC by an estimated 1,611 respondents (1,287 producers, 200 first handlers, 120 importers, and 4 exporters) would be $12,995 or $7,185 for all producers or $5.58 per producer, $2,000 for all first handlers or $10.00 per first handler, $3,800 for all importers or $31.66 per importer, and $10 for all exporters or $2.50 per exporter.

With regard to alternatives to this proposed rule, the Act itself does provide for authority to tailor a program according to the individual needs of an industry. Provision is made for permissive terms in an order in Section 516 of the Act, and other sections provide for alternatives. For example, Section 514 of the Act provides for orders applicable to (1) producers, (2) first handlers and other persons in the marketing chain as appropriate, and (3) importers (if imports are subject to assessment). Section 516 authorizes an order to provide for exemption of de minimis quantities of an agricultural commodity; different payment and reporting schedules; coverage of research, promotion, and information activities to expand, improve, or make more efficient the marketing or use of an agricultural commodity in both domestic and foreign markets; provision for reserve funds; provision for credits for generic and branded activities; and assessment of imports. In addition, Section 518 of the Act provides for referenda to ascertain approval of an order to be conducted either prior to its going into effect or within 3 years after assessments first begin under the order. An order also may provide for its approval in a referendum to be based upon (1) a majority of those persons voting; (2) persons voting for approval who represent a majority of the volume of the agricultural commodity; or (3) a majority of those persons voting for approval who also represent a majority of the volume of the agricultural commodity. Section 515 of the Act provides for establishment of a board from among producers, first handlers, and others in the marketing chain as appropriate and importers, if importers are subject to assessment.

This proposal includes provisions for both domestic and foreign market expansion and improvement; reserve funds; and an initial referendum to be conducted prior to the Order going into effect. Approval would be based upon a majority of the blueberry production and imports represented by those voting in the referendum.

While we have performed this Initial Regulatory Flexibility Analysis regarding the impact of this proposed Order on small entities, in order to obtain all the data necessary for a comprehensive analysis, we invite comments concerning potential effects of the proposed Order. In particular, we are seeking information on the number of first handlers and importers that would be covered by the program and the number of exporters that would be eligible to serve on the USABC. In addition, we are interested in more information on the number and kind of small entities that may incur benefits or costs from implementation of the proposed Order and information on the expected benefits or costs.

Paperwork Reduction Act

In accordance with the Office of Management and Budget (OMB) regulation [5 CFR Part 1320] which implements the Paperwork Reduction Act of 1995 [44 U.S.C. Chapter 35], the information collection and record keeping requirements that may be imposed by this Order have been submitted to OMB for approval.

Title: National Research, Promotion, and Consumer Information Programs.

OMB Number for background form (number 1 below): 0505–0001.

Expiration Date of Approval: November 30, 1999.

OMB Number for other information collections: 0581–0093.

Expiration Date of Approval: November 30, 2000.

Type of Request: Revision of currently approved information collections for advisory committees and boards and for research and promotion programs.

Abstract: The information collection requirements in the request are essential to carry out the intent of the Act.

In addition, there will be the additional burden on producers and importers voting in referenda. The referendum ballot, which represents the information collection requirement relating to referenda, is addressed in a proposed rule on referendum procedures which is published separately in this issue of the **Federal Register**.

Under the proposed program, first handlers would be required to collect assessments from producers and file reports with and submit assessments to the USABC. While the proposed Order would impose certain record keeping requirements on first handlers, information required under the proposed Order could be compiled from records currently maintained. Such records shall be retained for at least two years beyond the marketing year of their applicability. The estimated annual cost of providing the information to the USABC by an estimated 1,611 respondents (1,287 producers, 200 first handlers, 120 importers, and 4 exporters) would be $12,995 or $7,185 for all producers or $5.58 per producer, $2,000 for all first handlers or $10.00 per first handler, $3,800 for all importers or $31.66 per importer, and $10 for all exporters or $2.50 per exporter.

The proposed Order's provisions have been carefully reviewed, and every effort has been made to minimize any unnecessary record keeping costs or requirements, including efforts to utilize information already submitted under other blueberry programs administered by USDA.

The proposed forms would require the minimum information necessary to effectively carry out the requirements of the program, and their use is necessary to fulfill the intent of the Act. Such information can be supplied without data processing equipment or outside technical expertise. In addition, there are no additional training requirements for individuals filling out reports and remitting assessments to the USABC. The forms would be simple, easy to understand, and place as small a burden as possible on the person required to file the information.

Collecting information yearly would coincide with normal industry business practices. Reporting other than yearly would impose an additional and unnecessary record keeping burden on first handlers. The timing and frequency of collecting information are intended to meet the needs of the industry while minimizing the amount of work necessary to fill out the required reports. In addition, the information to be included on these forms is not available from other sources because such information relates specifically to individual producers and first handlers who are subject to the provisions of the Act.

Therefore, there is no practical method for collecting the required information without the use of these forms.

Information collection requirements that are included in this proposal include:

(1) A Background Information Form

Estimate of Burden: Public reporting for this collection of information is estimated to average 0.5 hours per response for each producer.

Respondents: Producers, importers, exporters, and first handlers.

Estimated number of Respondents: 18 (52 for initial nominations to the USABC, 28 in the second year, and 24 in the fourth year).

Estimated number of Responses per Respondent: 1 every 3 years.

Estimated Total Annual Burden on Respondents: 26 hours for the initial nominations to the promotion board and 9 hours annually thereafter.

(2) An Annual Report by Each First Handler of Blueberries

Estimate of Burden: Public reporting burden for this collection of information is estimated to average 0.5 hours per each first handler reporting on blueberries handled.

Respondents: First handlers.

Estimated number of Respondents: 200.

Estimated number of Responses per Respondent: 1.

Estimated Total Annual Burden on Respondents: 100 hours.

(3) A Request for Certificate of Exemption

Estimate of Burden: Public reporting burden for this collection of information is estimated to average 0.5 hours per first handler, producer, or importer reporting on blueberries handled. Upon approval of an application, producers and importers will receive exemption certification.

Respondents: Producers and importers.

Estimated number of Respondents: 200.

Estimated number of Responses per Respondent: 1.

Estimated Total Annual Burden on Respondents: 100 hours.

(4) Importer Application for Reimbursement of Assessment

Estimate of Burden: Public reporting burden for this collection of information is estimated to average 0.5 hours per importer requesting a refund.

Respondents: Producers and importers.

Estimated number of Respondents: 45.

Estimated number of Responses per Respondent: 12.

Estimated Total Annual Burden on Respondents: 270 hours.

(5) A Requirement to Maintain Records Sufficient to Verify Reports Submitted Under the Order

Estimate of Burden: Public record keeping burden for keeping this information is estimated to average 0.5 hours per recordkeeper maintaining such records.

Recordkeepers: Producers, first handlers, and importers.

Estimated number of recordkeepers: 1,607.

Estimated total record keeping hours: 803.5 hours.

Comments are invited on: (a) Whether the proposed collection of information is necessary for the proper performance of functions of the Order and the USDA's oversight of the program, including whether the information will have practical utility; (b) the accuracy of USDA's estimate of the burden of the proposed collection of information, including the validity of the methodology and assumption used; (c) ways to enhance the quality, utility, and clarity of the information to be collected; and (d) ways to minimize the burden of the collection of information on those who are to respond, including the use of appropriate automated, electronic, mechanical, or other technological collection techniques or other forms of information technology.

The Act provides for the submission of proposals for a blueberry promotion, research, and information order by industry organizations or any other interested person affected by the Act.

Comments concerning the information collection requirements contained in this action should reference OMB No. 0581–0093. Comments addressing the nomination background information form should reference OMB No. 0505–0001. In addition, the docket number, date, and page number of this issue of the **Federal Register** also should be referenced. Comments should be sent to the USDA Docket Clerk and the OMB Desk Officer for Agriculture at the addresses and within the time frames listed above. All

comments received will be available for public inspection during regular business hours at the same address. All responses to this notice will be summarized and included in the request for OMB approval.

OMB is required to make a decision concerning the collection of information contained in this rule between 30 and 60 days after publication. Therefore, a comment to OMB is best assured of having its full effect if OMB receives it within 30 days of publication.

Background

The Act authorizes the Secretary, under a generic authority, to establish agricultural commodity research and promotion orders. The Act provides for a number of optional provisions that allow the tailoring of orders for different commodities. Section 516 of the Act provides permissive terms for orders, and other sections provide for alternatives. For example, Section 514 of the Act provides for orders applicable to (1) producers, (2) first handlers and others in the marketing chain as appropriate, and (3) importers (if importers are subject to assessment). Section 516 authorizes an order to provide for exemption of de minimis quantities of an agricultural commodity; different payment and reporting schedules; coverage of research, promotion, and information activities to expand, improve, or make more efficient the marketing or use of an agricultural commodity in both domestic and foreign markets; provision for reserve funds; provision for credits for generic and branded activities; and assessment of imports. In addition, Section 518 of the Act provides for referenda to ascertain approval of an order to be conducted either prior to its going into effect or within 3 years after assessments first begin under the order. The order also may provide for its approval in a referendum based upon different voting patterns. Section 515 provides for establishment of a board from among producers, first handlers and others in the marketing chain as appropriate, and importers, if imports are subject to assessment.

This proposed Order includes provisions for both domestic and foreign market expansion and improvement, reserve funds, and an initial referendum to be conducted prior to the Order going into effect. Approval would be based upon a majority of the blueberry production and imports represented by the persons voting in the referendum.

The proponent has requested the establishment of a national blueberry promotion, research, and information order pursuant to the Act. The Act authorizes the establishment and operation of generic promotion programs which may include a combination of promotion, research, industry information, and consumer information activities funded by mandatory assessments. These programs are designed to maintain and expand markets and uses for agricultural commodities. This proposal would provide for the development and financing of an effective and coordinated program of research, promotion, and information for blueberries. The purpose of the program would be to strengthen the position of blueberries in domestic and foreign markets, and to develop, maintain, and expand markets for blueberries.

The program would not become effective until approved in a referendum conducted by USDA. Section 518 of the Act provides for USDA (1) to conduct an initial referendum, preceding a proposed order's effective date, among persons who would pay assessments under the program or (2) to implement a proposed order, pending the conduct of a referendum, among persons subject to assessments, within three years after assessments first begin.

In accordance with Section 518(e) of the Act, the results of the referendum must be determined one of three ways: (1) approval by a majority of those persons voting; (2) approval by persons voting who represent a majority of the volume of the commodity covered by the program; or (3) approval by a majority of the persons voting who also represent a majority of the volume of the commodity produced, handled, or imported by the persons voting.

The proponent has recommended that the Secretary conduct a referendum in which approval of the Order would be based on producers and importers voting for approval who represent a majority of the volume of blueberries. The proponent has also recommended that a referendum be conducted prior to the proposed order going into effect.

In accordance with the Act, USDA would oversee the program's operations. In addition, the Act requires the Secretary to conduct subsequent referenda: (1) not later than 7 years after assessments first begin under the Order; or (2) at the request of the board established under the Order; or (3) at the request of 10 percent or more of the number of persons eligible to vote. The proponent group has requested that a referendum be conducted every five years to determine if producers and importers want the program to continue.

In addition to these criteria, the Act provides that the Secretary may conduct a referendum at any time to determine whether the continuation, suspension, or termination of the Order or a provision of the Order is favored by persons eligible to vote.

A national research and promotion program for blueberries would help the industry to address the many market problems it currently faces. According to the proponent, three main factors currently affecting blueberry sales, both here in the domestic market and abroad, are increasing production, aggressive competition, and changing consumer habits.

Over the years, increased blueberry production has led to depressed grower prices and increasing cold storage inventory levels. Though slightly lower production and inventory levels in 1996 and early 1997 improved grower returns to more profitable levels, record production in 1997 led once again to a build up in cold storage inventory of frozen blueberries and a downturn in grower prices in late 1997 and early 1998. The potential for continued increases in tonnage from new plantings, expected to come into full production in the future, will continue to affect the balance of supply and demand and threaten to depress grower returns.

The blueberry industry has seen tremendous growth in the Northwest and Southern states which accounted for an estimated 19.9 percent of total U.S. blueberry acreage in 1980 and an estimated 38.6 percent of acres by 1996. The growth in the Northwest is an important factor for the future of the industry, given its production potential. Over the years, yield per acre in the Northwest has been substantially above that of the major growing regions of Michigan and New Jersey. On average, from 1990 to 1996, Oregon produced 71 percent more blueberries per acre than New Jersey (3.6 tons per acre versus 2.1 tons per acre) and more than twice the yield of Michigan (3.6 tons per acre versus 1.6 tons per acre). During this same time period, Washington produced an average of 38 percent more blueberries per acre than New Jersey (2.9 tons per acre compared to 2.1 tons per acre) and 81 percent more than Michigan (2.9 tons per acre versus 1.6 tons per acre).

The blueberry industry is facing strong competition in the marketplace from both indirect and direct competitors. Like all food products, the blueberry must compete for a share of the consumer dollar. As competition in the supermarket increases, the blueberry industry must work harder to gain its share of consumer attention at a time when the industry's direct and indirect

competitors expand their promotional activities.

A recent informal survey conducted by the proponent showed that from 1991 to 1995, the blueberry industry committed an average of 0.26 percent of farm gate value to the voluntary NABC domestic marketing program, far below the average of products such as prunes, kiwifruit, figs, pears, grapes, apples, citrus, and avocados whose domestic marketing expenditures averaged 2.10 percent of crop value. Though some individual members of the blueberry industry conduct promotional efforts on their own as well as contribute to the NABC program, it is extremely difficult to compete for a share of consumer and industrial user attention when the national generic marketing expenditure is slightly more than one-tenth the average amount of competitive products.

The blueberry industry must also address direct competition with the lowbush blueberry industry which is very active and aggressive in the industrial market both in the United States and abroad. The blueberry industry must also contend with artificial blueberries which are making their presence felt in a wide range of national and regional branded food products.

Changing consumer trends are also having an impact on the use of blueberries. Of great concern to the blueberry industry is the overall decline in home baking, given the fact that consumers perceive blueberries as the primary baking berry. As consumers move away from home baking of blueberry muffins and pies and decide to buy rather than bake, the industry must increase its efforts in the industrial market to be sure that manufacturers maintain and expand their use of blueberries in baked applications.

It is also necessary for the industry to expand the awareness of the versatility of blueberries and encourage new consumer and food manufacturer uses.

In 1965, the NABC was established as a voluntary association of U.S. and Canadian lowbush (native) and cultivated (highbush) blueberry growers and marketers who collectively worked to promote blueberry awareness and consumption. Over the years, the structure of the organization changed to where the association now represents only the cultivated blueberry industry in the United States and Canada. The 31 U.S.-based NABC members account for an estimated 78 percent of the U.S. blueberry crop. These members, along with members from British Columbia and Quebec, voluntarily assess themselves at a rate of $9 per ton to fund domestic publicity and promotion efforts directed to both the consumer and industrial user, as well as to support international market development. The NABC generates approximately $500,000 annually.

As the only national organization funding blueberry market development efforts, the voluntary NABC has not been able to generate the funds necessary to support the aggressive marketing efforts needed to help expand blueberry consumption and improve the profitability of the industry. In order to deal with increased production, aggressive competition, and changing consumer habits, the proponent states that a more extensive marketing program is needed. A mandatory national program could solve this problem. In addition, a mandatory national program would place all domestic growers, first handlers, and importers on an equal playing field with each investing a fair share in promoting blueberries.

Additional funds generated through a national program would allow the blueberry industry to take advantage of a wide range of promotional opportunities. At a minimum, increased funding would allow the industry to expand its current consumer, food service, and food manufacturer promotion efforts. It would also allow for increased participation in the USDA's Market Access Program and the opportunity to develop stronger markets overseas. Increased funding would allow for a more aggressive school effort (educational films, educational booklets, Internet lesson plans, and the like) and help increase awareness and demand among children. In addition, such a program would create the opportunity to explore tie-in promotional activities with nationally branded food products which would help the blueberry industry gain advertising and in-store exposure. Further, a mandatory national program would generate the funds for the industry to support expanded varietal research activities, new product development efforts, and nutritional and health research proposals.

Section 516(f) of the Act allows an order to authorize the levying of assessments on imports of the commodity covered by the program or on products containing that commodity, at a rate comparable to the rate determined for the domestic agricultural commodity covered by the order. The proponent has proposed to assess imports.

The assessment levied on domestically-produced and imported blueberries would be used to pay for promotion, research, and consumer and industry information as well as administration, maintenance, and functioning of the Council. Expenses incurred by the Secretary in implementing and administering the Order, including referenda costs, also would be paid from assessments.

Sections 516(e)(1) and (2) of the Act state that the Secretary may provide credits of assessments for generic and branded activities. The proponent has elected not to propose credits for generic or branded activities. Therefore, the terms ''generic activities'' and ''branded activities'' are not defined in the Order, and credits for assessments would not be made.

First handlers would be responsible for the collection of assessments from the producer and payment to the Council. First handlers would be required to maintain records for each producer for whom blueberries are handled, including blueberries produced by the first handler. In addition, first handlers would be required to file reports regarding the collection, payment, or remittance of the assessments.

Assessments on imported fresh and processed blueberries would be collected by Customs at the time of entry into the United States and remitted to the Council.

All information obtained from persons subject to this Order as a result of record keeping and reporting requirements would be kept confidential by all officers, employees, and agents of USDA and of the Council. However, this information may be disclosed only if the Secretary considers the information relevant, and the information is revealed in a judicial proceeding or administrative hearing brought at the direction or on the request of the Secretary or to which the Secretary or any officer of USDA is a party. Other exceptions for disclosure of confidential information would include the issuance of general statements based on reports or on information relating to a number of persons subject to an order if the statements do not identify the information furnished by any person or the publication, by direction of the Secretary of the name of any person violating the Order and a statement of the particular provisions of the Order violated by the person.

The proposed Order provides for USDA to conduct an initial referendum preceding the proposed Order's effective date. Therefore, the proposed Order must be approved by producers and importers voting in the referendum. Approval will be determined by producers and importers voting who represent a majority of the volume of

blueberries covered by the program. The proposed Order also provides for subsequent referenda to be conducted (1) every 5 years after the program is in effect, (2) at the request of the Board established under the Order, or (3) when requested by 10 percent or more of blueberry producers and importers covered by the Order. In addition, the Secretary may conduct a referendum at any time.

The Act requires that such a proposed order provide for the establishment of a board to administer the program under USDA supervision. The proponent's proposal provides for a 12-member U.S.A. Blueberry Council to which the Secretary would add a public member, as stated earlier.

To ensure fair and equitable representation of the blueberry industry on the USABC, the Act requires membership on the USABC to reflect the geographical distribution of the production of blueberries and the quantity or value of imports. To that end, this proposal divides the production area into four relatively equal regions which would each have one member on the USABC. Regions were based on the most recent 3-year average of blueberries produced in each region. The proposal also provides for a representative from each of the top five blueberry producing states based on the most recent 3-year average of blueberries produced in each state. In addition, the proposal provides for one importer, a first handler, and a exporter position to be filled by a representative of the foreign production area which, based on a 3-year average, produces the most blueberries that are shipped to the United States. Each member would have an alternate.

Upon implementation of the Order and pursuant to the Act, the USABC would at least once in each five-year period, but not more frequently than once in each three-year period, review the geographical distribution of blueberries in the United States and the quantity of blueberries imported into the United States and make a recommendation to the Secretary after considering the results of its review and other information it deems relevant regarding the reapportionment of the USABC.

Members and alternates would serve for three-year terms, except that the members and alternates appointed to the initial USABC would serve proportionately for two, three, and four years. No member or alternate would serve more than two consecutive three-year terms.

The proposed Order submitted by the proponent is summarized as follows:

Sections 1218.1 through 1218.23 of the proposed Order define certain terms, such as blueberries, producer, and importer, which are used in the proposed Order.

Sections 1218.40 through 1216.47 include provisions relating to the USABC. These provision cover establishment and membership, nominations, selections, acceptance, term of office, vacancies, procedures for conducting USABC business, alternate members, compensation and reimbursement, and powers and duties of the USABC, which is the governing body authorized to administer the Order through the implementation of programs, plans, projects, budgets, and contracts to promote and disseminate information about blueberries, subject to oversight of the Secretary. These sections also include maintenance of books and records by the USABC and prohibited activities of the USABC, its employees, and agents.

Sections 1218.50 through 1218.56 cover budget review and approval; authorize the collection of assessments; specify how assessments would be used, including reimbursement of necessary expenses incurred by the USABC for the performance of its duties and expenses incurred for USDA's oversight responsibilities; specify who pays the assessment and how; authorize the imposition of a late-payment charge on past-due assessments; address programs, plans, and projects; require the USABC to periodically conduct an independent review of its overall program; specify a program operating reserve; cover the investment of assessment funds; and address patents, copyrights, trademarks, information, publications, and product formulations developed through the use of assessment funds.

The proponent recommends a proposed assessment rate of $12 per ton for domestic blueberries and imported fresh and processed blueberries. The assessment rate may be raised or lowered after the initial continuance referendum which would be conducted after the program has been in operation 5 years. A referendum on a new assessment rate is not required.

The federal debt collection procedures referenced in § 1218.52(e) include those set forth in 7 CFR 3.1 through 3.36 for all research and promotion programs administered by AMS [60 FR 12533, March 7, 1995].

Sections 1218.60 through 1218.62 concern reporting and recordkeeping requirements for persons subject to the Order and protect the confidentiality of information from such books, records, or reports.

Sections 1218.70 through 1218.78 describe the rights of the Secretary; authorize the Secretary to suspend or terminate the Order when deemed appropriate; prescribe proceedings after suspension or termination; and address personal liability, separability, and amendments.

USDA has modified the proponent's proposal to make it consistent with the Act and other similar national research and promotion programs; for consistency throughout the text; and for clarity.

In the definitions, ''commodity covered'' was changed to ''blueberries,'' ''consumer information'' and ''producer information'' were combined into a definition of ''information'' to conform with the Act. Additionally, the definition of ''research,'' and ''importer'' were altered to conform with the Act.

In the definitions and throughout the proposed Order, ''grower/producer'' was changed to ''producer,'' ''handler'' was changed to ''first handler,'' the term ''board'' was eliminated, and ''council'' was changed to ''U.S.A. Blueberry Council'' or ''USABC.'' The terms ''plans, projects, and programs'' were deleted because they were deemed unnecessary, and a definition for ''processed blueberries'' and ''part and subpart'' were added. Throughout the proposed Order, the term ''blueberry products'' was changed to ''fresh and processed blueberries,'' and, for clarity, time periods were changed to match definitions.

The following terms were removed from the definitions: ''association,'' ''buyer,'' ''broker,'' ''distributor,'' ''packer,'' ''processor,'' and ''shipper.'' These terms were removed because they are not necessary for the administration of the proposed program.

In § 1218.40 *Establishment and membership,* the two exporter/importer positions on the proposed USABC have been changed to an importer position and an exporter position. The industry's proposal made importer representation optional. However, § 515(a)(1)(B) of the Act requires importers to have representation on boards when imports are assessed under a program. It is estimated that imports will represent approximately 12 percent of the assessments under this proposed program. One of the optional importer/exporter positions has been changed to provide for an importer position, and the other position has been changed to provide for an exporter position. The exporter position will be filled by a representative of the foreign production area which, based on a 3-year average, produces the most blueberries that are shipped to the United States. In

addition, to provide the opportunity for public input into USABC deliberations, the Secretary has added a public member and alternate to the proponent's proposed USABC. The public member and alternate would be nominated by the USABC.

In this same section, a statement indicating that the addition of importer members and alternates will be accomplished by notice and rulemaking, was deleted as unnecessary.

In § 1218.43 *Vacancies*, additional information was added to specify that alternate members would assume the position of member if the member position becomes vacant during a term of office. In § 1218.44, a new paragraph (g) was added to clarify that proxy voting is not authorized. In addition, a new paragraph (h) was added to allow the chairperson to have a vote during the USABC meetings.

In § 1218.60, the date all reports are due was changed from November 30 of the crop year to 30 days after the end of the crop year. This phrase was changed for clarity.

In § 1218.61, the length of time records must be maintained by first handlers, producers, and importers was changed from seven years to two years beyond the fiscal period to be consistent with other research and promotion programs. Also, the following sections were added to the proponent's proposal: § 1218.73 *Proceedings after termination;* § 1218.74 *Effect of termination or amendment;* and § 1218.76 *Separability.*

Minor grammatical changes and other minor changes which do not materially affect the text were made.

USDA has determined that this proposed Order is consistent with and will effectuate the purposes of the Act.

The proposal set forth below has not received the approval of the Secretary.

List of Subjects in 7 CFR Part 1218

Administrative practice and procedure, Advertising, Blueberries, Consumer information, Marketing agreements, Reporting and recordkeeping requirements.

For the reasons set forth in the preamble, it is proposed that chapter XI of title 7 of the Code of Federal Regulations be amended by adding part 1218 to read as follows:

PART 1218—BLUEBERRY PROMOTION, RESEARCH, AND INFORMATION ORDER

Subpart A—Blueberry Promotion, Research, and Information Order

Definitions

Sec.

U.S.A. Blueberry Council

Expenses and Assessments

Reports, Book, and Records

Miscellaneous

Authority: 7 U.S.C. 7401–7425.

Subpart A—Blueberry Promotion, Research, and Information Order

Definitions

§ 1218.1 Act.

Act means the Commodity Promotion, Research, and Information Act of 1996 (7 U.S.C.7401–7425; Pub. L. 104–127; 110 Stat. 1029), or any amendments thereto.

§ 1218.2 Blueberries.

Blueberries means cultivated blueberries grown in or imported into the United States of the genus Vaccinium *Corymbosum* and *Ashei,* including the northern highbush, southern highbush, and rabbit eye varieties and excluding the lowbush (native) blueberry Vaccinium *Angustifolium*.

§ 1218.3 Conflict of interest.

Conflict of interest means a situation in which a member or employee of the U.S.A. Blueberry Council has a direct or indirect financial interest in a person who performs a service for, or enters into a contract with, the Council for anything of economic value.

§ 1218.4 Crop year.

Crop year means the 12-month period from November 1 through October 31 of the following year or such other period approved by the Secretary.

§ 1218.5 Department.

Department means the U.S. Department of Agriculture.

§ 1218.06 Exporter.

Exporter means a person involved in exporting blueberries from another country to the United States.

§ 1218.7 First handler.

First handler means any person, (excluding a common or contact carrier), receiving blueberries from producers and who as owner, agent, or otherwise ships or causes blueberries to be shipped as specified in the order. This definition includes those engaged in the business of buying, selling and/or offering for sale; receiving; packing; grading; marketing; or distributing blueberries in commercial quantities. This does not include a retailer, except a retailer who purchases or acquires from, or handles on behalf of any producer, blueberries.

§ 1218.8 Fiscal period.

Fiscal period means a calendar year from January 1 through December 31, or such other period as approved by the Secretary.

§ 1218.09 Importer.

Importer means any person who imports fresh or processed blueberries into the United States as a principal or as an agent, broker, or consignee of any person who produces or handles fresh or processed blueberries outside of the United States for sale in the United States, and who is listed in the import records as the importer of record for such blueberries.

§ 1218.10 Information.

Information means information and programs that are designed to increase efficiency in processing and to develop new markets, marketing strategies, increase market efficiency, and activities that are designed to enhance the image of blueberries on a national or international basis. These include:

(a) *Consumer information,* which means any action taken to provide information to, and broaden the understanding of, the general public regarding the consumption, use, nutritional attributes, and care of blueberries; and

(b) *Industry information,* which means information and programs that will lead to the development of new markets, new marketing strategies, or increased efficiency for the blueberry industry, and activities to enhance the image of the blueberry industry.

§ 1218.11 Market or marketing.

(a) *Marketing* means the sale or other disposition of blueberries in any channel of commerce.

(b) To *market* means to sell or otherwise dispose of blueberries in interstate, foreign, or intrastate commerce.

§ 1218.12 Order.

Order means an order issued by the Secretary under section 514 of the Act that provides for a program of generic promotion, research, and information regarding agricultural commodities authorized under the Act.

§ 1218.13 Part and subpart.

Part means the Blueberry Promotion, Research, and Information Order and all rules, regulations, and supplemental orders issued pursuant to the Act and the Order. The Order shall be a *subpart* of such part.

§ 1218.14 Person.

Person means any individual, group of individuals, partnership, corporation, association, cooperative, or any other legal entity.

§ 1218.15 Processed blueberries.

Processed blueberries means blueberries which have been frozen, dried, pureed, or made into juice.

§ 1218.16 Producer.

Producer means any person who grows blueberries in the United States for sale in commerce, or a person who is engaged in the business of producing, or causing to be produced for any market, blueberries beyond the person's own family use and having value at first point of sale.

§ 1218.17 Promotion.

Promotion means any action taken to present a favorable image of blueberries to the general public and the food industry for the purpose of improving the competitive position of blueberries both in the United States and abroad and stimulating the sale of blueberries. (This includes paid advertising and public relations.)

§ 1218.18 Research.

Research means any type of test, study, or analysis designed to advance the image, desirability, use, marketability, production, product development, or quality of blueberries, including research relating to nutritional value, cost of production, new product development, varietal development, nutritional value, health research, and marketing of blueberries.

§ 1218.19 Secretary.

Secretary means the Secretary of Agriculture of the United States, or any officer or employee of the Department to whom authority has heretofore been delegated, or to whom authority may hereafter be delegated, to act in the Secretary's stead.

§ 1218.20 Suspend.

Suspend means to issue a rule under section 553 of title 5, U.S.C., to temporarily prevent the operation of an order or part thereof during a particular period of time specified in the rule.

§ 1218.21 Terminate.

Terminate means to issue a rule under section 553 of title 5, U.S.C., to cancel permanently the operation of an order or part thereof beginning on a date certain specified in the rule.

§ 1218.22 United States.

United States means collectively the 50 states, the District of Columbia, the Commonwealth of Puerto Rico, and the territories and possessions of the United States.

§ 1218.23 USABC.

USABC, or U.S.A. Blueberry Council, means the administrative body established pursuant to § 1218.40.

U.S.A. Blueberry Council

§ 1218.40 Establishment and membership.

(a) *Establishment of the U.S.A. Blueberry Council.* There is hereby established a U.S.A. Blueberry Council, hereinafter called the USABC, composed of no more than 13 members and alternates, appointed by the Secretary from the nominations as follows:

(1) One producer member and alternate from each of the following regions:

(i) Region #1 Western Region (all states from the Pacific east to the Rockies): Alaska, Arizona, California, Colorado, Hawaii, Idaho, Montana, Nevada, New Mexico, Oregon, Utah, Washington, and Wyoming.

(ii) Region #2 Midwest Region (all states east of the Rockies to the Great Lakes and south to the Kansas/Missouri/Kentucky state line) Illinois, Indiana, Iowa, Kansas, Kentucky, Michigan, Minnesota, Missouri, Nebraska, North Dakota, Ohio, South Dakota, and Wisconsin.

(iii) Region #3 Northeast Region (all states east of the Great Lakes and North of the North Carolina/Tennessee state line) Connecticut, Delaware, New York, Maine, Maryland, Massachusetts, New Hampshire, New Jersey, Pennsylvania, Rhode Island, Virginia, Vermont, Washington, D.C., and West Virginia.

(iv) Region #4 Southern Region (all states south of the Virginia/Kentucky/Missouri/Kansas state line and east of the Rockies) Alabama, Arkansas, Florida, Georgia, Louisiana, Mississippi, North Carolina, Oklahoma, Puerto Rico, South Carolina, Tennessee, and Texas.

(2) One producer member and alternate from each of the top five blueberry producing states, based upon the average of the total tons produced over the previous three years. Average tonnage will be based upon North American Blueberry Council production figures for the initial election and production and assessment figures generated by the USABC thereafter.

(3) One importer and alternate.

(4) One exporter and alternate shall be filled by foreign blueberry producers currently shipping blueberries into the United States from the largest foreign blueberry production area, based on a 3-year average.

(5) One first handler member and alternate shall be filled by a United States based independent or cooperative organization which is a producer/shipper of domestic blueberries.

(6) One public member and alternate.

(b) *Adjustment of membership.* At least once every five years, the USABC will review the geographical distribution of United States production of blueberries and the quantity of imports. The review will be conducted through an audit of state crop production figures and USABC assessment receipts. If warranted, the USABC will recommend to the Secretary that membership on the USABC be altered to reflect any changes in geographical distribution of domestic blueberry production and the quantity of imports. If the level of imports increases, importer members and alternates may be added to the USABC.

§ 1218.41 Nominations and appointments.

(a) Nominations for regional and state representatives will be made by mail ballot.

(b) In a case where a state has a state blueberry commission or marketing order in place, the state commission or committee will nominate members and alternates to serve on the USABC. At least two nominees shall be submitted to the Secretary for each member and each alternate.

(c) Nomination and election of regional, and state representatives where no commission or order is in place will be handled by the USABC, provided that the initial nominations will be handled by the North American Blueberry Council. The USABC will seek nominations for members and alternates from the specific states and/or regions. Nominations will be returned to the USABC and placed on a ballot which will then be sent to producers in the state and/or region for vote. The final nominee for member will have received the highest number of votes cast. The person with the second highest number of votes cast will be the final nominee for alternate. The persons with the third and fourth place highest number of votes cast will be designated as additional nominees for consideration by the Secretary.

(d) Nominations for the importer, exporter, first handler, and public member positions will be made by the USABC. Two nominees for each member and alternate position will be submitted to the Secretary for consideration.

(e) From the nominations, the Secretary shall select the members of the USABC and alternates for each position on the USABC.

§ 1218.42 Term of office.

USABC members and alternates will serve for a term of three years and be able to serve a maximum of two consecutive terms. A USABC member may serve as an alternate during the years the member is ineligible for a member position. When the USABC is first established, the state representatives, first handler member, and their respected alternates will be assigned initial terms of three years. Regional representatives, the importer member, the exporter member, public member, and their alternates will serve an initial term of two years. Thereafter, each of these positions will carry a full three-year term. USABC nominations and appointments will take place in two out of every three years. Each term of office will end on December 31, with new terms of office beginning on January 1.

§ 1218.43 Vacancies.

(a) In the event any member of the USABC ceases to be a member of the category of members from which the member was appointed to the USABC, such position shall automatically become vacant.

(b) If a member of the USABC consistently refuses to perform the duties of a member of the USABC, or if a member of the USABC engages in acts of dishonesty or willful misconduct, the USABC may recommend to the Secretary that the member be removed from office. If the Secretary finds the recommendation of the USABC shows adequate cause, the Secretary shall remove such member from office.

(c) Should any member position become vacant, the alternate of that member shall automatically assume the position of said member. Should the positions of both a member and such member's alternate become vacant, successors for the unexpired terms of such member and alternate shall be appointed in the manner specified in § 1218.40 and § 1218.41, except that said nomination and replacement shall not be required if said unexpired terms are less than six months.

§ 1218.44 Alternate members.

An alternate member of the USABC, during the absence of the member for whom the person is the alternate, shall act in the place and stead of such member and perform such duties as assigned. In the event of death, removal, resignation, or disqualification of any member, the alternate for that member shall automatically assume the position of said member. In the event that both a producer member of the USABC and the alternate are unable to attend a meeting, the USABC may not designate any other alternate to serve in such member's or alternate's place and stead for such a meeting.

§ 1218.45 Procedure.

(a) At a USABC meeting, it will be considered a quorum when a minimum of seven members, or their alternates serving in the absence, are present.

(b) At the start of each fiscal period, the USABC will select a chairperson and vice chairperson who will conduct meetings throughout that period.

(c) All USABC members and alternates will receive a minimum of 10 days advance notice of all USABC and committee meetings.

(d) Each member of the USABC will be entitled to one vote on any matter put to the USABC, and the motion will carry if supported by one vote more than 50 percent of the total votes represented by the USABC members present.

(e) It will be considered a quorum at a committee meeting when at least one more than half of those assigned to the committee are present. Alternates may also be assigned to committees as necessary.

(f) In lieu of voting at a properly convened meeting and, when in the opinion of the chairperson of the USABC such action is considered necessary, the USABC may take action if supported by one vote more than 50 percent of the members by mail, telephone, electronic mail, facsimile, or any other means of communication, and all telephone votes shall be confirmed promptly in writing. In that event, all members must be notified and provided the opportunity to vote. Any action so taken shall have the same force and effect as though such action had been taken at a properly convened meeting of the USABC. All votes shall be recorded in USABC minutes.

(g) There shall be no voting by proxy.

(h) The chairperson shall be a voting member.

(i) The organization of the USABC and the procedures for the conducting of meetings of the USABC shall be in accordance with its bylaws, which shall be established by the USABC and approved by the Secretary.

§ 1218.46 Compensation and reimbursement.

The members of the USABC, and alternates when acting as members, shall serve without compensation but shall be reimbursed for reasonable travel expenses, as approved by the USABC, incurred by them in the performance of their duties as USABC members.

§ 1218.47 Powers and duties of the U.S.A. Blueberry Council.

The USABC shall have the following powers and duties:

(a) To administer the Order in accordance with its terms and conditions and to collect assessments;

(b) To develop and recommend to the Secretary for approval such bylaws as may be necessary for the functioning of the USABC, and such rules as may be necessary to administer the Order, including activities authorized to be carried out under the Order;

(c) To meet, organize, and select from among the members of the USABC a chairperson, other officers, committees, and subcommittees, as the USABC determines to be appropriate;

(d) To employ persons, other than the members, as the USABC considers necessary to assist the USABC in carrying out its duties and to determine the compensation and specify the duties of such persons;

(e) To develop programs and projects, and enter into contracts or agreements, which must be approved by the Secretary before becoming effective, for the development and carrying out of programs or projects of research, information, or promotion, and the payment of costs thereof with funds collected pursuant to this subpart. Each contract or agreement shall provide that any person who enters into a contract or agreement with the USABC shall develop and submit to the USABC a proposed activity; keep accurate records of all of its transactions relating to the contract or agreement; account for funds received and expended in connection with the contract or agreement; make periodic reports to the USABC of activities conducted under the contract or agreement; and make such other reports available as the USABC or the Secretary considers relevant. Any contract or agreement shall provide that:

(1) The contractor or agreeing party shall develop and submit to the USABC a program, plan, or project together with a budget or budgets that shall show the estimated cost to be incurred for such program, plan, or project;

(2) The contractor or agreeing party shall keep accurate records of all its transactions and make periodic reports to the USABC of activities conducted, submit accounting for funds received and expended, and make such other reports as the Secretary or the USABC may require;

(3) The Secretary may audit the records of the contracting or agreeing party periodically; and

(4) Any subcontractor who enters into a contract with a USABC contractor and who receives or otherwise uses funds allocated by the USABC shall be subject to the same provisions as the contractor.

(f) To prepare and submit for approval of the Secretary fiscal year budgets in accordance with § 1218.50;

(g) To maintain such records and books and prepare and submit such reports and records from time to time to the Secretary as the Secretary may prescribe; to make appropriate accounting with respect to the receipt and disbursement of all funds entrusted to it; and to keep records that accurately reflect the actions and transactions of the USABC;

(h) To cause its books to be audited by a competent auditor at the end of each fiscal year and at such other times as the Secretary may request, and to submit a report of the audit directly to the Secretary;

(i) To give the Secretary the same notice of meetings of the USABC as is given to members in order that the Secretary's representative(s) may attend such meetings, and to keep and report minutes of each meeting of the USABC to the Secretary;

(j) To act as intermediary between the Secretary and any producer, first handler, importer, or exporter;

(k) To furnish to the Secretary any information or records that the Secretary may request;

(l) To receive, investigate, and report to the Secretary complaints of violations of the Order;

(m) To recommend to the Secretary such amendments to the Order as the USABC considers appropriate; and

(n) To work to achieve an effective, continuous, and coordinated program of promotion, research, consumer information, evaluation, and industry information designed to strengthen the blueberry industry's position in the marketplace; maintain and expand existing markets and uses for blueberries; and to carry out programs, plans, and projects designed to provide maximum benefits to the blueberry industry.

§ 1218.48 Prohibited activities.

The USABC may not engage in, and shall prohibit the employees and agents of the USABC from engaging in:

(a) Any action that would be a conflict of interest; and

(b) Using funds collected by the USABC under the Order to undertake any action for the purpose of influencing legislation or governmental action or policy, by local, state, national, and foreign governments, other than recommending to the Secretary amendments to the Order;

Expenses and Assessments

§ 1218.50 Budget and expenses.

(a) At least 60 days prior to the beginning of each fiscal year, and as may be necessary thereafter, the USABC shall prepare and submit to the Secretary a budget for the fiscal year covering its anticipated expenses and disbursements in administering this subpart. Each such budget shall include:

(1) A statement of objectives and strategy for each program, plan, or project;

(2) A summary of anticipated revenue, with comparative data for at least one preceding year (except for the initial budget);

(3) A summary of proposed expenditures for each program, plan, or project; and

(4) Staff and administrative expense breakdowns, with comparative data for at least one preceding year (except for the initial budget).

(b) Each budget shall provide adequate funds to defray its proposed expenditures and to provide for a reserve as set forth in this subpart.

(c) Subject to this section, any amendment or addition to an approved budget must be approved by the Secretary, including shifting funds from one program, plan, or project to another. Shifts of funds which do not cause an increase in the USABC's approved budget and which are consistent with governing bylaws need not have prior approval by the Secretary.

(d) The USABC is authorized to incur such expenses, including provision for a reasonable reserve, as the Secretary finds are reasonable and likely to be incurred by the USABC for its maintenance and functioning, and to enable it to exercise its powers and perform its duties in accordance with the provisions of this subpart. Such expenses shall be paid from funds received by the USABC.

(e) With approval of the Secretary, the USABC may borrow money for the payment of administrative expenses, subject to the same fiscal, budget, and audit controls as other funds of the USABC. Any funds borrowed by the USABC shall be expended only for startup costs and capital outlays and are limited to the first year of operation of the USABC.

(f) The USABC may accept voluntary contributions, but these shall only be used to pay expenses incurred in the conduct of programs, plans, and projects. Such contributions shall be free from any encumbrance by the donor and the USABC shall retain complete control of their use.

(g) The USABC may also receive funds provided through the Department's Foreign Agricultural Service or from other sources, with the approval of the Secretary, for authorized activities.

(h) The USABC shall reimburse the Secretary for all expenses incurred by the Secretary in the implementation, administration, and supervision of the

Order, including all referendum costs in connection with the Order.

(i) The USABC may not expend for administration, maintenance, and functioning of the USABC in any fiscal year an amount that exceeds 15 percent of the assessments and other income received by the USABC for that fiscal year. Reimbursements to the Secretary required under paragraph (h) are excluded from this limitation on spending.

§ 1218.51 Financial statements.

(a) As requested by the Secretary, the USABC shall prepare and submit financial statements to the Secretary on a periodic basis. Each such financial statement shall include, but not be limited to, a balance sheet, income statement, and expense budget. The expense budget shall show expenditures during the time period covered by the report, year-to-date expenditures, and the unexpended budget.

(b) Each financial statement shall be submitted to the Secretary within 30 days after the end of the time period to which it applies.

(c) The USABC shall submit annually to the Secretary an annual financial statement within 90 days after the end of the fiscal year to which it applies.

§ 1218.52 Assessments.

(a) The funds to cover the Board's expenses shall be acquired by the levying of assessments upon producers and importers.

(b) The collection of assessments on domestic blueberries will be the responsibility of the first handler receiving the blueberries. In the case of the producer acting as its own first handler, the producer will be required to collect and remit its individual assessments.

(c) Such assessments shall be levied at a rate of $12 per ton on all blueberries. The assessment rate will be reviewed, and may be modified with the approval of the Secretary, after the first referendum is conducted as stated in § 1218.71(b).

(d) Each importer of fresh and processed blueberries shall pay an assessment to the USABC on blueberries imported for marketing in the United States, through the U.S. Customs Service.

(1) The assessment rate for imported fresh and processed blueberries shall be the same or equivalent to the rate for fresh blueberries produced in the United States.

(2) The import assessment shall be uniformly applied to imported fresh and frozen blueberries that are identified by the numbers 0810.40.0028 and 0811.90.2028, respectively, in the Harmonized Tariff Schedule of the United States or any other numbers used to identify fresh and frozen blueberries. Assessments on other types of imported processed blueberries, such as dried blueberries, puree, and juice, may be added at the recommendation of the USABC with the approval of the Secretary.

(3) The assessments due on imported fresh and processed blueberries shall be paid when they enter or are withdrawn for consumption in the United States.

(e) All assessment payments and reports will be submitted to the office of the USABC. All final payments for a crop year are to be received no later than November 30 of that year. Payments received after that date will be subject to a late payment charge to be determined by the USABC with the approval of the Secretary. The late payment charge will be in the form of interest on the outstanding portion of any amount for which the person is liable. The rate of interest shall be prescribed by the Secretary.

(f) Persons failing to remit total assessments due in a timely manner may also be subject to actions under federal debt collection procedures.

(g) The USABC may authorize other organizations to collect assessments on its behalf with the approval of the Secretary.

§ 1218.53 Exemption procedures.

(a) Any producer who produces less than 2,000 pounds of blueberries annually who desires to claim an exemption from assessments during a fiscal year as provided in § 1218.52 shall apply to the USABC, on a form provided by the USABC, for a certificate of exemption. Such producer shall certify that the producer's production of blueberries shall be less than 2,000 pounds for the fiscal year for which the exemption is claimed. Any importer who imports less than 2,000 pounds of fresh and processed blueberries annually who desires to claim an exemption from assessments during a fiscal year as provided in § 1218.52 shall apply to the USABC, on a form provided by the USABC, for a certificate of exemption. Such importer shall certify that the importer's importation of fresh and processed blueberries shall not exceed 2,000 pounds, for the fiscal year for which the exemption is claimed.

(b) On receipt of an application, the USABC shall determine whether an exemption may be granted. The USABC then will issue, if deemed appropriate, a certificate of exemption to each person who is eligible to receive one. Each producer who is exempt from assessment must provide an exemption number to the first handler in order to be exempt from the collection of an assessment on blueberries. First handlers and importers, except as otherwise authorized by the USABC, shall maintain records showing the exemptee's name and address along with the exemption number assigned by the USABC.

(c) Importers who are exempt from assessment shall be eligible for reimbursement of assessments collected by the U.S. Customs Service and shall apply to the USABC for reimbursement of such assessments paid. No interest will be paid on assessments collected by the U.S. Customs Service. Requests for reimbursement shall be submitted to the USABC within 90 days of the last day of the year the blueberries were actually imported.

(d) Any person who desires an exemption from assessments for a subsequent fiscal year shall reapply to the USABC, on a form provided by the USABC, for a certificate of exemption.

(e) The USABC may require persons receiving an exemption from assessments to provide to the USABC reports on the disposition of exempt blueberries and, in the case of importers, proof of payment of assessments.

§ 1218.54 Programs, plans, and projects.

(a) The USABC shall receive and evaluate, or on its own initiative develop, and submit to the Secretary for approval any program, plan, or project authorized under this subpart. Such programs, plans, or projects shall provide for:

(1) The establishment, issuance, effectuation, and administration of appropriate programs for promotion, research, and information, including producer and consumer information, with respect to fresh and processed blueberries; and

(2) The establishment and conduct of research with respect to the use, nutritional value, sale, distribution, and marketing of fresh and processed blueberries, and the creation of new products thereof, to the end that the marketing and use of blueberries may be encouraged, expanded, improved, or made more acceptable and to advance the image, desirability, or quality of fresh and processed blueberries.

(b) No program, plan, or project shall be implemented prior to its approval by the Secretary. Once a program, plan, or project is so approved, the USABC shall take appropriate steps to implement it.

(c) Each program, plan, or project implemented under this subpart shall be reviewed or evaluated periodically by

the USABC to ensure that it contributes to an effective program of promotion, research, or consumer information. If it is found by the USABC that any such program, plan, or project does not contribute to an effective program of promotion, research, or consumer information, then the USABC shall terminate such program, plan, or project.

(d) No program, plan, or project including advertising shall be false or misleading or disparaging another agricultural commodity. Blueberries of all origins shall be treated equally.

§ 1218.55 Independent evaluation.

The USABC shall, not less often than every five years, authorize and fund, from funds otherwise available to the USABC, an independent evaluation of the effectiveness of the Order and other programs conducted by the USABC pursuant to the Act. The USABC shall submit to the Secretary, and make available to the public, the results of each periodic independent evaluation conducted under this paragraph.

§ 1218.56 Patents, copyrights, trademarks, information, publications, and product formulations.

Patents, copyrights, trademarks, information, publications, and product formulations developed through the use of funds received by the USABC under this subpart shall be the property of the U.S. Government as represented by the USABC and shall, along with any rents, royalties, residual payments, or other income from the rental, sales, leasing, franchising, or other uses of such patents, copyrights, trademarks, information, publications, or product formulations, inure to the benefit of the USABC; shall be considered income subject to the same fiscal, budget, and audit controls as other funds of the USABC; and may be licensed subject to approval by the Secretary. Upon termination of this subpart, § 1218.73 shall apply to determine disposition of all such property.

Reports, Book, and Records

§ 1218.60 Reports.

(a)(1) Each first handler subject to this subpart may be required to provide to the USABC periodically such information as may be required by the USABC, with the approval of the Secretary, which may include but not be limited to the following:

(i) Number of pounds handled;

(ii) Number of pounds on which an assessment was collected;

(iii) Name and address of person from whom the first handler has collected the assessments on each pound handled; and

(iv) Date collection was made on each pound handled.

(2) All reports are due to the USABC 30 days after the end of the crop year.

(b)(1) Each producer and importer subject to this subpart may be required to provide to the USABC periodically such information as may be required by the USABC, with the approval of the Secretary, which may include but not be limited to the following:

(i) Number of pounds produced;

(ii) Number of pounds on which an assessment was paid;

(iii) Name and address of the producer;

(iv) Date collection was made on each pound produced.

(2) All reports are due to the USABC 30 days after the end of the crop year.

§ 1218.61 Books and records.

Each first handler, producer, and importer subject to this subpart shall maintain and make available for inspection by the Secretary such books and records as are necessary to carry out the provisions of this subpart and the regulations issued thereunder, including such records as are necessary to verify any reports required. Such records shall be retained for at least 2 years beyond the fiscal period of their applicability.

§ 1218.62 Confidential treatment.

All information obtained from books, records, or reports under the Act, this subpart, and the regulations issued thereunder shall be kept confidential by all persons, including all employees and former employees of the USABC, all officers and employees and former officers and employees of contracting and subcontracting agencies or agreeing parties having access to such information. Such information shall not be available to USABC members, producers, importers, exporters, or first handlers. Only those persons having a specific need for such information to effectively administer the provisions of this subpart shall have access to such information. Only such information so obtained as the Secretary deems relevant shall be disclosed by them, and then only in a judicial proceeding or administrative hearing brought at the direction, or on the request, of the Secretary, or to which the Secretary or any officer of the United States is a party, and involving this subpart. Nothing in this section shall be deemed to prohibit:

(a) The issuance of general statements based upon the reports of the number of persons subject to this subpart or statistical data collected therefrom, which statements do not identify the information furnished by any person; and

(b) The publication, by direction of the Secretary, of the name of any person who has been adjudged to have violated this subpart, together with a statement of the particular provisions of this subpart violated by such person.

Miscellaneous

§ 1218.70 Right of the Secretary.

All fiscal matters, programs, plans, or projects, rules or regulations, reports, or other substantive actions proposed and prepared by the USABC shall be submitted to the Secretary for approval.

§ 1218.71 Referenda.

(a) *Initial referendum.* The Order shall not become effective unless:

(1) The Secretary determines that the Order is consistent with and will effectuate the purposes of the Act; and

(2) The Order is approved by a simple majority of the blueberry volume represented by the eligible producers and importers voting in a referendum who, during a representative period determined by the Secretary, have been engaged in the production or importation of blueberries.

(b) *Subsequent referenda.* Every five years, the Secretary shall hold a referendum to determine whether blueberry producers and importers favor the continuation of the Order. The Order shall continue if it is approved by a simple majority of the blueberry volume represented by the eligible producers and importers voting in a referendum who, during a representative period determined by the Secretary, have been engaged in the production or importation of blueberries. The Secretary will also conduct a referendum if 10 percent or more of all eligible blueberry producers and importers request the Secretary to hold a referendum. In addition, the Secretary may hold a referendum at any time.

§ 1218.72 Suspension and termination.

(a) The Secretary shall suspend or terminate this part or subpart or a provision thereof if the Secretary finds that the subpart or a provision thereof obstructs or does not tend to effectuate the purposes of the Act, or if the Secretary determines that this subpart or a provision thereof is not favored by persons voting in a referendum conducted pursuant to the Act.

(b) The Secretary shall suspend or terminate this subpart at the end of the marketing year whenever the Secretary determines that its suspension or termination is approved or favored by a

simple majority of the blueberry volume represented by eligible producers and importers voting in a referendum who, during a representative period determined by the Secretary, have been engaged in the production or importation of blueberries.

(c) If, as a result of a referendum the Secretary determines that this subpart is not approved, the Secretary shall:

(1) Not later than 180 days after making the determination, suspend or terminate, as the case may be, collection of assessments under this subpart; and

(2) As soon as practical, suspend or terminate, as the case may be, activities under this subpart in an orderly manner.

§ 1218.73 Proceedings after termination.

(a) Upon the termination of this subpart, the USABC shall recommend not more than three of its members to the Secretary to serve as trustees for the purpose of liquidating the affairs of the USABC. Such persons, upon designation by the Secretary, shall become trustees of all of the funds and property then in the possession or under control of the USABC, including claims for any funds unpaid or property not delivered, or any other claim existing at the time of such termination.

(b) The said trustees shall:

(1) Continue in such capacity until discharged by the Secretary;

(2) Carry out the obligations of the USABC under any contracts or agreements entered into pursuant to the Order;

(3) From time to time account for all receipts and disbursements and deliver all property on hand, together with all books and records of the USABC and the trustees, to such person or persons as the Secretary may direct; and

(4) Upon request of the Secretary execute such assignments or other instruments necessary and appropriate to vest in such persons title and right to all funds, property and claims vested in the USABC or the trustees pursuant to the Order.

(c) Any person to whom funds, property or claims have been transferred or delivered pursuant to the Order shall be subject to the same obligations imposed upon the USABC and upon the trustees.

(d) Any residual funds not required to defray the necessary expenses of liquidation shall be turned over to the Secretary to be disposed of, to the extent practical, to the blueberry producer organizations in the interest of continuing blueberry promotion, research, and information programs.

§ 1218.74 Effect of termination or amendment.

Unless otherwise expressly provided by the Secretary, the termination of this subpart or of any regulation issued pursuant thereto, or the issuance of any amendment to either thereof, shall not:

(a) Affect or waive any right, duty, obligation or liability which shall have arisen or which may thereafter arise in connection with any provision of this subpart or any regulation issued thereunder; or

(b) Release or extinguish any violation of this subpart or any regulation issued thereunder; or

(c) Affect or impair any rights or remedies of the United States, or of the Secretary or of any other persons, with respect to any such violation.

§ 1218.75 Personal liability.

No member or alternate member of the USABC shall be held personally responsible, either individually or jointly with others, in any way whatsoever, to any person for errors in judgment, mistakes, or other acts, either of commission or omission, as such member or alternate, except for acts of dishonesty or willful misconduct.

§ 1218.76 Separability.

If any provision of this subpart is declared invalid or the applicability thereof to any person or circumstances is held invalid, the validity of the remainder of this subpart or the applicability thereof to other persons or circumstances shall not be affected thereby.

§ 1218.77 Amendments.

Amendments to this subpart may be proposed from time to time by the USABC or by any interested person affected by the provisions of the Act, including the Secretary.

§ 1218.78 OMB control numbers.

The control number assigned to the information collection requirements by the Office of Management and Budget pursuant to the Paperwork Reduction Act of 1995, 44 U.S.C. Chapter 35, is OMB control number 0581–0093, except for the USABC nominee background statement form which is assigned OMB control number 0505–001.

Dated: July 16, 1999.

Enrique E. Figueroa,

Administrator, Agricultural Marketing Service.

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DEPARTMENT OF AGRICULTURE

Agricultural Marketing Service

7 CFR Part 1218

[FV–99–702–PR]

Blueberry Promotion, Research, and Information Order; Referendum Procedures

AGENCY: Agricultural Marketing Service, USDA.

ACTION: Proposed rule with request for comments.

SUMMARY: The purpose of this rule is to establish procedures which the Department of Agriculture (USDA or the Department) will use in conducting a referendum to determine whether the issuance of the proposed Blueberry Promotion, Research, and Information Order (Order) is favored by the blueberry industry. Approval will be determined by producers and importers voting for approval who represent a majority of the volume of blueberries. These procedures would also be used for any subsequent referendum under the Order, if it is approved in the initial referendum. The proposal is being published in a separate document. This proposed program would be implemented under the Commodity Promotion, Research, and Information Act of 1996 (Act).

DATES: Comments must be received by September 20, 1999.

ADDRESSES: Interested persons are invited to submit written comments concerning this proposed rule to: Docket Clerk, Research and Promotion Branch, Fruit and Vegetable Programs (FV), Agricultural Marketing Service (AMS), USDA, Stop 0244, Room 2535–S, 1400 Independence Avenue, S.W., Washington, D.C. 20250–0244. Comments should be submitted in triplicate and will be made available for public inspection at the above address during regular business hours. Comments may also be submitted electronically to: malinda.farmer@usda.gov. All comments should reference the docket number and the date and page number of this issue of the **Federal Register**. A copy of this rule may be found at: www.ams.usda.gov/fv/rpdocketlist.htm.

Pursuant to the Paperwork Reduction Act (PRA), send comments regarding the accuracy of the burden estimate, ways to minimize the burden, including the use of automated collection techniques or other forms of information technology, or any other aspect of this collection of information to the above address. Comments concerning the information

collection under the PRA should also be sent to the Desk Officer for Agriculture, Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C. 20503.

FOR FURTHER INFORMATION CONTACT: Oliver L. Flake, Research and Promotion Branch, Fruit and Vegetable Programs, AMS, USDA, Stop 0244, 1400 Independence Avenue, S.W., Room 2535–S, Washington, D.C. 20250–0244; telephone (202) 720–5976 or fax (202) 205–2800.

SUPPLEMENTARY INFORMATION: A referendum will be conducted among eligible blueberry producers and importers to determine whether the issuance of the proposed Blueberry Promotion, Research, and Information Order (Order) (7 CFR Part 1218) is favored by those who would pay assessments under the program. Approval will be determined by persons voting for approval who represent a majority of the volume of blueberries. The Order is authorized under the Commodity Promotion, Research, and Information Act of 1996 (Act) [Pub. L. 104–427, 7 U.S.C. 7401–7425]. It would cover domestic and imported cultivated blueberries (hereinafter called blueberries). A proposed Order is being published separately in the **Federal Register**.

Executive Order 12988

This proposed rule has been reviewed under Executive Order 12988, Civil Justice Reform. It is not intended to have retroactive effect. Section 524 of the Act provides that the Act shall not affect or preempt any other Federal or State law authorizing promotion or research relating to an agricultural commodity.

Under Section 519 of the Act, a person subject to the order may file a petition with the Secretary of Agriculture (Secretary) stating that the order, any provision of the order, or any obligation imposed in connection with the order, is not established in accordance with the law, and requesting a modification of the order or an exemption from the order. Any petition filed challenging the order, any provision of the order or any obligation imposed in connection with the order, shall be filed within two years after the effective date of the order, provision or obligation subject to challenge in the petition. The petitioner will have the opportunity for a hearing on the petition. The Act provides that the district court of the United States for any district in which the petitioner resides or conducts business shall be the jurisdiction to review a final ruling on the petition, if the petitioner files a complaint for that purpose not later than 20 days after the date of entry of the Secretary's final ruling.

Executive Order 12866

This rule has been determined not significant for purposes of Executive Order 12866 and therefore has not been reviewed by the Office of Management and Budget.

Regulatory Flexibility Act

In accordance with the Regulatory Flexibility Act (5 U.S.C. 601 *et seq.*), the Agency is required to examine the impact of the proposed rule on small entities. The purpose of the RFA is to fit regulatory actions to the scale of businesses subject to such action so that small businesses will not be disproportionately burdened.

The Act, which authorizes the Secretary to consider industry proposals for generic programs of promotion, research, and information for agricultural commodities, became effective on April 4, 1996. The Act provides for alternatives within the terms of a variety of provisions.

Paragraph (e) of Section 518 of the Act provides three options for determining industry approval of a new research and promotion program: (1) By a majority of those voting; (2) by a majority of the volume of the agricultural commodity voted in the referendum; or (3) by a majority of those persons voting who also represent a majority of the volume of the agricultural commodity voted in the referendum. In addition, section 518 of the Act provides for referenda to ascertain approval of an order to be conducted either prior to its going into effect or within three years after assessments first begin under the order. The North American Blueberry Council, Inc. (proponent), has recommended that the Secretary conduct a referendum in which approval of the Order would be based on producers and importers voting for approval who represent a majority of the volume of blueberries. The proponent also has recommended that a referendum be conducted prior to the proposed Order going into effect.

This proposed rule would establish the procedures under which producers and importers may vote on whether they want a blueberry promotion, research, and information program to be implemented. Blueberry producers and importers of 2,000 pounds or more of blueberries annually would be eligible to vote. The proposed order provides for an exemption from assessments for producers and importers of less than 2,000 pounds of fresh and processed blueberries. This proposal would add a new subpart which establishes procedures to conduct an initial and future referenda. The proposed subpart covers definitions, voting instructions, use of subagents, ballots, the referendum report, and confidentiality of information.

There are approximately 1,287 producers, 200 first handlers, 120 importers, and 4 exporters of blueberries who would be subject to the program. It is estimated that 1,132 producers and 75 importers would be eligible to vote in the first referendum. Most of the producers would be classified as small businesses under the criteria established by the Small Business Administration (SBA) [13 CFR 121.601]. Most importers and first handlers would not be classified as small businesses. The SBA defines small agricultural handlers as those whose annual receipts are less than $5 million, and small agricultural producers are defined as those having annual receipts of not more than $500,000 annually.

According to USDA's National Agricultural Statistics Service (NASS), total production of cultivated blueberries was 172.9 million pounds in 1997, up 35 percent from the 1996 output. Approximately 70.2 million pounds of the total were utilized for fresh market sale and 99.4 million pounds were used for processing (primarily frozen). Blueberries are grown in 35 states. Commercial production operations are located in Michigan (44 percent), New Jersey (19 percent), Oregon (12 percent), Georgia 9 percent), North Carolina (5 percent), Washington (5 percent), Indiana and Florida (2 percent each), and all other states (2 percent). Farm value for the 1997 cultivated blueberry crop was $141 million, compared with $113.6 million a year earlier.

U.S. frozen blueberry per capita consumption has been declining rapidly in recent years, decreasing from 0.38 pounds in 1996 to 0.33 pounds in 1997. From calendar year 1991 through 1995, U.S. per capita consumption of frozen blueberries averaged 0.43 pounds.

The United States exported 6.3 million pounds of fresh cultivated blueberries in 1997, valued at $7.9 million. Canada is the principal destination for U.S. exports—accounting for nearly 79 percent of the total in 1997. Other key markets included Switzerland (7 percent), the United Kingdom (5 percent), and Germany (3 percent). The remaining export volume of fresh cultivated blueberries primarily went to other European and Asian countries.

U.S. exports of frozen cultivated blueberries totaled 22.1 million pounds

in 1997 and were valued at $9.9 million. The largest U.S. export market is Canada, accounting for 90 percent of the total quantity in 1997. Japan was the second largest U.S. market for frozen cultivated blueberries, accounting for 8 percent of the total. The remaining 2 percent of U.S. exports were sent mainly to other Asian and European countries.

In 1997, the United States imported 13.9 million pounds of fresh cultivated blueberries worth $10.8 million. Imports from Canada alone accounted for 89 percent of the total. Other important fresh cultivated blueberry import sources were Chile with 9 percent of the total and New Zealand with 2 percent. Small amounts were also imported from Mexico and Honduras.

In 1997, total imports of frozen cultivated blueberries were 9.8 million pounds and were valued at $8.5 million. The vast majority of U.S. frozen blueberry imports (about 96 percent) came from Canada in 1997. U.S. imports of frozen cultivated blueberries from Chile represented 2 percent of the total, while Mexico accounted for 1 percent of the total. The rest of the 1997 import volume originated from the Netherlands, Costa Rica and Colombia.

This proposed rule provides the procedures under which blueberry producers and importers may vote on whether they want the Order to be implemented. In accordance with the provisions of the Act, subsequent referenda may be conducted, and it is anticipated that the proposed procedures would apply. There are approximately 1132 producers and 75 importers who will be eligible to vote in the first referendum.

USDA will keep these individuals informed throughout the program implementation and referendum process to ensure that they are aware of and are able to participate in the program implementation process. USDA will also publicize information regarding the referendum process so that trade associations and related industry media can be kept informed.

Voting in the referendum is optional. However, if producers and importers choose to vote, the burden of voting would be offset by the benefits of having the opportunity to vote on whether or not they want to be covered by the program.

The information collection requirements contained in this proposed rule are designed to minimize the burden on producers and importers. This rule provides for a ballot to be used by eligible producers and importers to vote in the referendum. The estimated annual cost of providing the information by an estimated 1,132 producers (1,287–155 exempt producers) would be $556.00 or $.50 per producer and for an estimated 75 importers (120–45 exempt importers) would be $37.50 or $.50 per importer.

The Secretary considered requiring eligible voters to vote in person at various USDA offices across the country. The Secretary also considered electronic voting, but the use of computers is not universal, current technology is not reliable enough to ensure that electronic ballots would be received in a readable format, and technology is insufficient at this time to provide sufficient safeguards of voters' confidentiality. Conducting the referendum from one central location by mail ballot would be more cost-effective and reliable. The Department will provide easy access to information for potential voters through a toll-free telephone line. The Department will also accept ballots sent by facsimile (fax) machine. A pilot of this method was conducted during a recent referendum for another program. A fax machine was dedicated to the receipt of ballots.

There are no federal rules that duplicate, overlap, or conflict with this rule.

We have performed this Initial Regulatory Flexibility Analysis regarding the impact of this proposed rule on small entities. However, in order to obtain all of the data necessary for a comprehensive analysis, we invite comments concerning the potential effects of this proposed rule. In particular, we are interested in obtaining more information on the number of small entities that may incur benefits or costs from the implementation of this proposed rule and information on the expected benefits or costs.

Paperwork Reduction Act

In accordance with the Office of Management and Budget (OMB) regulation (5 CFR 1320) which implements the Paperwork Reduction Act of 1995 (44 U.S.C. Chapter 35), the referendum ballot, which represents the information collection and recordkeeping requirements that may be imposed by this rule, has been submitted to OMB for approval.

Title: National Research, Promotion, and Consumer Information Programs.

OMB Number: 0581–0093.

Expiration Date of Approval: November 30, 2000.

Type of Request: Revision of a currently approved information collection for research and promotion programs.

Abstract: The information collection requirements in this request are essential to carry out the intent of the Act. The burden associated with the ballot is as follows:

Estimate of Burden: Public reporting burden for this collection of information is estimated to average 0.25 hours per response for each producer and importer.

Respondents: Producers and importers.

Estimated Number of Respondents: 1207.

Estimated Number of Responses per Respondent: 1 every 5 years (0.2).

Estimated Total Annual Burden on Respondents: 1,208 hours.

The estimated annual cost of providing the information by an estimated 1,132 producers (1,287–155 exempt producers) would be $556.00 or $.50 per producer and for an estimated 75 importers (120–45 exempt importers) would be $37.50 or $.50 per importer.

The ballot will be added to the other information collections approved for use under OMB Number 0581–0093.

Comments are invited on: (a) Whether the proposed collection of information is necessary and whether it will have practical utility; (b) the accuracy of USDA's estimate of the burden of the proposed collection of information, including the validity of the methodology and assumptions used; (c) ways to enhance the quality, utility, and clarity of the information to be collected; and (d) ways to minimize the burden of the collection of information on those who are to respond, including the use of appropriate automated, electronic, mechanical, or other technological collection techniques or other forms of information technology.

Comments concerning the information collection requirements contained in this action should reference OMB No. 0581–0093, the docket number, and the date and page number of this issue of the **Federal Register**. Comments should be sent to the USDA Docket Clerk and the OMB Desk Officer for Agriculture at the addresses and within the time frames specified above. All comments received will be available for public inspection during regular business hours at the same address. All responses to this notice will be summarized and included in the request for OMB approval.

OMB is required to make a decision concerning the collection of information contained in this rule between 30 and 60 days after publication. Therefore, a comment to OMB is best assured of having its full effect if OMB receives it within 30 days of publication.

Background

The Act authorizes the Secretary, under generic authority, to establish agricultural commodity research and promotion orders. The North American Blueberry Council, Inc. (proponent) has requested the establishment of a Blueberry Promotion, Research, and Information Order (Order) pursuant to the Act. The proposed Order would provide for the development and financing of an effective and coordinated program of promotion, research, and information for fresh and processed blueberries. The program would be funded by an assessment levied on producers (to be collected by handlers) and importers (to be collected by the U.S. Customs Service at time of entry into the United States) at a rate of $12 per ton. In the proposed Order, blueberries are defined as cultivated blueberries grown in or imported into the United States of the genus Vaccinium *Corymbosum* and *Ashei*, including the northern highbush, southern highbush, and rabbit eye varieties, and excluding the lowbush (native) blueberry Vaccinium *Angustifolium*.

Assessments would be used to pay for promotion, research, and consumer information; administration, maintenance, and functioning of the U.S.A. Blueberry Council; and expenses incurred by the Secretary in implementing and administering the Order, including referendum costs.

Section 518 of the Act requires that a referendum be conducted among eligible blueberry producers and importers to determine whether they favor the Order. In addition, section 518 of the Act provides for referenda to ascertain approval of an order to be conducted either prior to its going into effect or within three years after assessments first begin under the order. According to a proposed rule that is published separately in this issue of the **Federal Register**, the Order would become effective if it is approved during the initial referendum, which will be held before the program is implemented. Approval will be determined by producers and importers voting for approval who represent a majority of the volume of blueberries. Producers and importers of 2,000 pounds or more of blueberries annually will be eligible to vote.

This proposed rule establishes the procedures under which producers and importers may vote on whether they want the blueberry promotion, research, and information program to be implemented. There are approximately 1207 eligible voters.

This proposed rule would add a new subpart which would establish procedures to be used in this and future referenda.

The subpart covers definitions, voting, instructions, use of subagents, ballots, the referendum report, and confidentiality of information.

All written comments received in response to this rule by the date specified will be considered prior to finalizing this action. We encourage the industry to pay particular attention to the definitions to be sure that they are appropriate for the blueberry industry.

List of Subjects in 7 CFR Part 1218

Administrative practice and procedure, Advertising, Blueberries, Consumer information, Marketing agreements, Reporting and recordkeeping requirements.

For the reasons set forth in the preamble, it is proposed that Title 7, Chapter XI of the Code of Federal Regulations be amended as follows:

PART 1218—BLUEBERRY PROMOTION, RESEARCH, AND INFORMATION ORDER

1. The authority citation for part 1218 continues to read as follows:

Authority: 7 U.S.C. 7401–7425.

2. Subpart B is added to proposed part 1218 to read as follows:

Subpart B—Procedure for the Conduct of Referenda in Connection with the Blueberry Promotion, Research, and Information Order

Sec.

Subpart B—Procedure for the Conduct of Referenda in Connection with the Blueberry Promotion, Research, and Information Order

§ 1218.100 General.

Referenda to determine whether eligible blueberry producers and importers favor the issuance, amendment, suspension, or termination of the Blueberry Promotion, Research, and Information Order shall be conducted in accordance with this subpart.

§ 1218.101 Definitions.

(a) *Administrator* means the Administrator of the Agricultural Marketing Service, with power to redelegate, or any officer or employee of the U.S. Department of Agriculture to whom authority has been delegated or may hereafter be delegated to act in the Administrator's stead.

(b) *Blueberries* means cultivated blueberries grown in or imported into the United States of the genus Vaccinium *Corymbosum* and *Ashei*, including the northern highbush, southern highbush, and rabbit eye varieties, and excluding the lowbush (native) blueberry Vaccinium *Angustifolium*.

(c) *Eligible importer* means any person who imported 2,000 pounds or more of fresh or processed blueberries, that are identified by the numbers 0810.40.0028 and 0811.90.2028, respectively, in the Harmonized Tariff Schedule of the United States or any other numbers used to identify fresh and frozen blueberries. Importation occurs when commodities originating outside the United States are entered or withdrawn from the U.S. Customs Service for consumption in the United States. Included are persons who hold title to foreign-produced blueberries immediately upon release by the U.S. Customs Service, as well as any persons who act on behalf of others, as agents or brokers, to secure the release of blueberries from the U.S. Customs Service when such blueberries are entered or withdrawn for consumption in the United States.

(d) *Eligible producer* means any person who produced 2,000 pounds or more of blueberries in the United States during the representative period who:

(1) Owns, or shares the ownership and risk of loss of, the crop;

(2) Rents blueberry production facilities and equipment resulting in the ownership of all or a portion of the blueberries produced;

(3) Owns blueberry production facilities and equipment but does not manage them and, as compensation, obtains the ownership of a portion of the blueberries produced; or

(4) Is a party in a landlord-tenant relationship or a divided ownership arrangement involving totally independent entities cooperating only to produce blueberries who share the risk of loss and receive a share of the blueberries produced. No other acquisition of legal title to blueberries shall be deemed to result in persons becoming eligible producers.

(e) *Order* means the Blueberry Promotion, Research, and Information Order.

(f) *Person* means any individual, group of individuals, partnership, corporation, association, cooperative, or any other legal entity. For the purpose of this definition, the term

''partnership'' includes, but is not limited to:

(1) A husband and a wife who have title to, or leasehold interest in, a blueberry farm as tenants in common, joint tenants, tenants by the entirety, or, under community property laws, as community property; and

(2) So-called ''joint ventures'' wherein one or more parties to an agreement, informal or otherwise, contributed land and others contributed capital, labor, management, or other services, or any variation of such contributions by two or more parties.

(g) *Processed blueberries* means blueberries which have been frozen, dried, pureed, or made into juice.

(h) *Referendum agent* or *agent* means the individual or individuals designated by the Secretary to conduct the referendum.

(i) *Representative period* means the period designated by the Secretary.

(j) *United States* means collectively the 50 states, the District of Columbia, the Commonwealth of Puerto Rico, and the territories and possessions of the United States.

§ 1218.102 Voting.

(a) Each person who is an eligible producer or an eligible importer, as defined in this subpart, at the time of the referendum and during the representative period, shall be entitled to cast only one ballot in the referendum. However, each producer in a landlord-tenant relationship or a divided ownership arrangement involving totally independent entities cooperating only to produce blueberries, in which more than one of the parties is a producer, shall be entitled to cast one ballot in the referendum covering only such producer's share of the ownership.

(b) Proxy voting is not authorized, but an officer or employee of an eligible corporate producer or importer, or an administrator, executor, or trustee or an eligible entity may cast a ballot on behalf of such entity. Any individual so voting in a referendum shall certify that such individual is an officer or employee of the eligible entity, or an administrator, executive, or trustee of an eligible entity and that such individual has the authority to take such action. Upon request of the referendum agent, the individual shall submit adequate evidence of such authority.

(c) All ballots are to be cast by mail or by facsimile, as instructed by the Secretary.

§ 1218.103 Instructions.

The referendum agent shall conduct the referendum, in the manner herein provided, under the supervision of the Administrator. The Administrator may prescribe additional instructions, not inconsistent with the provisions hereof, to govern the procedure to be followed by the referendum agent. Such agent shall:

(a) Determine the period during which ballots may be cast.

(b) Provide ballots and related material to be used in the referendum. The ballot shall provide for recording essential information, including that needed for ascertaining whether the person voting, or on whose behalf the vote is cast, is an eligible voter.

(c) Give reasonable public notice of the referendum:

(1) By utilizing available media or public information sources, without incurring advertising expense, to publicize the dates, places, method of voting, eligibility requirements, and other pertinent information. Such sources of publicity may include, but are not limited to, print and radio; and

(2) By such other means as the agent may deem advisable.

(d) Mail to eligible producers and importers whose names and addresses are known to the referendum agent, the instructions on voting, a ballot, and a summary of the terms and conditions of the proposed Order. No person who claims to be eligible to vote shall be refused a ballot.

(e) At the end of the voting period, collect, open, number, and review the ballots and tabulate the results in the presence of an agent of a third party authorized to monitor the referendum process.

(f) Prepare a report on the referendum.

(g) Announce the results to the public.

§ 1218.104 Subagents.

The referendum agent may appoint any individual or individuals necessary or desirable to assist the agent in performing such agent's functions hereunder. Each individual so appointed may be authorized by the agent to perform any or all of the functions which, in the absence of such appointment, shall be performed by the agent.

§ 1218.105 Ballots.

The referendum agent and subagents shall accept all ballots cast. However, if an agent or subagent deems that a ballot should be challenged for any reason, the agent or subagent shall endorse above their signature, on the ballot, a statement to the effect that such ballot was challenged, by whom challenged, the reasons therefore, the results of any investigations made with respect thereto, and the disposition thereof. Ballots invalid under this subpart shall not be counted.

§ 1218.106 Referendum report.

Except as otherwise directed, the referendum agent shall prepare and submit to the Administrator a report on the results of the referendum, the manner in which it was conducted, the extent and kind of public notice given, and other information pertinent to the analysis of the referendum and its results.

§ 1218.107 Confidential information.

The ballots and other information or reports that reveal, or tend to reveal, the vote of any person covered under the Act and the voting list shall be held confidential and shall not be disclosed.

Dated: July 16, 1999.

Robert C. Keeney, Deputy Administrator,

Fruit and Vegetable Programs

[FR Doc. 99–18690 Filed 7–21–99; 8:45 am]

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Federal Register

Thursday
July 22, 1999

Part VI

Department of Health and Human Services

Food and Drug Administration

Public Health Service

21 CFR Part 291

42 CFR Part 8

Narcotic Drugs in Maintenance and Detoxification Treatment of Narcotic Dependence; Repeal of Current Regulations and Proposal to Adopt New Regulations; Proposed Rule

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Food and Drug Administration

21 CFR Part 291

Public Health Service

42 CFR Part 8

[Docket No. 98N–0617]

RIN 0910–AA52

Narcotic Drugs in Maintenance and Detoxification Treatment of Narcotic Dependence; Repeal of Current Regulations and Proposal to Adopt New Regulations

AGENCIES: Food and Drug Administration and Substance Abuse and Mental Health Services Administration, HHS.

ACTION: Proposed rule.

SUMMARY: The Secretary of the Department of Health and Human Services (the Secretary) (DHHS) is proposing to revise the conditions for the use of narcotic drugs in maintenance and detoxification treatment of opioid addiction. The proposal includes the repeal of the existing narcotic treatment regulations enforced by the Food and Drug Administration (FDA), the creation of a new regulatory system based on an accreditation model under new 42 CFR part 8, and a shift in administrative responsibility and oversight from FDA to the Substance Abuse and Mental Health Services Administration (SAMHSA). This proposal follows a study by the Institute of Medicine (IOM) and reflects recommendations by the IOM and several other entities to improve narcotic addict treatment by allowing for increased clinical judgment in treatment. The proposal is also part of DHHS's Reinvention of Government review (Ref. 1).

DATES: Submit written comments on this proposal by November 19, 1999. Submit written comments on the information collection provisions by August 23, 1999.

ADDRESSES: Submit written comments to the Dockets Management Branch (HFA–305), Food and Drug Administration, 5630 Fishers Lane, rm. 1061, Rockville, MD 20857. Submit comments on the information collection requirements to the Office of Information and Regulatory Affairs, OMB, New Executive Office Bldg., 725 17th St. NW., Washington, DC 20503, Attn: Desk Officer for SAMHSA.

FOR FURTHER INFORMATION CONTACT:

Primary Contact: Nicholas Reuter, Center for Substance Abuse Treatment (CSAT), SAMHSA, Rockwall II, 5515 Security Lane, Rockville, MD 20857, 301–443–0457, or

Ellsworth Dory, Center for Drug Evaluation and Research (HFD–342), Food and Drug Administration, 5600 Fishers Lane, Rockville, MD 20857, 301–827–7264.

SUPPLEMENTARY INFORMATION:

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I. Introduction

The use of therapeutic narcotic drugs in the treatment of narcotic addiction has been the subject of a unique system of Federal regulation for nearly 30 years. As described as follows, one component of that system has been the enforcement by FDA of ''process oriented regulations'' governing the operation of ''narcotic treatment programs.'' These regulations reflect the fact that narcotic addiction is an illness with medical and societal origins, the treatment of which must include careful professional oversight and the availability of specialized support services. The regulatory system enforced by FDA also reflects the risks of abuse and diversion that are endemic to opioid agonist therapy (Ref. 2).

The current regulations and the system for enforcing those regulations emerged at a time when narcotic maintenance treatment experience was limited and abuses among practitioners providing narcotic drug products, including methadone, to narcotic addicts were not uncommon. In addition, there was considerable diversion of methadone. Thus, the intent of the current system was to help ensure quality treatment and reduce the risks of diversion while permitting further study of the relatively unfamiliar methadone maintenance treatment modality.

Additional study and experience has demonstrated the value of narcotic maintenance therapy in reducing drug abuse, criminal behavior, and infectious disease transmission. However, the narcotic addict patient population, and the health-care system in general, have changed dramatically since the inception of the current regulations. Despite several retrospective reviews and prospective evaluations, the system has remained essentially unchanged.

For example, compliance with the current system still depends upon inspections conducted by either FDA or State inspectors, rather than by expert accrediting teams (as is typical in many other areas of health care). Second, the regulations themselves have been criticized for imposing detailed requirements on program physicians and support personnel in a manner that has been said to stifle clinical judgment, to the detriment of the patient population. Several aspects of the current regulations also appear to reflect scientific views on opioid addiction that may be considered outdated. For example, the current regulations do not address phases of treatment, with more intense and focused treatment provided to patients at earlier stages. In addition, the current regulations emphasize the suppression of abstinence symptoms in determining appropriate dosing but do not integrate newer concepts such as ''blockade'' in determining adequate dosing.

Third, the current regulations have been criticized as being overly ''process oriented'' in that they establish administrative requirements for programs but ignore the need for ''effectiveness standards'' (Ref. 3). It has been said that under the current system, process takes precedence over performance and that a reemphasis on clinical outcomes and controls would greatly improve the effectiveness of treatment (Ref. 4).

This proposal would repeal the existing regulatory system and substitute in its place an accreditation-based system that allows for greater administrative flexibility, fewer constraints on clinical judgment, and even more focus on the needs of patients. Among other things, the new system would increase significantly the direct participation of the medical community in the oversight of addiction treatment. Moreover, individual programs will have increased flexibility to design treatments for specific patients and communities. This is expected to increase patient compliance and adherence to therapeutic regimens which, in turn, will increase the likelihood of successful outcomes.

Part and parcel with the proposed new regulatory approach will be a shift in administrative and oversight responsibilities. FDA will refocus its efforts on assuring the safety and effectiveness of new treatment modalities and will relinquish day-to-

day oversight of the treatment programs. SAMHSA will take full responsibility for carrying out the new system on behalf of the Secretary. The transfer of authority to SAMHSA, whose mission includes the goal of improving access to high quality programs for the treatment of addictive and mental disorders, reflects in part the evolution of methadone treatment from an emerging new drug therapy to a widely accepted and well understood treatment modality.

II. Background

A. Statutory and Regulatory Developments

The current system by which FDA regulates and monitors the use of narcotic drugs in the treatment of narcotic addiction began in 1970 with passage of the Comprehensive Drug Abuse Prevention and Control Act of 1970 (the CDAPCA) (Pub. L. 91–513). Prior to the CDAPCA, FDA's control over therapeutic narcotic drugs such as methadone, in the treatment of addiction, was based on FDA's regulation of new drugs under section 505 of the Federal Food, Drug, and Cosmetic Act (the act) (21 U.S.C. 355).

Section 4 of Title I of the CDAPCA directed the Secretary to determine, after consultation with the Attorney General and national organizations, the appropriate methods of professional practice in the medical treatment of narcotic addiction of various classes of narcotic addicts (see 42 U.S.C. 257a). The primary intent of the legislation was to reduce ''uncertainty as to the extent to which [physicians] may prescribe narcotic drugs for addiction patients'' (Ref. 5). The legislation also consolidated existing Federal drug control statutes into the Controlled Substances Act (CSA) and the Controlled Substances Import and Export Act.

In 1972, FDA issued its narcotic treatment regulations based in part on the new drug provisions of the act and the CDAPCA. These regulations provided for a closed distribution system for the treatment of narcotic addiction, detailed procedures for approval of treatment programs, medical treatment standards, and procedures for revoking approval for failure to comply with the standards.

In 1974, Congress enacted the Narcotic Addict Treatment Act (the NATA) (Pub. L. 93–281) to establish the basis for increased control of narcotic addict treatment programs by the Attorney General and the Secretary. The NATA ensured that only confirmed narcotic addicts would be admitted to maintenance or detoxification treatment, that they would receive quality care, and that illicit diversions would be limited. Under the NATA, which amended the CSA (21 U.S.C. 801 *et seq.*), practitioners who dispense narcotic drugs in the treatment of narcotic-dependent persons must obtain an annual registration from the Attorney General. This authority has been delegated to the Drug Enforcement Administration (DEA). To be registered, practitioners must comply with the requirements established by DEA for secure drug storage, recordkeeping, and unsupervised use; practitioners must be qualified under the treatment standards established by the Secretary; and practitioners must comply with standards established by the Secretary regarding quantities of narcotic drugs for unsupervised ''take-home'' use by persons undergoing treatment (21 U.S.C. 823(g)).

In 1980, FDA and the National Institute on Drug Abuse (NIDA) jointly issued a final rule (45 FR 62694, September 19, 1980) amending FDA's narcotic treatment regulations to make them consistent with the requirements of the CSA, as amended by the NATA, and with implementing regulations issued by DEA. The amended regulations, codified at § 291.505 (21 CFR 291.505), have provided the Secretary's regulatory standards for the use of narcotic drugs in treating narcotic addiction.

The requirements of § 291.505 have represented the minimum standards for the appropriate methods of professional practice in the medical treatment of narcotic addiction with narcotic drugs such as methadone. Under the regulations, FDA approves new programs, periodically inspects existing programs, and may revoke approval of a program's application if the program fails to abide by all of the requirements set forth in § 291.505, or fails to monitor the activities of those employed in the program.

New legislation enacted in 1992 restructured much of DHHS's drug abuse services and research responsibilities. Under the Alcohol, Drug Abuse and Mental Health Administration (ADAMHA) Reorganization Act (Pub. L. 102–321), ADAMHA was restructured to transfer its substance abuse and mental health research institutes, including NIDA, to the National Institutes of Health (NIH), with SAMHSA established to support and administer programs relating to substance abuse and mental health prevention and treatment services. Part of SAMHSA's mission is to improve the provision of substance abuse treatment and ''coordinate Federal policy with respect to the provision of treatment services for substance abuse utilizing anti-addiction medications, including methadone'' (42 U.S.C. 290aa(d)(7)). Within SAMHSA, the Center for Substance Abuse Treatment (CSAT) has developed and issued comprehensive Treatment Improvement Protocols (TIPS) and Technical Assistance Publications (TAPS), including the publication entitled ''Approval and Monitoring of Narcotic Treatment Programs: A Guide on the Roles of Federal and State Agencies and State Methadone Treatment Guidelines.'' CSAT has also developed guidelines on phases of treatment and guidelines on the dosing of Levo-*Alpha*-Acetyl-Methadol (LAAM), another approved opioid agonist treatment medication.

In 1993, FDA and SAMHSA revised the methadone regulations to set forth conditions for authorizing ''interim methadone maintenance.'' The change, which implemented provisions of the ADAMHA Reorganization Act, authorizes public and nonprofit private narcotic treatment programs to provide interim maintenance treatment to patients awaiting placement in comprehensive maintenance treatment. In addition, the 1993 rule required all narcotic treatment programs to provide counseling on preventing exposure to, and preventing the transmission of, human immunodeficiency virus (HIV) disease (58 FR 495, January 6, 1993). Finally, the regulations were revised again in 1993 to establish standards for the use of LAAM in the maintenance treatment of narcotic addicts (58 FR 38704, July 20, 1993).

B. Current Oversight

FDA has enforced the existing narcotic treatment regulations (part 291 (21 CFR part 291)) by approving programs, monitoring programs through periodic inspections, and pursuing various means of obtaining compliance, including enforcement actions and proposals to revoke program approval. Approximately 900 treatment programs are approved under the regulations. The number of approved programs has not changed significantly over the years.

Periodic compliance inspections are carried out by FDA personnel, who generally have no specialized expertise in drug abuse treatment, or by State officials under contract with FDA. These inspections are primarily documentation audits, with an emphasis on appropriate recordkeeping and control of take-home doses. FDA inspectors typically focus their review on a sample of patient records to determine whether the program has

complied with the regulations. If an inspection results in observations of possible violations, FDA has several options for bringing the program into compliance, ranging from informal meetings with the program to warning letters to proposals to revoke the program's operating approval.

The frequency with which FDA conducts routine inspections has been steadily decreasing as FDA continues to focus on its other core priorities.

C. Evaluations of the Current System

While both the patient population and the health risks associated with illicit narcotic drug abuse have changed substantially over the last 30 years, the Federal regulatory framework governing the treatment of narcotic addiction has remained relatively unchanged. Coordination among several Federal agencies through the Interagency Narcotic Treatment Policy Review Board (Ref. 6) (INTPRB) has brought about modest changes to the existing regulations. The INTPRB helped coordinate the introduction of interim methadone maintenance and led several changes that allowed increased flexibility with regard to issues such as counselor-to-patient ratios and certain reporting requirements (Ref. 7). Nevertheless, the system that remains in place today largely remains unchanged from the original regulatory system.

The existing system, for example, has been roundly criticized for its rigidity and for the constraints it imposes on clinical judgment. As an expert agency-based panel noted:

> Some regulations, although intended to foster quality care, are based on the premise that a patient's behavior can be adequately controlled through rules. This idea often conflicts with the clinician's need to establish a therapeutic alliance and conflicts with most treatment professionals' understanding that one person is fundamentally powerless to control the drug use of another (Ref. 8).

Many in the field have also expressed concern about the future of methadone maintenance treatment under managed care (Ref. 9). Since the inception of the existing regulations, the health-care system has been evolving to a managed care environment that relies on quality assurance assessments and outcome measurements, with careful matching of patient needs to particular treatment. In such an environment, the enforcement of process oriented regulations has been criticized as having ''inhibited the development of patient-matching strategies [and] diverted attention from more clinically focused approaches, such as matching strategies and treatment guidelines'' (Ref. 10).

Others have criticized the current enforcement process to the extent that ''[m]onitoring compliance by a regulatory agency is by definition adversarial,'' and that inspectors are trained to find violations and not to ''provide technical assistance'' (Ref. 11). Even the very need for the current regulations has been questioned, with one commentator noting:

> The authorities provided to DEA by the NATA and the 1984 CSA amendments [which provided DEA with ''public interest'' revocation authority] themselves are sufficient to prevent the excesses, which occurred during the late 1960's, of an unregulated narcotic addiction treatment system. Thus, program registration by both the FDA and the DEA is duplicative, costly, and unnecessary (Ref. 12).

These types of concerns prompted several noteworthy assessments of the existing system, including reports by the General Accounting Office (GAO) and the IOM, and a thorough assessment of these reports and other relevant data by an interagency-work group.

1. The 1990 GAO Report

In 1990, the GAO issued a lengthy report, based on its review of 24 narcotic treatment programs, analyzing the effectiveness of the existing narcotic treatment regulations. The report focused on: (1) The extent of drug use by patients in methadone maintenance treatment programs; (2) the goals, objectives, and approaches of the treatment programs; and (3) the types of services available to patients in treatment.

The report noted a wide disparity in the quality of treatment provided among the 24 narcotic treatment programs reviewed. The GAO found that:

> * * * policies, goals, and practices varied greatly among the 24 methadone maintenance treatment programs. None of the 24 programs evaluated the effectiveness of their treatment. There are no federal treatment effectiveness standards for treatment programs. Instead, federal regulations are process oriented in that they establish administrative requirements for programs. Even with regard to these requirements, federal oversight of methadone maintenance treatment programs has been very limited since 1982 (Ref. 13).

Based on these findings, the GAO recommended that the Secretary direct FDA or NIDA, as appropriate, to: (1) Develop result-oriented performance standards for methadone maintenance treatment programs, (2) provide guidance to treatment programs regarding the type of data that must be collected to permit assessment of programs' performance, and (3) assure increased program oversight oriented toward performance standards.

In response to the GAO report, NIDA initiated the methadone treatment quality assurance system (MTQAS). The goal of the MTQAS was to develop outcome measures to compare the performance of methadone maintenance treatment programs. In 1993, NIDA developed a survey form with outcome variables adjusted for variations in case mix. For example, NIDA used retention in treatment and patient drug abuse as outcome variables for comparing the performance of individual treatment programs. Initial results from pilot tests of this system showed that performance measures, such as retention in treatment and decreased drug abuse, could in fact differentiate the quality and effectiveness of treatment.

The GAO report and the new information from MTQAS prompted the Public Health Service (PHS) to fund a comprehensive study on the Federal regulation of methadone treatment by the IOM.

2. The 1993 IOM Study

In 1993, NIDA, SAMHSA, and the Office of the Assistant Secretary for Health funded a 2-year IOM study of the current regulations, including enforcement issues, quality of treatment, and diversion.

In a report issued in 1995, the IOM concluded that the current regulations have little effect on the quality of treatment provided in clinics (Ref. 14). In particular, the report emphasized the need to balance process oriented regulations with clinical practice guidelines and quality assurance systems. The IOM found that ''enforceable federal standards'' are needed, not for medical reasons, but to prevent substandard or unethical practices, and to maintain community support. It recommended, therefore, that the regulations be reduced in scope to be less intrusive and to allow more clinical judgment in treatment. Clinical practice guidelines, according to the IOM, would ensure that clinical discretion is exercised in a ''sound manner.''

The IOM report also addressed the current system of enforcing the regulations, noting costly overlap among multiple Federal, State, and sometimes local inspections. As a result, the IOM recommended ''reducing the scope of administrative control by FDA and other DHHS agencies'' (Ref. 15). This reduction in scope of administrative control would follow the IOM's recommendation that:

> FDA, with SAMHSA and NIDA, conduct an extensive review of methadone enforcement policies, procedures, and practices by all health agencies of

government - federal, state, and local - for the purpose of designing a single inspection format, having multiple elements, that would provide for (1) consolidated, comprehensive inspections conducted by one agency (under a delegation of federal authority, if necessary), which serves all agencies and (2) improve the efficiency of the provision of methadone services by reducing the number of inspections and consolidating their purposes (Ref. 16).

Moreover, the IOM recommended that ''DHHS conduct a review of its priorities in substance abuse treatment, including methadone treatment, in a way that integrates changes in regulations and the development of practice guidelines with decisions about treatment financing.'' Finally, the IOM recommended that policy leadership on drug abuse treatment should be elevated to the Office of the Assistant Secretary for Health (Ref. 17).

3. The Interagency Narcotic Treatment Policy Review Board

In response to these recommendations, the Assistant Secretary for Health requested that the Interagency Narcotic Treatment Policy Review Board (INTPRB), which had been formed in the early 1970's to coordinate Federal policy regarding the use of methadone, evaluate the IOM's findings and recommendations. Membership on the INTPRB included representatives from FDA, NIDA, SAMHSA (including CSAT), the Office of the Secretary, the DEA, the Department of Veterans Affairs (VA), and the Office of National Drug Control Policy (ONDCP). Representatives from two other DHHS agencies, the Agency for Health Care Policy and Research and the Health Care Financing Administration (HCFA), were also included at various times.

After careful consideration of the IOM's work and all that preceded, the INTPRB concluded that a regulatory system centered around a core set of Federal treatment standards, in conjunction with monitoring of treatment programs through private accreditation, would be both feasible and preferable to the existing system.

First, the INTPRB reasoned that an accreditation-based system would be more consistent with the oversight approach in most other health-care fields. For example, HCFA relies on accreditation to certify approximately 7,000 hospitals that provide services to Medicare patients. In addition, under the Clinical Laboratory Improvement Act of 1988 (CLIA), private accreditation is now used as the primary basis for certifying human clinical laboratories.

Moreover, a number of narcotic treatment programs are already subject to accreditation standards and inspections. As noted in the IOM report, approximately 5 percent of the methadone maintenance patients in the United States are treated in facilities under the VA medical system (Ref. 18), all of which are subject to outside accreditation.

In addition, the INTPRB found that interest in accreditation is increasing steadily, due at least in part to its emphasis on self assessment and improvement, and on the integration of quality assurance and performance elements developed by expert accreditation organizations. The expanded use of accreditation, particularly in the substance abuse field, is reflected in the number of national accreditation bodies with standards for substance abuse treatment. The Joint Commission on the Accreditation of Healthcare Organizations (JCAHO) and two other national accreditation bodies, the Commission on Accreditation of Rehabilitation Facilities (CARF) and the Council on Accreditation of Services for Families and Children, Inc. (COA), have significant experience in accrediting substance abuse treatment programs. CARF conducts approximately 1,000 surveys each year (Ref. 19) and more than 100 entities, including the Federal government, have accepted accreditation by CARF. COA accredits approximately 1,000 behavioral health-care programs and 3,000 social service programs annually (Ref. 20). CARF, COA, and JCAHO all have developed or expressed an interest in developing methadone treatment accreditation standards.

The INTPRB also concluded that an accreditation-based system would improve the quality of treatment by increasing the participation of the treatment community in establishing measures for determining the effectiveness and overall success of treatment programs. Some have attributed problems in the methadone treatment area to the absence of the medical profession's participation in determining the standards of care in this area (Ref. 21). Professional accreditation bodies are expected to be able to focus closely on those aspects of treatment that, if maintained at appropriate levels, will show a measurable improvement in treatment outcomes and a measurable improvement in the overall quality of the medical care. Also, because of its widespread use in health care, an accreditation-based regulatory system may also help to mainstream the medical treatment of narcotic dependence.

The INTPRB also reasoned that accreditation could significantly improve program performance, especially at poorly functioning programs, by providing much-needed advisory services that generally have been lacking under the existing system.

Importantly, the INTPRB noted that an accreditation-based system provides an opportunity to reduce the layers of inspections from Federal, State, and local regulatory entities. State authorities may choose to apply to act as accreditation bodies for programs in their jurisdiction and, if approved, would consolidate inspections and minimize burdens. Alternatively, State authorities could adopt accreditation body findings. At least one State, Ohio, accepts as documentation of a program's compliance with State standards a program's accreditation by any of the leading private accreditation bodies (Ref. 22).

Overall, the INTPRB concluded that fewer resources would be expended at the Federal level. While there would be costs to the government in monitoring accreditation bodies, assuring that accreditation body elements are appropriate, and reviewing and approving guidelines, the overall cost should be less than that of the present system. Treatment programs would be expected to absorb modest accreditation fees, but treatment quality would be greatly improved by being more closely matched to patient needs.

In addition, accreditation holds out the prospect for more efficient treatment which, in time, would allow for more treatment at a lower cost to payers. Indeed, with its similarity to HCFA's oversight of Medicare and Medicaid programs, the accreditation-based regulatory system provides the potential for a model system that unifies ''financing, treatment, and the regulation of services'' as envisioned by the IOM and others:

> Service providers have demanded that accrediting and regulatory bodies conduct their reviews jointly and/or at least accept all or part of each other's standards, reviews and reports as equivalent. It is a hopeful sign that in at least 23 states, the surveys of the JCAHO and of state health departments are being conducted jointly, and 17 others are considering such arrangements. These collaborations have been commended by the General Accounting Office of the U.S. Congress, as cost-containing efforts that successfully reduce some of the duplication of preparation and the overuse of scarce resources, which could better be used toward the improvement of quality of care (Ref. 70).

The INTPRB in April 1995 forwarded its recommendations to the Assistant Secretary for Health who, thereafter, solicited views from all Federal agencies with a substantial interest in therapeutic and controlled substances. After

receiving and evaluating endorsements from other agencies, the Assistant Secretary for Health concluded that DHHS should take all necessary steps to phase out the existing regulatory approach and adopt in its place an accreditation-based system centered around a limited set of core Federal treatment standards.

In September 1995, the Assistant Secretary for Health assigned to SAMHSA responsibility for developing the new regulatory approach. Subsequently, an interagency workgroup of the INTPRB, with representatives from DHHS (including SAMHSA, FDA, and NIDA), DEA, VA, and ONDCP, was formed to develop the new system, including the development of this proposed rule.

4. NIH Consensus Development Conference

On November 17 to 19, 1997, NIDA, the NIH Office of Medical Applications Research, and the NIH Office of Research on Women's Health sponsored a consensus development conference on the effective medical treatment of heroin addiction. NIH convened this conference to present the available data on opioid agonist treatment for heroin addiction in order to address the most important and controversial issues surrounding narcotic maintenance treatment. The independent panel concluded that opioid addiction is a medical disorder and that pharmacologic agents, such as methadone and LAAM, are effective in its treatment. The panel also addressed barriers to such treatment, including the existing regulations:

> However well-intentioned the FDA's treatment regulations when written in 1972, they are no longer necessary. We recommend that these regulations be eliminated. Alternative means, such as accreditation, for improving the quality of [opioid treatment] should be instituted (Ref. 23).

5. State Licensure and Accreditation Activities

Many States have adopted requirements that are more rigorous than the FDA standards alone. These requirements most often are imposed through licensure or funding authorities. Licensure in these States often involves a costly annual inspection program. However, the degree of oversight varies enormously across and within States. For example, many States require at least annual State licensure reviews. Of these, only one State has regulations that do not include more stringent compliance requirements than the FDA standards alone. Other States, beyond initial opening requirements, rely almost exclusively on FDA and DEA oversight of methadone programs for assuring continued compliance with those standards and regulations.

FDA's model allows for more intense oversight by States, but does not require it. Thus, many of the same problems that have been identified at the Federal level have not necessarily been corrected at the State level unless specifically addressed by a given State. To raise the standard of care consistently throughout the country, standards issued and/or required at the Federal level will have to rise. Standards on which accreditation is based are generally viewed as the highest standards of care.

At least one State, Michigan, has both a licensing and an accreditation requirement. Michigan requires opioid treatment programs (OTP's) to be accredited as a condition of receiving Medicaid and block grant funds. DHHS understands that a number of private payers in Michigan also require methadone programs to be accredited in order to receive payment for services. Payers in Michigan appear to have decided that opioid treatment should be held to the standards to which health-care providers are held, and payers in Michigan generally require hospitals and clinics to be accredited as a condition of participation. In fact, a large number of private payers throughout the nation as a whole require accreditation as a means to insure that the health care meets standards of quality and appropriateness. Based on discussion with officials in Michigan, the move to accreditation for substance abuse programs has raised standards of care. Almost all OTP's in Michigan have been accredited under this system, and it has been noted that almost all of these OTP's increased the number of patients in treatment after receiving accreditation.

6. Conclusion

This notice of proposed rulemaking (NPRM) addresses the problems and potential of opioid agonist treatment which so far in the United States has been limited to methadone and LAAM treatment. The NPRM is consistent with national policy and direction regarding the role of methadone and LAAM and other opioid agonist treatments in reducing opiate addiction. Indeed, the Office of National Drug Control Policy (ONDCP), in its ''Policy Paper—Opioid Agonist Treatment,'' highlights this proposed accreditation-based regulatory system as a key element in improving the quality of methadone treatment and expanding treatment capacity (see appendix 1). The ONDCP Policy Paper notes that in addition to a shortfall in treatment capacity, problems in the opioid agonist treatment system have long existed at two levels: (1) OTP's have not functioned with uniform high quality; and (2) Federal oversight, grounded in process-focused regulations, has not served to improve or maintain the quality of OTP's. To reduce the use of heroin and illicit opioid drugs, both of these problems must be addressed.

Methadone, the most effective treatment for chronic opioid addiction, has been used for the treatment of heroin addiction since the 1960's. It is an effective, long-acting, synthetic opioid agonist that is taken orally. Methadone blocks the craving and produces tolerance to its own analgesic effects and psychoactive effects. When used properly, at adequate doses, it also produces a physiological cross-tolerance to other opioids, rendering the patient unable to experience pharmacologic pleasure from the administration of practical doses of other opioids. Treatment with methadone requires daily dosing; LAAM blocks the effects of injected heroin for up to 3 days.

This NPRM introduces a model accreditation system for OTP's, with transfer of regulatory oversight from FDA to SAMHSA. The current, process-oriented regulatory approach, with routine inspections by HHS (FDA) staff, will be replaced by a clinically-based accreditation system, with additional oversight from SAMHSA.

D. Long Term Goals and Interim Steps

The long-term goals of this initiative are to make Federal oversight more effective, reduce the variability in the quality of opioid treatment services, and reform the treatment system to provide for expanded treatment capacity. This requires a comprehensive set of reforms including, but not limited to, the changes proposed in this document.

By incorporating accreditation into the oversight model as proposed, DHHS will be better able to identify and assist poorly functioning programs. Accreditation reviews will be conducted every 3 years by experts in the field of substance abuse treatment. Oversight will be more effective because medical experts, including addiction treatment specialists, will be conducting the onsite reviews. In addition, the onsite reviews will include a focus on treatment outcomes rather than simply measuring adherence to process-oriented standards. Importantly, the shift to an accreditation model will result in a treatment system more responsive and accountable to the

public's desire to see improvement in outcomes of addiction care.

Elsewhere in this proposed rule, DHHS describes a transition plan that sets forth a timetable for moving from the existing purely regulatory system to the accreditation-based system. In addition, DHHS has taken several key steps to ensure that the eventual implementation of an accreditation-based system will be accomplished in the least disruptive manner possible. CSAT has awarded a contract to CARF in 1997 and JCAHO in 1998 for development of accreditation guidelines and to conduct accreditation surveys of a cohort of treatment programs. Technical assistance will be provided to assist programs in preparing for and working with these accreditation guidelines.

The impact of accreditation on these programs will be studied over time and the findings used to help improve the accreditation approach. SAMHSA's CSAT has developed a project to study the impacts of accreditation using both existing standards and newly developed, methadone/LAAM specific standards, in a cohort of OTP's. This assessment will also help familiarize existing treatment programs with the accreditation process as it becomes the new standard. Finally, the study will allow for the phasing in of accreditation by providing administrative feedback that can be used to adjust the implementation of accreditation in such a manner as to minimize any potential disruptive effects. The Secretary believes that this study will demonstrate that programs will be able to achieve accreditation with minimal disruption to treatment capacity.

III. Summary of Proposed Rule

The Secretary is proposing to add new part 8 under title 42 of the Code of Federal Regulations to codify the new accreditation-based system. The proposal also includes the repeal of the existing FDA-enforced narcotic treatment regulations at 21 CFR part 291, which would go into effect when the new regulations are finalized and effective. The Secretary will delegate to SAMHSA the authority to oversee the new program proposed under 42 CFR part 8.

The proposed regulations establish the procedures by which the Secretary will determine whether a practitioner is qualified under section 303(g) of the CSA (21 U.S.C. 823(g)(1)) to dispense certain therapeutic narcotic drugs in the treatment of individuals suffering from narcotic addiction. These regulations also establish the Secretary's standards regarding the appropriate quantities of narcotic drugs that may be provided for unsupervised use by individuals undergoing such treatment (21 U.S.C. 823(g)(3)). (See also 42 U.S.C. 257a.)

Under the proposed regulations, a practitioner who intends to dispense narcotic drugs in the treatment of addiction must first obtain from the Secretary or her delegated authority, SAMHSA, a certification that the practitioner is qualified under the Secretary's standards and will comply with such standards. Eligibility for certification will depend upon the practitioner obtaining accreditation from a private nonprofit entity, or from a State agency, that has been approved by SAMHSA to accredit narcotic treatment programs.

The proposed new regulations are divided into three parts, subpart A, subpart B, and subpart C. Subpart A addresses accreditation that includes, at proposed § 8.3, the sequence of events that accreditation bodies will follow to achieve approval to accredit OTP's under the new system. It also establishes in proposed § 8.4 the accreditation bodies' responsibilities, including the use of accreditation elements during accreditation surveys. Subpart B of part 8 sets forth the sequence and requirement for obtaining certification. This section addresses how and when programs must apply for initial certification and renewal of their certification. DHHS's opioid treatment standards are included in this section and are segregated for a separate detailed discussion because of their importance. Subpart C of part 8 establishes the procedures for review of either withdrawal of approval of the accreditation body or the suspension or proposed revocation of an OTP certification. This section addresses procedural and informational requirements in the event of a challenge to a SAMHSA determination.

A. Subpart A—Accreditation

Subpart A of part 8 would establish the procedures whereby an entity can apply to SAMHSA to become an approved accreditation body. This part also establishes ''accreditation body responsibilities'' and general standards for accreditation bodies to ensure that practitioners are consistently evaluated for compliance with the Secretary's standards for opioid treatment.

1. Definitions and Related Requirements

Section 8.2 in subpart A defines a number of key terms for purposes of applying 42 CFR part 8. Most of these proposed definitions are identical or similar to those set forth under the existing regulations at § 291.505(a). Several, however, are unique to the new accreditation-based system and require brief mention.

For example, the Secretary is proposing to define the term ''accreditation body'' to mean a body that has been approved by SAMHSA under proposed § 8.3 to accredit OTP's. Under proposed § 8.3(a), private nonprofit organizations as well as State governmental entities, including a political subdivision of a State (such as a county) may apply to serve as an accreditation body. The Secretary believes that allowing States to serve as accreditation bodies may also help expedite the transition of previously approved programs to the new system.

It should be noted, however, that the Secretary is proposing in § 8.3 to limit eligibility to those applicants (including States and political subdivisions of a State) who demonstrate that they will be able to accredit at least 50 OTP's per year. The Secretary believes that this requirement is needed to ensure the quality of the accreditation services performed by accreditation bodies and to minimize the variability in the standards used by accrediting organizations. The Secretary is interested in comments on this restriction and may revisit this requirement after the first 3 years.

Under the proposal, prospective accreditation bodies will be required to develop and submit as part of an application for approval, ''accreditation elements''. These elements, which are defined in proposed § 8.2, are the elements that the accreditation body will apply during ''accreditation surveys'' as the basis or benchmark for determining whether a treatment program should receive accreditation. The accreditation elements are expected at a minimum to incorporate the ''Federal opioid treatment standards'' issued by the Secretary in proposed § 8.12, albeit with much greater detail. One focus of SAMHSA's oversight of the accreditation system will be the development and publication of up-to-date treatment guidelines to assist accreditation bodies in developing accreditation elements. It is also expected that an essential part of the accreditation elements will be clinical outcome and performance measures. Again, SAMHSA expects to issue detailed guidance on the development of such measures.

As mentioned previously, accreditation bodies will base their accreditation decisions on experience gained during onsite ''surveys,'' as defined in proposed § 8.2. The accreditation body's policies and procedures for conducting surveys will

be a major focus of the application process under proposed § 8.3. The Secretary expects these accreditation body surveys to, in large measure, take the place of onsite inspections by DHHS investigators as the primary means of monitoring the operations of OTP's. Nevertheless, it is important to note that the Secretary has retained the right to conduct inspections of programs, including ''for-cause inspections,'' as defined in proposed § 8.2. A ''certified opioid treatment program,'' as defined in proposed § 8.2(i), is an organization that administers or dispenses ''opioid agonist treatment medications'' (see proposed § 8.2(t)) for maintenance or detoxification treatment of opioid addiction, and that is the subject of a current certification issued by SAMHSA under proposed § 8.11. As discussed below, to obtain certification from SAMHSA, under proposed § 8.11, a treatment program must, at a minimum, ''be the subject of a current, valid accreditation by an accreditation body approved by SAMHSA * * *.'' Certification will be granted for a period not to exceed 3 years and will serve as the final determination by the Secretary that the program is ''qualified,'' as that term is used under section 303(g) of the CSA (21 U.S.C. 823(g)).

It is important to note that the proposed definition of a ''certified opioid treatment program'' includes individual practitioners, such as private physicians. Although the term ''practitioners'' was used in the NATA, historically there have been few individual practitioners who have applied to dispense methadone or LAAM under the existing regulations. The Secretary is aware, however, that there is considerable interest in the issue of physicians in private or group practices providing opioid treatment outside the traditional OTP setting.

The intent of this proposal is to develop a process for certifying qualified providers to dispense opioid drugs in the treatment of opioid addiction. Ideally, the proposed process would be sufficiently flexible to allow individual practitioners themselves to provide such services. Admittedly, the proposed Federal opioid treatment standards in some instances may not be well suited to office-based treatment. The Secretary therefore is specifically seeking comment on how the Federal opioid treatment standards might be modified to accommodate office-based treatment and on whether a separate set of Federal opioid treatment standards should be included in this rule for office-based treatment.

The proposal also retains the concept of ''medication units,'' as defined in proposed § 8.2(s). A ''medication unit'' is a facility established as part of, but geographically dispersed from, the central location of an OTP. Licensed private practitioners and community pharmacists are permitted to administer and dispense opioid drugs from medication units without seeking a separate accreditation or a separate certification from SAMHSA. (Medication units, however, may require separate registration from DEA under section 303(g) of the CSA and 21 CFR part 1300.) These units are also authorized to collect samples for drug testing or analysis for narcotic drugs. Medication units can serve to decrease the burden of patients who must travel considerable distances to obtain medication. SAMHSA must be notified before a medication unit can begin to provide opioid treatment medications to patients.

Finally, the Secretary has proposed as a definition of the term ''opioid addiction,'' in proposed § 8.2(u), a condition in which an individual exhibits a compulsive craving for, or compulsively uses, opioid drugs despite being harmed or causing harm as a result of such craving or use. This definition reflects the idea that an individual suffering from opioid addiction may not exhibit concurrent physical dependence on opioids, as evidenced by the onset of signs of withdrawal upon administration of an opioid antagonist or following the last dose of an opioid drug.

2. Accreditation Body Approval and Related Requirements

Proposed § 8.3 outlines the process for applying to SAMHSA to become an approved accreditation body. The initial accreditation application shall include the name, address, and telephone number of the applicant and a responsible official for the application signed by the responsible official. The application also requires evidence of the nonprofit status of the applicant if the applicant is not a State governmental entity or political subdivision. The application must also include evidence that the applicant will be able to survey no less than 50 OTP's annually.

This section also requires that the application include a set of accreditation elements and a detailed discussion showing how the elements will ensure that each OTP surveyed by the applicant is qualified to meet or is meeting each of the Federal opioid treatment standards set forth in proposed § 8.12. An accreditation body must also include a detailed description of its decisionmaking process. The process shall include procedures for initiating and performing onsite accreditation surveys of OTP's and the procedures for assessing OTP personnel qualifications.

The accreditation body must submit copies of the application used for accreditation, along with guidelines, instructions, and other materials to be sent to OTP's during the accreditation process. This includes a request for a complete history of prior accreditation activities and a statement that all information and data submitted in the application for accreditation are true and accurate, and that no material fact has been omitted. Applicant accreditation bodies must also submit the policies and procedures for notifying OTP's and SAMHSA of deficiencies and for monitoring corrections of deficiencies by OTP's and policies and procedures for suspending or revoking an OTP's accreditation. The application shall include the policies and procedures that ensure processing of applications for accreditation and applications for renewal of accreditation within a timeframe approved by SAMHSA. Accreditation bodies must submit a description of the applicant's appeals process to allow OTP's to contest adverse accreditation decisions.

The application also must include a description of the policies and procedures established by the accreditation body to avoid conflicts of interest or the appearance of conflicts of interest by the applicant's board members, commissioners, professional personnel, consultants, administrative personnel, and other representatives. In addition, the applicant must submit a description of the education, experience, and training requirements of the applicant's professional staff, accreditation survey team membership and the identification of at least one licensed physician on the applicant's staff and a description of the applicant's training policies. The application must include fee schedules, with supporting cost data. Applicant accreditation bodies must provide satisfactory assurances that the body will comply with the requirements of proposed § 8.4, including a contingency plan for investigating complaints under proposed § 8.4(e). Finally the application must include policies and procedures established to protect confidential information the applicant will collect or receive in its role as an accreditation body and any other information SAMHSA may require.

Proposed § 8.4 sets forth accreditation body responsibilities. Accreditation bodies will be responsible for conducting accreditation surveys and to take actions based upon the results of

these surveys. In addition, the accreditation body will have to keep certain records and submit periodic reports. Under proposed § 8.5, SAMHSA will periodically evaluate the performance of accreditation bodies by inspecting a sample of OTP's that have been surveyed by the accreditation body and determining whether there are deficiencies that would warrant the withdrawal of the approval of the accreditation body under proposed § 8.6. Proposed § 8.6 establishes the actions and procedures that SAMSHA will take if it determines that an accreditation body is not complying with the requirements in this rule. This section describes contingencies for major and minor accreditation body deficiencies, including probationary status and reinstatement. Finally, proposed § 8.6, provides an opportunity for accreditation bodies to challenge an adverse finding by requesting a hearing. Proposed §§ 8.7 through 8.10 are reserved.

These provisions were developed after consulting other Federal agencies, including the VA and the HCFA, and after reviewing existing accreditation systems. DHHS has also carefully reviewed existing certification-accreditation oversight systems, including FDA's mammography regulatory system. As such, DHHS believes that these provisions are reasonable and reflect what has become a standard approach for ensuring the quality of health-care practices. Similarly, it is customary for oversight agencies to validate the performance of accreditation bodies through periodic direct inspections of establishments that have or have not received full accreditation. DHHS believes that validation inspections are a reasonable and efficient mechanism for ensuring that approved accreditation bodies are carrying out their responsibilities.

a. Patient confidentiality. The patient records maintained by OTP's are subject to the confidentiality protections of State and Federal laws. With respect to patient confidentiality, section 543 of the PHS Act (42 U.S.C. 290dd–1) and its implementing regulations, 42 CFR part 2, are fully applicable to OTP's. OTP's are ''programs'' as defined by 42 CFR 2.11 and are ''federally-assisted'' as defined by 42 CFR 2.12(b)(2). Under these regulations, the treatment programs are prohibited from disclosing patient identifying information except in certain prescribed circumstances such as under patient consent, for purposes of research, audit or evaluation, or under a court order consistent with subpart E of 42 CFR part 2.

The regulations at 42 CFR part 2 would permit programs to disclose patient records to accreditation bodies under the audit and evaluation exception at 42 CFR 2.53. To the extent that the accreditation body needs to copy records containing patient identifying information, it must agree in writing to: (1) Maintain the patient identifying information in accordance with the security requirements provided in 42 CFR 2.16 of the regulations, (2) destroy all patient identifying information upon completion of the audit or evaluation, and (3) comply with the limitations on redisclosure of 42 CFR 2.53(d).

b. Prevention of conflicts of interest. With respect to conflicts of interest, the Secretary is proposing that accreditation bodies must submit to SAMHSA, as part of an application for approval under proposed § 8.3(b)(6), the policies and procedures maintained by the accreditation body to ensure that the body remains impartial and free of commercial, financial, and other pressures that might present an actual or apparent conflict. Although it is not possible to state categorically all of the criteria for assessing whether an accreditation body will be free of conflicts, the most common condition that would indicate a potential conflict would be one in which any member of the accreditation team (or an immediate family relative) has a financial interest of any type, direct or indirect, in the treatment program to which the team is assigned. Likewise, it may be appropriate that anyone employed by the accreditation body who is involved in any respect in the accreditation decision for a particular program must be free of a financial interest in the program. DHHS seeks comments on the types of financial conflicts that should be prohibited, or on the amount of financial interest that may be considered *de minimus* such that it would not rise to a conflict of interest. Fees charged to programs must in no way be made contingent, in whole or in part, on a particular accreditation decision or outcome.

B. Subpart B—Certification and Treatment Standards

Subpart B of part 8 proposes the process by which OTP's may obtain certification from SAMHSA, the conditions necessary for remaining certified, and the process by which SAMHSA may suspend or revoke certification. In addition, subpart B of part 8 proposes the Secretary's Federal opioid treatment standards.

1. OTP Certification

Under proposed § 8.11, treatment programs must obtain certification from SAMHSA for the program to be considered ''qualified'' by the Secretary under 21 U.S.C. 823(g). Certification will be for a term not to exceed 3 years but may be extended as necessary, with permission from SAMHSA, to accommodate accreditation cycles.

A program must obtain a current, valid accreditation from a SAMHSA approved accreditation body in order to be considered eligible for certification. Although SAMHSA expects that most programs that obtain accreditation will, as a matter of course, obtain certification, there are circumstances in which SAMHSA could deny certification to an accredited program. Under proposed § 8.11(c)(2), SAMHSA may deny certification if a program's application for certification (see proposed § 8.11(b)) is deficient in any respect; if SAMHSA independently determines that the program will not be operated in accordance with the Federal opioid treatment standards; if the program has improperly denied access to the facilities or to its records; or if it is determined that the program has in any respect made misrepresentations or omitted material facts in the course of obtaining accreditation or applying for certification. Although it is expected that a denial of certification for a program that has obtained accreditation would be a rare occurrence, the Secretary nevertheless has retained the authority to deny certification. Likewise, the Secretary has retained the authority to independently certify a program that has not obtained accreditation. Again, this authority would be used only in rare circumstances.

Proposed § 8.11(d) provides for ''transitional certification'' during the period when the former regulations at part 291 will have been repealed and the new accreditation based regulations, under 42 CFR part 8, are just beginning to be implemented. The intent of these provisions is to allow programs that were approved under the old regulations to remain in operation for a reasonable period of time so that there is sufficient time for: (1) SAMHSA to approve one or more accreditation bodies, (2) programs to apply for and obtain accreditation from one of the approved accreditation bodies, and (3) SAMHSA to make certification decisions based on the outcome of the accreditation process.

First, OTP's that have not obtained certification from SAMHSA, but are the subject of a current approval by FDA

under part 291 as of the effective date of the regulation will be granted ''transitional certification'' for a period of 90 days after the effective date of the final rule. Under the proposal, programs that are granted transitional certification must apply to SAMHSA during this 90-day period to extend their transitional certification for up to 2 years from the effective date of the regulation. To extend transitional certification, an OTP must submit the information that would be required in a new application for certification (proposed § 8.11(b)). In addition, the program must include a statement certifying that the OTP will apply for accreditation from a SAMHSA approved accrediting body within 90 days from the date SAMHSA approves the first accreditation body under proposed § 8.3. SAMHSA intends to announce the approval of accreditation bodies in the **Federal Register** and through other media. In addition, if a program has applied for accreditation but the accreditation body is unable to complete its survey prior to 2 years from the effective date of this regulation, SAMHSA may extend a program's transitional certification for up to 1-additional year.

It should be noted that the Secretary is proposing that treatment programs will be subject to the requirements of these rules upon the effective date. SAMHSA will be overseeing the regulations and will be monitoring programs during the 90-day application period as well as subsequently in accordance with the regulations. It is expected that 3 years will be sufficient time for all OTP's to become accredited, although the Secretary would expect that most programs will be accredited within 2 years.

Proposed § 8.11 also provides a mechanism to allow for ''provisional certification'' when a program is diligently pursuing accreditation. Under § 8.11(e), OTP's that have not previously obtained certification from SAMHSA, but have applied for accreditation with an accreditation body, are eligible to receive a provisional certification for up to 1 year. To receive a provisional certification for up to 1 year, an OTP must submit the information set out in § 8.11(b) to SAMHSA along with a statement identifying the accreditation body to which the OTP has applied for accreditation, the date on which the OTP applied for accreditation, the dates of any accreditation surveys that have taken place or are expected to take place, and the expected schedule for completing the accreditation process. A provisional certification for up to 1 year will be granted, following receipt of the information described in this paragraph, unless SAMHSA determines that patient health would be adversely affected by the granting of provisional certification.

An extension of provisional certification may be granted in extraordinary circumstances or otherwise to protect public health. To apply for a 90-day extension of provisional certification, an OTP must submit to SAMHSA a statement explaining the program's efforts to obtain accreditation and a schedule for obtaining accreditation as expeditiously as possible.

Proposed § 8.11 also addresses the use of opioid treatment medications in patients hospitalized or admitted to long-term care facilities for treatment of a medical condition other than opioid addiction. Under proposed § 8.11(a)(4), the Secretary will not require such facilities to seek certification in order to provide maintenance or detoxification treatment to a patient who has been admitted for medical conditions other than addiction or if the patient is already enrolled in a certified OTP and such enrollment has been verified. The terms ''hospital'' and ''long-term care facility'' are determined according to the law of the State in which the facility is located. This provision is not intended to relieve hospitals and long-term care facilities from their obligations for registration under section 303(g) of the CSA and under regulations issued by DEA (see 21 CFR 1306.07(c)).

Under DEA's regulations, DEA requires (and will continue to require) registration of such facilities if approved controlled substances are dispensed or administered from a location, such as a long-term care facility, even though the controlled substances are not stored overnight. Further, if an OTP patient is admitted to a hospital for anything other than addiction, the hospital can administer or dispense a narcotic drug to maintain or detoxify a person as an incidental adjunct to medical or surgical treatment during the term of the stay in the hospital. However, because long-term care facilities are not considered hospitals by DEA, patients in long-term care facilities cannot currently receive methadone as an adjunct to medical or surgical treatment of conditions other than addiction unless the facility is registered with the DEA. However, if the individual was formerly a patient in an OTP, the OTP may transfer the opioid medication (i.e., methadone or LAAM) to the long-term care facility under a delivery protocol which complies with State and Federal regulations.

Section 8.11(f) proposes the general conditions of certification. First, under the proposal, OTP's must agree to comply with all applicable State laws and regulations. The Secretary, however, will not require State approval of a program as a condition precedent to obtaining certification under proposed § 8.11(c). DEA regulations will continue to require State approval before issuing a DEA registration.

As provided in the CSA, the Secretary's role in the oversight of narcotic treatment is to set standards for the appropriate use of narcotic drugs in the treatment of addiction, and then to ensure compliance with those standards. The States, on the other hand, have a broader set of responsibilities, including regional and local considerations such as the number and distribution of treatment facilities, the structural safety of each facility, and issues relating to the types of treatment that should be available. For example, under the ADAMHA Reorganization Act of 1992, the Chief Public Health Officer within a State must certify that interim methadone maintenance will not ''reduce the capacity of comprehensive programs'' within the State. In addition, some States consider the proximity of other treatment programs in deciding whether to approve a treatment program, or the number of treatment programs currently operating in the State (Refs. 25 and 26). And, at least one State limits methadone treatment to nonprofit programs (Ref. 27).

Nothing in this part is intended to restrict State governments from regulating the use of opioid drugs in the treatment of opioid addiction. Importantly, there will still be extensive cooperation between SAMHSA and relevant State authorities. However, in determining whether an OTP that is applying for certification satisfies the requirements of section 303(g) of the CSA (21 U.S.C. 823(g)), the Secretary will not require that the program first obtain approval from a relevant State authority.

Second, treatment programs must agree to allow SAMHSA, DEA officials, relevant State officials, and authorized accreditation bodies access to conduct surveys and inspections (including unannounced inspections), and full access to patient records. Failure to allow such access will be grounds for denial of certification or, in the case of a certified facility, suspension or revocation of certification under proposed § 8.14(a)(4). Note also that SAMHSA will continue to conduct inspections of OTP's to validate the performance of accreditation bodies, in instances where accreditation is determined to be inadequate and otherwise as needed to ensure that all treatment programs are operating in a

manner consistent with the Federal opioid treatment standards.

Third, the proposal retains under § 8.11(g) the provisions and requirements for authorizing interim methadone maintenance program approval. These provisions were mandated by the ADAMHA Reorganization Act of 1992 and remain in effect. Under proposed § 8.12(e), SAMHSA will process requests for interim maintenance approval.

The proposal retains, under § 8.11(h), a provision that allows an OTP to request from SAMHSA an exemption from the regulatory requirements set forth under proposed §§ 8.11 and 8.12. An example of a case in which an exemption might be granted would be for a private practitioner seeking to treat a limited number of patients in an area with few physicians and no geographically accessible rehabilitative services. In such an instance, SAMHSA would consider a request for an exemption from certain of the staff credential or required services standards, as well as an exemption from the requirement to be accredited. Another example would be an exemption that might be granted to a State sponsored pilot program which uses innovative dose schedules or dispensing practices for an already approved opioid agonist treatment medication.

Finally, the proposal requires as a condition of continued certification that programs must notify SAMHSA within 3 weeks regarding any change in the status of the program sponsor, such as a corporate reorganization, or a change in the status of the medical director, such as the retirement or termination of the individual in that role.

2. Federal Opioid Treatment Standards

Proposed § 8.12 proposes the Secretary's ''Federal opioid treatment standards'' as enforceable regulatory requirements that treatment programs must follow as a condition of certification. The requirements, which are discussed in greater detail as follows, address the opioid drug products approved for use in certified OTP's, dosage form limitations, the requirements necessary to assure that medications dispensed for unsupervised or ''take-home'' use do not present inappropriate risks for diversion, the minimum program staffing requirements and staff responsibilities, admission and enrollment requirements, and required services. These standards will form the outline for, and will inform the development of, each accreditation body's approved accreditation elements.

Proposed §§ 8.13 and 8.14 address the process that SAMHSA will follow in suspending or revoking certification under these regulations. The proposal includes timeframes for notifying DEA when a treatment program's registration should be suspended or revoked. In addition, these sections address the contingencies when an accreditation body itself revokes a program's accreditation, or when an accreditation body's approval to perform accreditations is revoked.

Proposed § 8.14(b) provides the circumstances under which SAMHSA will suspend a treatment program's certification. If SAMHSA finds substantial evidence of an imminent hazard to health, SAMHSA will suspend certification and notify DEA to suspend registration under 21 U.S.C. 824(d). Substantial evidence of imminent hazard could include evidence that treatment program practices are leading to unacceptable levels of diversion or other practices that create an unacceptable level of risk to the safety of patients or the community.

The procedures set forth in this proposal for revoking or suspending certification of treatment programs are similar to the existing procedures for withdrawing approval under § 291.505(h). Notice and an opportunity for an informal review and hearing will be provided prior to revocation, in accordance with proposed subpart C (discussed as follows). An expedited process is also included for seeking review of decisions to immediately suspend certification.

It should be noted that DEA also has a process for review when a registration is revoked or suspended consistent with the requirements of 21 U.S.C. 824(c). (See part 1301 (21 CFR part 1301).) Although the procedures for review of a suspension or revocation set forth in this notice are being proposed at this time, DHHS intends to work with DEA to ensure that only a single hearing occurs when a program's certification is suspended or revoked under the DHHS regulations, so as not to duplicate effort. Specifically, it may be decided, as part of the final rule, that DEA should have the lead in conducting the hearing, in which case the regulations at part 1301 would apply rather than the hearing process in subpart C of part 8 of the proposed rule. Alternatively, it may be decided that the hearing process in subpart C of part 8 will be retained in the final rule, but that SAMHSA would request the DEA hearing official to defer to the decision of the Secretary with respect to determinations made under 21 U.S.C. 823(g)(1) and (g)(3). At this time, however, the Secretary is proposing a separate hearing process and is seeking comment on the proposed process.

The final provision in subpart B (proposed 42 CFR 8.15) proposes two new application forms: SMA–162, Application for Certification for Use of Opioid Drugs in a Treatment Program; and SMA–163, Application for Becoming an Accreditation Body under proposed 42 CFR 8.3. SAMHSA is in the process of obtaining OMB review for these new forms.

SMA–162, Application for Certification to Use Opioid Drugs in a Treatment Program, will closely track the existing application form for FDA approved treatment programs. The applicant will have to provide the name of the program (or primary dispensing location), the address of the primary dispensing location, the name and address of the program sponsor, along with appropriate telephone numbers. In addition, the form requires the submitter to provide estimates of the number of patients to be treated and the program funding source, along with descriptions of the organizational structure of the program. The new form will retain the language on establishing a patient record system, and maintaining patient records for at least 3 years. The proposed SAMHSA form would require information on the program's accreditation status as required by proposed § 8.11(a)(2).

Under the existing regulation, a treatment program is required to complete and submit a new form when there is a change in location of the treatment program, or a change in program sponsor. SAMHSA is retaining this reporting requirement. In addition, a treatment program must submit a new form before establishing a medication unit.

Under the proposal, Form FDA–2635, Consent to Treatment with an Approved Narcotic Drug, would be eliminated. Current regulations require that the person responsible for the program must ensure that the patient has voluntarily chosen to participate in treatment; that all relevant facts concerning the use of the opioid drug are clearly and adequately explained; and that the patient, with full knowledge and understanding of its contents, signs the consent form. A specific consent to treatment form was considered necessary when methadone maintenance treatment was a relatively unfamiliar treatment modality in the early 1970's. Indeed, Form FDA–2635 reflected the idea that methadone is a drug that FDA had identified under 21 CFR 310.303 as one for which

additional long-term studies were needed. FDA, however, has removed that designation for methadone (61 FR 29476, June 11, 1996). While patients should continue to be counseled on the risks of opioid agonist maintenance therapy and provide written consent to treatment, and accreditation bodies should include elements to assure such counseling, the Secretary has tentatively concluded that a Federally mandated consent-to-treatment form is no longer necessary.

Form FDA–2633, Medical Responsibility Statement for Use of Narcotic Drugs in a Treatment Program, would also be discontinued. This form predates the NATA, and was first announced in the initial 1972 regulation (Ref. 28). According to a Paperwork Reduction Act analysis published in 1998 (Ref. 29), FDA estimated that 275 of these forms are submitted annually, requiring a total of 70 hours to complete. The form must be signed by all program physicians who, in turn, agree to assume responsibility for dispensing and administering opioid substances and agree to abide by the standards set forth in the regulations. In addition, program physicians agree to adhere to the patient confidentiality requirements of 42 CFR part 2. Finally, the form requires that those program physicians who are also medical directors will assume responsibility for administering medical services and for ensuring compliance with all applicable Federal, State, and local laws. While the Secretary is proposing to retain these requirements for program physicians and medical directors, as part of the Federal opioid treatment standards and as a condition for continued certification, the requirement that a form be submitted is no longer considered necessary in order to ensure compliance.

The Secretary is also proposing to eliminate the requirement for separate forms for maintenance treatment and detoxification treatment (see FDA–2636 Hospital Request for Methadone Detoxification Treatment). Under the proposed rule, entities providing either maintenance or detoxification treatment must conform to the same core Federal opioid treatment standards. One qualification, however, is that a hospital-based detoxification program would not be required to obtain a separate accreditation if the hospital itself is accredited by a SAMHSA approved accreditation body and certified by SAMHSA.

C. Subpart C—Procedures for Review of Denial, Suspension, or Revocation of Certification

Subpart C of proposed part 8 sets forth procedures for programs to seek review of denials, suspensions, or revocations of certification. The subpart C procedures are also available to accreditation bodies who are denied approval or whose approval has been revoked by SAMHSA.

The proposed procedures will ensure that programs will be given adequate notice of adverse actions, ample opportunity to submit written information, and an opportunity to request an oral hearing. The procedural framework follows the procedures applied by SAMHSA's Division of Workplace Programs under the ''Mandatory Guidelines for Federal Workplace Drug Testing Programs'' (59 FR 29908, June 9, 1994).

IV. Federal Opioid Treatment Standards

A. General

Proposed § 8.12 sets forth the Secretary's Federal opioid treatment standards. These standards represent the Secretary's core requirements for the medical treatment of opioid addiction with opioid agonist treatment medications. Taken together, the Secretary's standards outline the essential framework of a state-of-the-art addiction treatment program, with additional details to be supplied through Federal guidelines under development by SAMHSA and by accreditation elements to be developed by expert accreditation bodies.

The Secretary's proposed standards also reflect the minimal requirements necessary to reduce the risk of diversion of opioid treatment drugs. Among other things, the Secretary has set forth specific quantities of opioid drugs to be used for unsupervised ''take home'' use and certain other constraints on take-home use.

On the whole, these standards carefully balance the need for enforceable requirements, including clear standards to minimize the risk of diversion, against the pressing need to increase the clinical discretion and judgment in opioid addiction treatment. In addition, these standards reflect many of the elements that the IOM identified as necessary to prevent ''substandard treatment.''

B. Administrative and Organizational Structure

Section 8.12(b) proposes to require that an OTP's organizational structure must be adequate to ensure patient care. At a minimum, there must be a program sponsor who agrees to adhere to regulatory requirements. In addition, the Secretary believes it is essential, as with other medical treatments, that physicians oversee the medical aspects of treatment. Therefore, all OTP's must have a designated medical director.

C. Continuous Quality Improvement

Proposed § 8.12(c) requires that OTP's have a quality assurance plan and pursue continuous quality improvement activities. Importantly, treatment programs must continuously assess patient outcomes. Consistent with the findings from the GAO report, programs will be required to assess and improve the quality of the treatment they provide. In addition, as discussed elsewhere in this document, considerable advancements have been made in the field of methadone treatment outcome assessment. (*See* section II.C. of this document, discussion of MTQAS.) Examples of possible outcomes include: Reducing or eliminating illicit drug use, reducing or eliminating associated criminal activities, reducing behaviors contributing to the spread of infectious diseases, and improving quality of life by restoration of physical and mental health status.

The Secretary also proposes, under § 8.12(c)(2), that treatment programs include a ''Diversion Control Plan'' as part of the quality assurance plan. As noted elsewhere in this proposal, the IOM devoted an entire chapter to the issue of the diversion of treatment medications, an issue that remains a serious concern. While existing regulations require programs to monitor patients with drug abuse tests, and to include contingencies for positive results, the Secretary believes that program specific diversion control plans will help to reduce the scope and significance of diversion. Such plans would describe, among other things, a comprehensive diversion monitoring program that assigns specific responsibility to medical and administrative staff for carrying out diversion control measures and functions.

D. Staff Credentials

Proposed § 8.12(d) requires that physicians, nurses, addiction counselors, and other licensed professionals have sufficient education, training, and experience to enable them to perform assigned functions. While the standard does not require that treatment programs retain on staff individuals credentialed in the addiction treatment field, the Secretary

notes the existence of such specialties and encourages treatment programs to maintain or employ sufficient expertise in the field of addiction treatment to ensure quality treatment. In addition, licensed professional care providers, including addictions counselors, must comply with the credentialing requirements of their respective professions.

E. Patient Admission Criteria

The proposal retains most of the criteria from the existing regulation for admitting patients to maintenance and detoxification treatment. Under these criteria, patients eligible for admission to detoxification treatment (the IOM used the term ''Medically Supervised Withdrawal'') must be physiologically dependent upon opioids. In addition, qualified personnel must use accepted medical criteria, including those listed in the *Diagnostic and Statistical Manual for Mental Disorders* (DSM–IV), to determine that patients eligible for maintenance treatment are currently addicted to an opioid drug and became addicted at least 1 year before admission to treatment. The regulation retains exceptions for pregnant patients, patients released from penal institutions, and previously treated patients.

The current criteria require a 7 day waiting period between each detoxification treatment admission. The rationale for this requirement seems to have been a concern that overlapping detoxification admissions could lead to *de facto* maintenance treatment, albeit without the comprehensive treatment requirements associated with maintenance treatment. The Secretary has now tentatively concluded that 7 days is more time than is needed for this purpose, and may unnecessarily expose addicts to increased risks from HIV and other infectious diseases. The Secretary seeks comments on a shorter period, perhaps 2 days, as a waiting period between detoxification admissions.

F. Required Services

Under proposed § 8.12(f), OTP's must provide adequate medical, counseling, vocational, educational, and assessment services to patients enrolled in the OTP. These services were identified in the IOM report and elsewhere as essential standards of adequate treatment. The proposal retains the provision that these services must be available at the primary facility, unless the program sponsor has entered into a formal agreement with another entity to provide these services. Further, the proposal retains the requirement for the development and periodic evaluation of a treatment plan for each patient that reflects an assessment of the patient's current needs.

While the medication (methadone or LAAM) itself is an essential element of this modality of treatment, most patients also require a variety of other services to obtain the best and most expeditious outcomes. Since their inception, the existing regulations have reflected the need to provide services to patients in addition to the treatment medications. Indeed, the IOM report recommended that certain services should be retained as an enforceable requirement. This proposal specifies such services in the opioid treatment standards. In the past, DHHS has attempted to write all facets of these required services into regulation. It is now accepted, however, that: (1) Different patients, at different times, may need vastly different services, and (2) the state of the clinical art has changed, to reflect scientific developments and clinical experience, and is likely to continue to change and evolve as treatment methods improve.

Through this rulemaking, DHHS is proposing a more flexible, performance-based approach. With guidance from SAMHSA, the accreditation bodies will develop the elements needed to determine whether a given OTP is meeting patient needs for required services. SAMHSA will review these elements as part of the accreditation body's application to ensure that accreditation bodies have incorporated the Federal opioid treatment standards into their accreditation elements. SAMHSA will also review accreditation body elements to ensure that the elements do not exceed Federal expectations.

G. Recordkeeping and Patient Confidentiality

Under proposed § 8.12(g), OTP's must maintain a patient record system that is adequate to document and monitor patient care and outcomes, and comply with relevant Federal and State requirements. In addition, OTP's are required to keep patient records confidential in accordance with applicable Federal and State requirements.

Although difficult to quantify, there have been cases of patients enrolling in more than one treatment program. The Secretary, therefore, is retaining the requirement that treatment programs determine that patients upon admission are not enrolled in any other OTP.

H. Medication Administration, Dispensing, and Use

The proposal retains requirements from the existing regulations that treatment medications are dispensed by practitioners licensed under all applicable Federal and State laws to dispense such medications. In addition, the proposal retains initial and first day dose requirements for methadone which are consistent with the IOM recommendations.

Proposed § 8.12(h)(2) includes the requirement that only medications approved by FDA for the treatment of opioid dependence or addiction shall be available for use by OTP's in treating these conditions. Currently, methadone and LAAM are listed in this section. If FDA approves a new opioid medication for the treatment of opioid dependence, the Secretary would amend this regulation to address the new medication. This section is not intended to preclude the use of other types of medications in treating the patient for medical conditions other than opioid addiction. Similarly, this section is not intended to preclude the use of ancillary, approved nonnarcotic medications for the treatment of the opioid addiction to improve the effectiveness of the addiction treatment.

Moreover, approved medications must be used in accordance with current, FDA-approved labeling. Deviations from the approved labeling must be approved by the program physician and justified in the patient's medical records.

The proposed regulations do not include the specific requirements set forth in the existing regulations at § 291.505(k)(1) for the use of LAAM. These requirements include provisions on initial dosing with LAAM, LAAM dosage form, distinguishing LAAM and methadone dosage forms, and prohibiting the unsupervised (take-home) use of LAAM. In addition, the regulations prohibit the use of LAAM in patients under 18 years of age and require initial and periodic pregnancy testing for the drug to be administered to patients of childbearing potential.

The Secretary is proposing to withdraw these LAAM specific requirements from the Federal opioid treatment standards, to allow more room for clinical judgment. Some of these changes reflect the experience gained from over 4-years experience with the use of LAAM in OTP's. Requirements relating to the unsupervised use of LAAM are discussed as follows.

The Secretary notes that there are new medications under development for the treatment of opioid addiction. While still under investigation and review, it is conceivable that these new medications will present safety and effectiveness profiles that differ from the existing approved treatment

medications, methadone and LAAM. A new medication, for example, could rely on weak or partial agonist properties or on mixed agonist-antagonist properties, with pharmacokinetic and pharmacodynamic properties that would minimize the risk of deliberate abuse through injection and, in turn, would minimize the overall risk of diversion. As such, it may be appropriate to tailor the Federal opioid treatment standards to the specific characteristics of these future medications.

I. Unsupervised Use

The existing regulations establish a complex scheme to address the unsupervised use of methadone, including extensive ''time in treatment requirements.'' The program physician's rationale for prescribing take-home doses must be documented in the patient's medical records and must reflect eight subjective criteria (''take-home criteria'') specified in the regulations (§ 291.505(d)(6)(iv)(B)(*1*) through (d)(6)(iv)(B)(*8*)), to ensure that the patient will be responsible in handling the opioid drugs.

Many have criticized the emphasis and extent of these requirements, noting that methadone patients are already subject to extraordinary degrees of monitoring (Ref. 30). The regulations governing the use of take-home medications in OTP's are among the requirements that have been in existence since 1972.

As noted in the 1995 IOM report, problems associated with diverted methadone have been reduced substantially from the 1970's. The IOM, for example, examined 1992 Drug Use Forecasting (DUF) data on arrests and found that the recent use of methadone among those arrested is low relative to other drugs included in the DUF database. The IOM noted that ''while some street methadone is abused, it constitutes a relatively small part of the drug abuse problem generally * * * [and] instances of primary addiction are few'' (Ref. 31). The IOM concluded that most of the diversion associated with methadone is from patients' take-home supplies, however, ''the amount of methadone diverted to the street, by whatever means, is relatively small.'' The IOM also found a dearth of information on the degree to which methadone is implicated in drug-related crimes and on the amount of police effort devoted to the prevention of its diversion and, therefore, concluded that ''diverted methadone plays a small part in the overall drug-crime problem and receives a low priority in law enforcement efforts.''

The IOM also examined the extent to which diverted methadone contributes to death and morbidity, and the extent to which proceeds from the sale of diverted methadone are used to purchase other illicit drugs. No strong evidence surfaced to demonstrate that methadone plays a significant role in drug-related deaths or emergency hospital care, or that proceeds from the sale of diverted methadone are used to any notable extent in the purchase of illicit drugs.

DEA, on the other hand, published a ''Methadone Diversion'' (Ref. 32) report in April 1995 citing cases of armed robbery and clandestine methadone laboratories and found that, indeed, methadone is diverted and abused. In addressing some of the IOM recommendations, DEA stated that ''[t]o relax controls in clearly identified areas which contribute to the illicit trafficking would not enhance treatment, but instead would further erode public confidence in treatment and expand traffic and abuse of methadone.''

Having considered both sides of the issue, the Secretary is proposing several options for determining whether OTP's comply with standards respecting the quantities of opioid drugs which may be provided to patients for unsupervised use. The Secretary is specifically requesting comment on these approaches, as well as the optimal combination of regulatory requirements, accreditation elements, and oversight procedures to reduce the risks of diversion.

The options set forth as follows reflect two important factors. First, the Secretary has tentatively concluded that certain of the restrictions in the existing regulations are too restrictive, especially when they are applied to those patients who have been in treatment for extended periods and have demonstrated responsibility in handling opioid drugs. Such a patient, for example, could greatly benefit from having access to take-home supplies beyond 6 days, an amount which under the current regulations would require the granting of a special exemption by FDA. The options, then, reflect greater flexibility for providing take-home supplies to certain long-term patients.

Second, as noted previously, the current regulations prohibit the dispensing of LAAM for unsupervised use. This prohibition reflected the lack of experience with LAAM at the time of its approval in 1993, coupled with concerns about LAAM's lengthy induction properties. LAAM has now been available to treatment programs for several years, and the number of programs authorized to use LAAM has grown considerably. In addition, FDA and SAMHSA have received numerous inquiries expressing concern about the prohibition on the unsupervised use of LAAM, particularly with respect to those who need to travel and must abruptly switch to methadone. Such switching can be disruptive to patients stabilized on LAAM. Accordingly, the Secretary has tentatively decided to remove the prohibition on the unsupervised use of LAAM.

Options 2, 3, and 4, would allow unsupervised use of any approved opioid treatment medication. The Secretary, however, is specifically requesting comments, including data from the treatment field, that bear on the issue of whether to allow take-home use of LAAM.

1. Option 1—Retain Current System

Under the first option, the Secretary would retain the current regulatory scheme prohibiting the unsupervised use of LAAM. For methadone, the time-in-treatment requirements, maximum 6-day supply, probation, exemptions, and criteria for determining responsibility all remain as opioid treatment regulatory requirements. As in the current regulations, the program physician would be required to consider the following ''take-home criteria'' in determining whether a patient is responsible in handling opioid drugs:

1. Absence of recent abuse of drugs (opioid or nonnarcotic), including alcohol;

2. Regularity of clinic attendance;

3. Absence of serious behavioral problems at the clinic;

4. Absence of known recent criminal activity, e.g., drug dealing;

5. Stability of the patient's home environment and social relationships;

6. Length of time in comprehensive maintenance treatment;

7. Assurance that take-home medication can be safely stored within the patient's home; and

8. Whether the rehabilitative benefit to the patient derived from decreasing the frequency of clinic attendance outweighs the potential risks of diversion (§ 291.505(d)(6)(iv)(B)).

Accreditation bodies would have elements designed to ensure that treatment program quality assurance plans include sentinel events and followup actions to assure that patients are not misusing medications provided for unsupervised use. SAMHSA would determine program-wide and individual patient exemptions for take-home use beyond a 6-day supply.

2. Option 2—Follow the IOM's Recommendation

The second option tracks the IOM's recommendation. This option would retain the regulatory requirement that the medical director shall be responsible for determining whether a patient can responsibly handle opioid treatment drugs for unsupervised use. In addition, all decisions on take-home medications would be documented in the patient's medical chart. The basis for the medical director's clinical judgment must be, at a minimum, the eight criteria listed currently in § 291.505(d)(6)(iv)(B). These criteria would be a required part of the accreditation elements that will be assessed periodically by accreditation bodies and would be included in the determination of whether to accredit the treatment program.

The Federal opioid treatment standards would include the following restrictions on the use of controlled opioid medications for unsupervised use:

1. For the first month of treatment, the maximum take-home supply is limited to a single dose each week and the patient shall ingest all other doses under appropriate supervision.

2. In the second month of treatment, the maximum take-home supply is two doses after each supervised ingestion.

3. In the third month of treatment, the patient should have ingestion observed at least twice a week, with take-home permitted for other doses.

4. In the remaining months of the first year, the maximum take-home supply of methadone is three doses after each supervised ingestion.

5. After 1 year, a selected patient would become eligible for less intensive supervision of medical ingestion and may be given up to a 31-day supply of take-home medication and monthly visits. Another variation on this option would have patients receiving up to a 14 day take-home supply after 1 year, and up to a 31-day supply after 2 years. In addition, patients could be subject to monthly drug abuse tests.Under this option, SAMHSA would still consider individual, but not program-wide, exemptions for travel, medical, or other ''hardships.''

The Secretary has tentatively concluded that Option 2 contains the optimal level of control and has therefore included this option in § 8.12 of the proposed rule. Option 2 is the alternative which follows the IOM's recommendations and which involves the regulatory requirement that the medical director shall be responsible for determining whether a patient can responsibly handle unsupervised medication. Documentation of the decision regarding take-home medication would continue to be required in the patient record, and the decision would be based on the eight criteria currently listed in § 291.505(d)(6)(iv)(B). Restrictions on controlled opioid medications for unsupervised use would be: 1 take-home dose per week for the first month of treatment; 2 doses per week after each supervised ingestion in the second month of treatment; ingestion observed at least twice weekly with take-homes permitted for other doses during the third month of treatment and maximum take-home supply of 3 doses per week after each supervised ingestion for the remainder of the first year. After 1 year, a selected patient may become eligible for less intensive supervision and may have take-home doses varying from 14 to 31 days at a time. DHHS believes this take-home schedule reflects patient responsibility timeframes and adequately balances the need for clinical judgment in this treatment parameter with the risk of medication diversion. The DEA supports proposed Option 2.

3. Option 3—Maximum Amount Approach

Under the third option, the regulations would set a maximum amount, 1.5 grams of methadone or 0.8 grams of LAAM, per 2-week period. In addition, treatment programs would be required to maintain adequate records on the dispensing of opioids for unsupervised use to demonstrate compliance with conditions of accreditation. The existing regulatory criteria would become accreditation elements.

4. Option 4—Retain Existing Requirements, Subject to Continuous Review by Accreditation Bodies

The fourth and final option would retain the regulatory requirement that the medical director, or a designated program physician, is responsible for determining that a patient can responsibly handle medication for unsupervised use. All decisions on take-home medications would be documented in the patients' medical chart, using a standardized format. The basis for the medical director's clinical judgment must follow, at a minimum, the types of criteria listed in § 291.505(b)(3)(i)(D). The criteria and the methodology by which they are applied must be included in the accreditation elements, must be assessed periodically by accrediting bodies, and must be part of the determination of whether to accredit the program. The methodology shall include the OTP's quality assurance plan for regular review of all take-home decisions (initial authorization, renewals, and revocations).

At least one existing accreditation body has accreditation standards that address take-home privileges. COA's Methadone Maintenance Service Standard requires that take-home privileges are earned by the individual and are part of each individual's service plan. A team consisting of the patients's counselor, medical and other appropriate personnel, the patient, and whenever possible, his/her family are involved in deciding whether the patient is ready to receive take-home privileges. Factors that support initiation of take-home privileges include: Length of time in treatment, attainment of clinical stability, progress in rehabilitation, medical necessity, behavioral factors, and emergency circumstances. In addition, the standard includes protocols for deciding when take-home medication is contraindicated, including: Signs or symptoms of withdrawal, continued illicit drug use, the absence of laboratory evidence of methadone in toxicology samples, potential complications from concurrent disorders, ongoing criminal behavior, and an unstable home environment.

Moreover, under COA's standards, toxicology tests are to be scheduled regularly to ensure that the patient is consuming the methadone provided and remains free of illicit substance use, and other such measures to help avoid diversion must be implemented. Importantly, each patient's case or record is reviewed by a physician at least every 90 days, or more frequently if clinically indicated, and the team periodically reviews the benefits and drawbacks of continuing take-home privileges.

I. Interim Maintenance Treatment

The proposal retains standards for interim maintenance treatment. Conceptually, interim maintenance treatment allows authorized programs with documented treatment waiting lists to provide methadone treatment to eligible patients without some of the services required under the regulations. Interim maintenance treatment was mandated by the ADAMHA Reorganization Act.

With respect to the issue of unsupervised use of opioid treatment medications, the proposal retains the prohibition on unsupervised use for patients in short-term detoxification treatment and interim maintenance

treatment. Under the existing regulations, patients in long-term detoxification treatment are permitted one unsupervised dose of methadone per week. The Secretary is proposing to allow the unsupervised use of treatment medications with responsible patients in long-term detoxification treatment because long-term detoxification patients who meet the time in treatment requirements set forth for patients in maintenance treatment should be also eligible to be considered for unsupervised use of treatment medications. This proposed change is consistent with other changes in this notice (e.g., consolidated application forms) that will make the regulations less complicated.

V. Legal Authority

The Secretary's legal authority under section 303(g) of the CSA to issue treatment standards, including standards regarding the quantities of opioid drugs that may be dispensed for unsupervised use, is well established. (See generally section II.A of this document. See also 42 U.S.C. 257a.) In addition, the Secretary has specific authority, through the Administrator of SAMHSA, to coordinate Federal policy with respect to the provision of treatment services for substance abuse using medications such as methadone (21 U.S.C. 290aa(d)(7)). The Secretary is also authorized to establish conditions for allowing interim treatment of opioid addiction. (See section 1976 of the PHS Act, 42 U.S.C. 300y–11.)

Part and parcel with the Secretary's general authority to establish treatment standards, and to ensure that those standards will be met, is the authority to delegate to qualified third parties a role in helping to ensure compliance with the Secretary's standards. The Secretary has retained full responsibility for all final determinations, including all standard setting determinations, as well as the authority to reject the recommendations of an accreditation body, to independently inspect treatment programs, and to perform her own independent certifications. The proposal also includes ample measures to ensure the impartiality of the accreditation body decision makers. Under these circumstances, the Secretary believes that her reliance on accreditation bodies, as outlined in the proposal, is fully consistent with the law as it pertains to subdelegation of agency responsibilities to third parties. See, e.g., *Fleming* v. *Mohawk Wrecking and Lumber Co.*, 331 U.S. 111 (1947); *Tabor* v. *Joint Board for Enrollment of Actuaries*, 566 F.2d 705, 708 n.5 (D.C. Cir. 1977); *National Association of Psychiatric Treatment* v. *Mendez*, 857 F. Supp. 85, 91 (D.D.C. 1994); *Hall* v. *Marshall*, 476 F. Supp. 262, 272 (E.D. Pa. 1979), aff'd 622 F.2d 578 (3d Cir. 1980).

VI. Proposed Implementation Plan

There are approximately 900 OTP's (currently referred to as narcotic treatment programs or ''NTPs'') approved under the existing regulatory system. The Secretary intends to move entirely to the accreditation-based system as soon as practicable, albeit with certain accommodations to allow treatment programs sufficient time to obtain accreditation and, thereafter, certification under new 42 CFR part 8.

The Secretary is proposing that the effective date of the rule, once finalized, will be 60 days after publication of the final rule in the **Federal Register**. However, as discussed in section III.B of this document, the rule will allow for transitional certification for programs that were approved under part 291 as of the effective date of this regulation. In addition, SAMHSA will apply the provisional certification provisions under proposed § 8.11(e) to allow new programs to begin to operate while completing accreditation.

These provisions will allow a sufficient amount of time for accreditation bodies to apply for and obtain SAMHSA approval and, in turn, to begin conducting accreditation surveys.

As part of the transition from the current regulatory approach to the proposed accreditation/regulatory approach, SAMHSA's CSAT has developed a study of an initial cohort of 180 randomly selected, volunteer OTP's (Ref. 33). The study will be used by SAMHSA to develop and continually update the agency's accreditation guidelines. The study, which is not expected to be completed for several years, may also provide useful information for refining the accreditation model that is the subject of this proposed rulemaking.

The shift to an accreditation model is expected to have both administrative and clinical consequences. The CSAT study is designed to provide additional information on the processes, barriers, administrative outcomes, and costs associated with an accreditation-based system. The study will measure program accessibility, client population served, program structure, operation and costs, clinical practice, staff attitudes and behavior, methadone diversion, patient satisfaction, and treatment outcomes at a sample of treatment providers before and after they go through the accreditation process. No OTP participating in the study will be prohibited by the FDA or the DEA from operating because of failure to meet the standards for accreditation.

The focus of the study is a pretest-posttest design with a comparison or control group. This design assumes that a series of variables will be influenced by the intervention, i.e., accreditation, and that measurable information on these variables is available both prior to and following the intervention. The effect of the intervention is then measured by comparing the post-intervention values of the outcomes with the pre-intervention values. The evaluation contractor will collect pre-intervention data from participating OTP's at approximately 6 months prior to accreditation to provide sufficient lead time to measure the baseline status of these programs. It is expected that the OTP's will make program changes to meet the accreditation standards, apply for accreditation, undergo the accreditation process, deliver services post-accreditation, and collaborate in the evaluation. The evaluation contractor will collect post-intervention data from each participating OTP at approximately 6 months following the accreditation survey to provide sufficient time to measure the changes in OTP operations after the accreditation process. The evaluation contractor will collect data from the control group at approximately the same time that data will be collected from the study group.

SAMHSA's CSAT Advisory Council will assist in the evaluation of the study data. SAMHSA expects that the advisory council will establish a subcommittee that will make recommendations to the full committee which, after deliberation, will make recommendations to SAMHSA as appropriate. SAMHSA expects to bring in consultants to the subcommittee who ideally will include representation from stakeholders such as OTP's (both large and small programs), medical and other substance abuse professionals, consumers, and State officials. SAMHSA expects the first meeting of the advisory committee and subcommittee on the issues will convene within 6 months of the first group of accreditation surveys.

DHHS has determined that accreditation is a valid and reliable system for providing external monitoring of the quality of health care—including substance abuse treatment. This study, which will proceed alongside the rulemaking proceeding, is expected to provide important information to allow DHHS to keep its guidelines, and its accreditation

program, as responsive and up-to-date as possible. Among other things, the study will allow DHHS to continuously monitor the monetary costs of accreditation, to ensure that successful OTP's are not precluded from operating by the costs of accreditation, and that patients are not denied treatment based on costs.

Finally, under the project, SAMHSA will fund the accreditation of a large cohort of OTP's. As a result, a substantial subset of the universe of approved programs will have experience with accreditation. During the course of the study, CSAT will make technical assistance available to OTP's to help them meet accreditation requirements.

VII. Environmental Impact

The Secretary has determined under 21 CFR 25.30(h) that this action is of a type that does not individually or cumulatively have a significant effect on the human environment. Therefore, neither an environmental assessment nor an environmental impact statement is required.

VIII. Analysis of Impacts

A. Introduction

This section briefly describes the current estimates of accreditation costs likely to accrue to OTP's as a result of this proposed rule.

The Secretary has examined the impact of this proposed rule under Executive Order 12866, under the Regulatory Flexibility Act (Pub. L. 96–354), under the Small Business Regulatory Enforcement Fairness Act (Pub. L. 104–121), and under the Unfunded Mandates Reform Act (Pub. L. 104–4). Executive Order 12866 directs agencies to assess all costs and benefits of available regulatory alternatives and, when regulation is necessary, to select regulatory approaches that maximize net benefits (including potential economic, environmental, public health and safety, and other advantages, distributive impacts, and equity). The Regulatory Flexibility Act requires agencies to analyze regulatory options that would minimize any significant impact of a rule on a substantial number of small entities. The Small Business Regulatory Enforcement Fairness Act extends the Regulatory Flexibility Act by making such analyses subject to more detailed reviews. The Unfunded Mandates Reform Act requires that agencies prepare an assessment of anticipated costs and benefits before proposing any expenditure by State, local, and tribal governments, in the aggregate, or by the private sector, of $100 million (adjusted annually for inflation). A summary of the appropriate analyses follows.

B. Purpose of the Proposed Regulation

Federal, State, local, and private sponsors spend billions of dollars each year for substance abuse treatment programs (Ref. 34), of which opioid maintenance has been an important option since the early 1970's. OTP's have been subjected to regulations administered by FDA for more than 25 years. These regulations reflect the view that because such treatment programs dispense treatment drugs with abuse potential to drug abusers, they pose risks to communities from potential abuse and/or diversion of the supplied therapeutic drug (Ref. 35). In addition, DEA requires annual registration of OTP's, and enforces regulations relating to security and control of the controlled drug products (Ref. 36).

The motivation for providing opioid maintenance is rarely based on economic criteria. One study indicated that treatment expenditures may be offset by decreased direct costs of incarceration and legal supervision (Ref. 37). Another study suggested that continued methadone treatment for recovering opioid addiction resulted in significant reductions in criminal activity (Ref. 38). Reduced health care costs have also been identified as a benefit of continued treatment, particularly as treatment procedures have been revised to reduce the spread of HIV infection through needles (Ref. 39). Continued treatment has also been shown to lead to increased earnings by allowing patients to maintain regular employment (Ref. 40) and family and personal relationships and to decrease mortality (Ref. 41). A recent study has estimated that the value of avoiding morbidity associated with drug use could be as high as $160,000 per case (Ref. 42). But studies show that these benefits are obtainable only if patients continue to take active roles in their treatments.

As discussed in section II.B of this document, compliance with current regulations is assured through process oriented inspections conducted by either FDA or State inspectors. As FDA has focused on other core priorities, the annual number of OTP inspections by FDA has declined. Meanwhile, as summarized in section II.C of this document, several groups have questioned the emphasis of the current regulations. This proposal is designed to improve the quality of care by shifting oversight of OTP's from a system based on process compliance to an accreditation-based system refocused on the needs of patients.

There has long been controversy centered around the appropriate measures to use in assessing outcomes from drug abuse treatment programs (Ref. 43), although substantial progress has been made in outcome assessment over the last 20 years. One of the important areas of progress from this research has been to shift the focus of treatment outcome assessment from implicitly conceptualizing drug addiction as an acute illness from which the patient either recovers (i.e., remains abstinent) or does not (everything else) to one that is chronic and relapsing. This shift in recognition has resulted in a change in expectations for the outcomes of any one treatment episode where reduced consumption, longer abstention periods, reduced psychiatric symptoms, improved health, maintaining employment, fewer legal problems, and improved family relations demonstrate treatment efficacy. The strategy for measuring success is similar to that used with other chronic disorders such as asthma, arthritis, diabetes, heart disease, hypertension, and other psychiatric disorders. This strategy for assessing outcomes has been adopted by the FDA for measuring pharmaceutical efficacy (Ref. 44).

This change in the way drug addiction and abuse is viewed has led to the development of improved outcome measures, such as those contained in the Addiction Severity Index (Ref. 45), the Individual Assessment Profile (Ref. 46), and the Client Assessment Profile (Ref. 46). These instruments all measure changes in the severity of the problem areas that are commonly affected by addiction. These areas are: Drug use, alcohol use, medical, legal, employment, family/social, and psychiatric. Particularly notable have been studies demonstrating reductions in criminal behavior associated with participation in methadone treatment (Refs. 47, 48, and 49).

Improvements in outcomes after methadone treatment are almost always equal to or greater than improvements seen in treatments for other chronic relapsing disorders (Ref. 50). For example, studies of methadone maintenance programs routinely show reductions of 80 percent or more in heroin use after several months with even greater reductions for patients who remain in treatment for more than 1 year (Refs. 51, 52, and 53). More recently, studies have consistently shown that the risk for HIV infection is significantly reduced by opioid agonist therapy, even

in the absence of total cessation of drug use (Refs. 54, 55, and 56). These proposed regulations are designed to improve the therapeutic impact of treatment programs by assuring adequate quality of care, including adequate doses of medication to have optimal therapeutic effects.

C. Baseline Description of the Industry

FDA has approved 869 methadone treatment programs as of early 1997, including 209 programs also approved for LAAM treatment (Ref. 57). This total encompasses only outpatient maintenance programs and does not include almost 300 inpatient hospital detoxification units. This total likely overstates the actual universe of OTP's because FDA considers individual dispensing sites as separate treatment programs for inspectional purposes, although sites may be affiliated with other organizations. Another estimate of active programs includes 668 reports of active methadone services from SAMHSA's 1996 Uniform Facility Data Set (UFDS) (Ref. 58), although the definition of ''treatment unit'' was left up to the discretion of the respective States (Ref. 59). This estimate may understate the universe of approved treatment programs because not all treatment programs responded to the annual survey. For this assessment, the Secretary has assumed 900 active OTP's as the universe of affected programs.

Data from SAMHSA's UFDS Data Set (Ref. 60) can be used to estimate the number of patients in treatment. The 1996 Data Set includes a 1-day census of patients in treatment, by type of care and jurisdiction. According to the most recent report, there were 940,131 patients in substance abuse treatment facilities (private and public funded) on October 1, 1996. The 1996 report indicates that 13.2 percent or 124,098 of these patients were receiving narcotic substances (assumed to be methadone or LAAM). For the purposes of this analysis, the Secretary estimates the total census of patients in opioid treatment to be approximately 125,000.

Data from SAMHSA indicate that some OTP's may be providing treatment to over 2,085 patients, but most programs have very small patient bases (Ref. 61). Approximately 20 percent of all programs treat 50 or fewer patients (Ref. 62), and 10 percent treat 10 or fewer patients. The median OTP had a patient census of 125 patients, but the mean program size was much larger. Two studies that included methadone program cost parameters indicate a weighted average of 250 patients per OTP (Refs. 63 and 64). For this assessment, the Secretary has assumed a typical OTP can treat 140 patients, for a total industry census of 125,000 patients.

Current cost estimates of providing annual treatment have ranged from approximately $2,500 (Ref. 65) to $4,000 (Ref. 66). The lower cost estimate did not account for all fixed and variable costs associated with operating a treatment facility (e.g., rent and equipment maintenance and operating costs were not adequately accounted). For this assessment, the Secretary has estimated that it costs approximately $4,000 per year to treat one patient.

D. Costs of the Current Regulations

For purposes of this analysis, the Secretary estimates the costs of enforcing the current regulations to average approximately $3.3 million per year. These costs include inspections, support, review of applications, and all overhead. In addition, OTP's found to be violative must improve performance in order to continue operations. Typically, many inspections result in observable violations based on a failure to fully document or record activities. The Secretary has estimated that a typical facility must improve patient recordkeeping as a result of an inspection at a cost of $4.70 per patient per year (or almost $660 per OTP per year ($4.70 x 140)). This cost is estimated by assuming that 10 minutes of nurse/technician time will be required to enter and check records for each patient per year. The total average compensation for a nurse/technician in the health services sector totaled $28.07 per hour in 1996 (Ref. 67). The estimated annual cost for programs to meet requirements of current inspections and correct violations equals $0.59 million. The Secretary seeks comments and information to further assess or estimate the costs for programs to meet the requirements of the current regulations. The total annual cost of continuing the current regulations (in the absence of these proposed regulations) is estimated to equal $3.9 million, most of which is administrative costs of maintaining a regulatory system.

E. Costs of the Proposed Regulation

The proposed rule will generate regulatory costs to OTP's in two general areas. These areas are: (1) The direct costs of becoming accredited through a survey of practices and procedures, and (2) the more indirect costs of improving procedures, if necessary, to meet the quality level required to achieve and maintain accreditation, including resurvey costs. The Secretary has developed preliminary estimates of these cost elements in terms of costs per annual client. Thus, if an OTP must initiate an activity to become accredited, the costs include maintaining that activity at an acceptable level of quality.

In addition, SAMHSA will incur costs to provide oversight of accreditation bodies, review and approve applications from prospective programs, and conduct ''for-cause'' inspections. The Secretary has assumed that DEA will not incur any change in enforcement costs due to these proposed regulations.

Costs are estimated as average annual costs. A 7-percent discount rate is used to estimate the present value of future expenditures and to amortize one-time costs. A 3-year evaluation period (the length of the expected accreditation cycle) is used to analyze any one-time costs associated with compliance.

F. Accreditation of Opioid Treatment Programs

The process of professional accreditation includes external peer review of practices in order to assure an acceptable level of quality. Most accrediting organizations have criteria of what clinical procedures assure a minimum level of quality of care. Usually, a team consisting of various professional specialties will spend several days at a candidate facility during an accrediting survey. The team will examine records and observe practices that determine the facility's level of quality. After receiving accreditation, a facility must show that quality remains at an acceptable level by maintaining proper procedures. Recently, the JCAHO announced that it would develop specific performance outcome measures as accreditation criteria.

The costs of operating an accreditation program are estimated from data provided by three national accreditation bodies: JCAHO, CARF, and COA. Currently, most OTP's are not required to be routinely accredited by any national accreditation body. However, all three bodies have some experience accrediting OTP's. Approximately 36 hospital-affiliated OTP's are currently accredited by the JCAHO, and CARF has accredited some OTP's and is currently developing a specific accreditation manual. COA has drafted standards for OTP services that incorporate many of the requirements of the proposed regulation.

JCAHO would charge a mental health facility with size and operating characteristics similar to an average OTP a base of $5,655 plus $0.23 per outpatient-visit (Ref. 68). JCAHO's definition of an outpatient visit may not strictly apply to opioid treatment

because patients are typically treated as many as six times a week. For the purposes of this analysis, the Secretary has applied the $0.23 per outpatient-visit charge on a weekly basis. The estimated accreditation survey charge for JCAHO accreditation is the base charge plus $1,674 (140 patients times $0.23 times 52 weeks), or approximately $7,300.

Discussions with CARF have indicated that a facility seeking accreditation would pay an application fee of $300, purchase a survey manual for $100, and pay $950 per surveyor per day to conduct an accreditation survey. CARF expected a facility survey to require 2 days onsite, and while they estimated two-person teams, three-person teams may be likely. Thus, a CARF accreditation survey for an OTP seeking accreditation is estimated to cost approximately $5,100, including travel costs.

COA presented data that showed an average charge of about $5,500, but added an additional $1,500 for travel expenses of the accreditation survey team. In addition to the direct accreditation costs, the survey team for COA incurs opportunity costs based on the time necessary to complete a survey. Discussions with COA show that typically a survey team consists of three unpaid persons from previously accredited facilities. While JCAHO and CARF indicated that the labor costs for a survey team were included in the charges, COA did not. For the purpose of estimating the opportunity costs of these survey members, the Secretary has estimated that a typical survey team will consist of an administrator or program director, and a nurse or counselor or social worker. A typical survey is expected to take 2 days to complete. The Bureau of Labor Statistics collects average wage rates by occupation (Ref. 69). In 1996 (the latest year for which these data are published), the average hourly compensation of a nurse or technologist was $28.07, while an administrator or clinic director had total hourly compensation of approximately $33.29. Thus, the opportunity cost of the survey team for conducting an accreditation survey adds almost $1,000 for a total estimated survey cost of $8,000.

For the purposes of this analysis, the Secretary estimates the direct cost of conducting an accreditation survey as the average of these three programs, or $6,800 per treatment program. Assuming a 3-year accreditation cycle, and a 7-percent discount rate, the average annual cost to a treatment facility of conducting accreditation surveys will equal approximately $2,600. Overall, the total average annual accreditation costs for all affected programs are likely to equal $2.3 million.

G. Compliance and Quality Assurance for Opioid Treatment Programs

According to COA, approximately 30 percent of the nonvoluntary accreditation inspections result in some remedial action. CARF has reported an approximately 25 percent less-than-full accreditation rate for facilities that have been required to seek accreditation. Regardless of what the less-than-full accreditation rate is for the first accreditation cycle, subsequent accreditation cycles should have significantly lower rates of less-than-full accreditation as programs adjust to the accreditation process. In addition, CSAT will make available technical assistance to help programs meet accreditation requirements.

While it is possible that increased Federal inspection and enforcement activity (in the absence of this rule) could result in fewer violative programs, the Secretary believes the requirement of accreditation will provide a greater impetus for program-by-program improvements. Shorter accreditation cycles are believed to minimize the opportunity for programs to become noncompliant. In addition, managed health-care payers for psychiatric care often require program accreditation for reimbursement (Ref. 70) and this trend is expected to continue for opioid treatment.

The costs of remediation were estimated from variable program cost data developed for SAMHSA from nine OTP's (Ref. 71). This study presented annual operating costs per patient to maintain what is presumed to be an acceptable level of quality. The consultants collected accounting costs for 14 specific parameters that contribute to overall program quality such as initial assessment, medical examination, case management, etc. While the Secretary does not have data to show that these 14 parameters are inclusive, a weighted average of the costs for the variable cost parameters (for both methadone and LAAM patients) resulted in an average cost per activity of approximately $150 per parameter per patient.

Remedial action to achieve accreditation could require implementation of a service that is currently not available, or it could require only marginal improvements to the level of an ongoing activity. For example, an OTP that did not offer acquired immune deficiency syndrome (AIDS) counseling would be required to start doing so, while a different OTP may be required to improve the quality of such counseling.

At this time, the Secretary does not have data to indicate the minimum level of compliance that would currently allow an OTP to remain in operation. The Secretary has assumed that the complete absence of any one quality enhancing activity would result in a loss of accreditation. Assuming that 25 percent of facilities are expected to require remediation from the initial cycle of accreditation surveys, these facilities are likely to be distributed between two extremes.

The most costly compliance activities would be for OTP's that currently do not offer one of the identified services. In order to continue operations, these facilities would be required to offer these services, and incur costs of $150 per patient or $21,000.

The other extreme would be OTP's that must increase resources to one activity (e.g., improve recordkeeping). This may require increased costs of only $0.67 per patient (based on dividing $150 by 25 percent of the affected programs).

The average cost for a typical less-than-fully accredited OTP to come into compliance during this initial inspection is estimated as the average of these amounts, or approximately $75 per patient or $10,500 per noncompliant program. Having assumed that 25 percent of all OTP's (or 225 programs) would require improvements in the first accreditation cycle, the total costs to the industry are estimated to be $2.4 million.

These costs are estimated based on costs per patient per year, and are thus annual operating costs of ongoing quality assurance activities as well as implementation costs. As such, they also incorporate the cost of maintaining acceptable quality levels between accreditation cycles. These cost estimates take into account typical quality assurance programs that include development of quality assurance manuals and periodic meetings by a quality assurance staff through the evaluation period. Each OTP is likely to invest in a quality assurance program that will contain elements of authority, purpose, organization, scope, responsibility, implementation, and evaluation (Ref. 72). Future accreditation surveys may identify OTP's that do not receive full accreditation, but the noncompliant rate is expected to be low. By maintaining current expenditures and quality assurance programs as estimated in this section, no additional costs are attributable to this regulation.

A resurvey would be required for each OTP needing remedial action. Direct costs for resurveying are part of the original survey, but indirect costs must be accounted for, as measured by the opportunity costs of the survey team. This would likely be travel costs ($1,500) and opportunity costs for the survey team ($1,000) for a total of approximately $2,500 for a resurvey. With an estimated 225 resurveys, the total industry cost would equal $0.6 million. This one-time cost, when amortized for 3 years at 7-percent discount rate to account for an accreditation cycle, results in an average annual cost for the industry of $0.2 million.

H. Annual Costs to Opioid Treatment Programs of the Proposed Regulation

Total costs of this proposed regulation include average annual direct accreditation survey costs of approximately $2.3 million. The average annual costs of both coming into compliance and ensuring an acceptable level of quality is estimated to be $2.6 million. The total average annual costs to OTP's for this proposed regulation is $4.9 million, which includes maintaining an improved quality level. These annual costs equal approximately $5,400 per facility and $39 per patient, an overall average increase of approximately 1.0 percent per patient. Costs are expected to vary by facility and by patient population.

I. Costs to SAMHSA of the Proposed Regulation

The average estimated annual cost of administering an accreditation based system of regulation, based on SAMHSA estimates, is $3.4 million.

J. Total Net Costs of the Proposed Regulations

The total cost of these proposed regulations is the combination of the industry and the government costs. The best estimate of the total average annual cost is $8.3 million. The annual cost of FDA enforcement of the current regulation of OTP's has been estimated to equal $3.9 million. The average annual net cost of this proposal equals the difference, or $4.4 million.

K. Benefits of the Proposed Regulations

Methadone maintenance (and by extension LAAM maintenance) has been identified as the most successful known treatment in avoiding relapses in addiction. Depending on definitions, approximately 80 percent of individuals seeking treatment for substance abuse (including alcohol), from all such treatments (including all alternative treatments), have been reported to have returned to substance use following treatment (Ref. 73). While individual opioid maintenance programs vary in success rates, a study of six clinics showed that the continued use of drugs ranged from only 10 percent of patients in the most effective clinic to 56 percent in the least effective (Ref. 74). Among other factors, the more effective clinics were characterized by treatment goals of ongoing maintenance, better staff-patient relationships, and higher average medication doses (Ref. 75).

A study of relapse rates reported that overall methadone maintenance programs reported a 40-percent average relapse rate (Ref. 76), compared to an 80-percent relapse rate for all substance abuse treatment. However, for patients still in treatment, the reported relapse rate was 31.7 percent, while patients out of treatment reported a 65-percent relapse rate. But, those patients who had completed a course of treatment of at least 24 months reported relapse rates one-third lower than those in treatment for fewer than 6 months (50 percent to 71.8 percent) (Ref. 77). These findings imply that continuing treatment and length of treatment decrease the probability of relapse.

The Secretary cannot with certainty predict the effect of these regulations on the expected rate of relapse. However, the following example illustrates the range of potential benefits that might be achieved if the average patient remains in treatment for 6 months longer than the current reported average duration of treatment (14.7 months to 20.7 months). In this instance, the expected average rate of relapses would decrease from 40 percent to 32.3 percent. This implies that the number of annual relapses from therapy would be reduced by 12,320 patients. In 1993, there were more than 13,000 drug related mortalities (Ref. 78), not all of which could be attributable to drugs treatable by opioid maintenance. However, it is likely that at least some of these mortalities would be avoided if greater numbers of patients avoided relapse by maintaining treatment.

In addition, other benefits such as reduced health expenditures, better personal relationships, and reduced criminal activity would be expected. Based on plausible values for such gains, even very minor improvements in patient outcomes could easily offset the net annual compliance cost of this proposed regulation.

L. Impact on Small Opioid Treatment Programs

1. Description of Impact

As discussed previously, the proposal is expected to provide more frequent quality surveys of OTP's and allow for greater flexibility in the delivery of opioid treatment.

Under definitions provided by the Small Business Administration (SBA), virtually the entire industry would be composed of small entities (Ref. 79). The SBA uses an estimate of $5.0 million in gross revenues as a definition of small entity for industry SIC 8093 (Specialty Outpatient Facilities, NEC). An OTP would need to provide treatment to 1,250 to reach that level. As stated earlier, 20 percent of the OTP's serve 50 or fewer patients. This segment of the industry may be assumed to be considered small relative to the typical OTP.

All small programs would be required to be accredited by an accreditation body approved by SAMHSA. Each OTP, regardless of size would be expected to maintain this accreditation in order to continue to treat patients. There are several important changes in these proposed regulations from current requirements, but no major changes in current recordkeeping.

2. Analysis of Alternatives

Alternative regulatory schemes were considered. The continuation of the current regulatory oversight was dismissed in light of the findings and criticisms discussed in section II of this document. The idea of providing greater levels of self-certification was deemed insufficient, primarily because of concerns over the potential diversion of the treatment medications.

SAMHSA has issued evaluation contracts to determine whether this proposal will result in unforeseen impacts on small programs. In particular, the feasibility of exempting small facilities from some requirements will be examined. Some small OTP's may find it necessary or desirable to forge arrangements with more financially secure organizations so as to provide quality treatment services to individuals in the community. SAMHSA will make every effort possible to ensure that access to quality opioid addiction treatment services is not diminished, especially in rural areas, as a consequence of this regulatory reform.

3. Assuring Small Entity Participation

It is likely that this proposed rule may have a significant economic effect on a substantial number of small entities.

Based on the cost parameters reported for the three smallest programs included in a SAMHSA analysis (Ref. 80), the average cost to maintain and service a patient for 1 year in a small, 50-patient facility was estimated to be $3,200. An average accreditation survey for a program of only 50 patients is expected to take only 1 day and cost approximately $4,000, or approximately $1,500/year (at a 7-percent discount rate). The average cost per patient of achieving and maintaining a quality-enhancing activity at a small OTP at an acceptable compliance level is assumed to be equal to the industry average of $45. A 25 percent less-than-full accreditation rate (the same as for the overall industry) was assumed and resurveys are estimated to cost $500.

Overall, the cost per patient for a program servicing 50 patients would increase by slightly more than the industry average ($50 compared to $39) under the proposed regulations. This represents a greater proportionate increase (1.6 percent as compared to 1.0 percent) than the increase expected for the average sized facility. The Secretary is in the process of collecting better data on this industry segment and solicits comments in this area.

M. Conclusions

The average annual net cost of this regulation is estimated to be $4.4 million. The costs represent a shift of costs to individual OTP's to maintain accreditation and the accompanying assurance of quality. Research has indicated that increased compliance with drug abuse treatment is correlated with beneficial and therapeutic outcomes to patients, and the Secretary believes that the use of private accreditation would improve treatment outcomes. If patient participation in therapy could be extended by an average of 6 months, relapse rates could decrease by approximately 20 percent. Even modest improvements, therefore, would bring substantial reductions in mortality and significant improvements in physical health, decreased criminal activity (including diversions), increased earnings and employment, better family and personal relationships (Ref. 81). The Secretary, including SAMHSA, continues to research this area and is specifically soliciting comments on these issues.

This proposal constitutes a significant impact on a substantial number of small entities. The Secretary solicits comments on how to address this impact.

The estimated annual cost of $4.4 million is far below the threshold defined by the Unfunded Mandates Act.

IX. Paperwork Reduction Act of 1995

This proposed rule contains information collections which are subject to review by the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (the PRA) (44 U.S.C. 3507(d)). The title, description, and respondent description of the information collections are shown in the following paragraphs with an estimate of the annual reporting and recordkeeping burden. Included in the estimate is the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

Title: *Narcotic Drugs in Maintenance and Detoxification Treatment of Narcotic Dependence; Repeal of Current Regulations and Proposal to Adopt New Regulations.*

Description. The Secretary is proposing to issue regulations to establish an accreditation-based regulatory system to replace the current system that relies solely upon direct Federal inspection of treatment programs for compliance with process oriented regulations.

These proposed changes are intended to enhance the quality of opioid treatment by allowing increased clinical judgment in treatment and by the accreditation process itself with its emphasis on continuous quality assessment. As set forth in this proposed rule, there will be fewer reporting requirements and fewer required forms under the new system. The total reporting requirements are estimated at 2,074 hours for treatment programs, and 341 hours for accrediting organizations.

A recent FDA information collection analysis (Ref. 82) estimated the annual paperwork burden for the existing regulations to be approximately 1,500 hours. The proposed regulation requires a one-time reporting requirement for transitioning from the old system to the new system. The estimated reporting burden for ''transitional certification'' is approximately 475 hours. The proposal also requires ongoing certification on a 3-year cycle, with an estimated reporting burden of approximately 300 hours. Deducting these two requirements (total 775 hours) from the estimate for the proposed system (2,074 hours) leaves a reporting burden of approximately 1,300 hours, which is less than the estimated burden under the existing system. This is consistent with the streamlining of requirements under the proposal, and the elimination of certain forms and reporting requirements altogether.

Description of Respondents: Business or other for-profit; Not-for-profit institutions; Federal government; State, local or tribal government.

TABLE 1.—ANNUAL REPORTING BURDEN FOR TREATMENT PROGRAMS

42 CFR Citation and Purpose	No. of Respondents	Responses per Respondent	Minutes per Response	Total Hours
8.11(b)—New program approval SMA–162	75	1	90	112.5
8.11(b)—Renewal of approval[1] SMA–162	300	1	60	300
8.11(b)(3)—Relocation SMA–162	35	1	70	40.83
8.11(d)—Application for transitional certification[2] SMA–162	300	1	95	475
8.11(e)(1)—Application for provisional certification	75	1	30	37.5
8.11(e)(2)—Application for extension of provisional certification	30	1	15	7.5
8.11(f)(5)—Notification of sponsor or medical director change	60	1	20	20
8.11(g)(2)—Documentation to SAMHSA for interim maintenance	1	1	120	2
8.11(h)—Request to SAMHSA for exemption from 8.11 and 8.12	800	3	26.25	1050
8.11(i)(1)—Notification to SAMHSA before establishing medication units	3	1	15	.75
8.12(j)(2)—Notification to State Health Officer when patient begins interim maintenance	1	1	20	3.33
8.24—Contents of appellant request for review of suspension	2	1	15	.5
8.25(a)—Informal review request	2	1	60	2
8.26(a)—Appellant's review file and written statement	2	1	300	10
8.28(a)—Appellant's's request for expedited review	2	1	60	2

TABLE 1.—ANNUAL REPORTING BURDEN FOR TREATMENT PROGRAMS—Continued

42 CFR Citation and Purpose	No. of Respondents	Responses per Respondent	Minutes per Response	Total Hours
8.28(c)—Appellant review file and written statement	2	1	300	10
Totals				2,073.91

[1] Applications for renewal of certification are required every 3 years.
[2] Transitional Certification is a one-time requirement and will be included in the total annualized burden but averaged over the 3-year period of the OMB collection activity approval.

The proposal does not increase the estimated annualized burden. Certain reporting requirements have been proposed for elimination, such as submissions for authorizations to use LAAM, the requirement to submit a physician responsibility statement (FDA Form 2633), and elimination of the requirement to obtain Federal approval for take-home doses of methadone in excess of 100 mg that exceed a 6-day supply. The proposal adds a one time requirement for existing programs to apply for transitional certification, and a requirement to apply for certification renewal every third year. The annualized burdens associated with these new reporting requirements offset the burdens proposed for elimination, resulting in no estimated net change.

Accreditation bodies will also require treatment programs to submit information as part of the standard operating procedures for accreditation. As mentioned earlier in this proposal, accreditation bodies, under contract to SAMSHA, will be accrediting existing OTP's as part of an initiative to gain more information on the accreditation of OTP's. SAMHSA has prepared a separate OMB Paperwork Reduction notice and analysis for that information collection activity (63 FR 10030, February 27, 1998, OMB approval number 0930–0194).

TABLE 2.—ANNUAL REPORTING BURDEN FOR ACCREDITATION ORGANIZATIONS[1]

42 CFR Citation and Purpose	No. of Respondents	Responses per Respondents	Hours per Response	Total Hours
8.3(b)—Initial approval SMA–163	10	1	3	30
8.3(c)—Renewal of approval SMA–163	3	1	1	3
8.3(e)—Relinquishment notification	1	1	0.5	0.5
8.3(f)—Nonrenewal notification to accredited OTP's	1	90	0.1	9
8.4(b)(1)(ii)—Notification to SAMHSA for serious noncompliant programs	2	2	1	4
8.4(b)(1)(iii)—Notification to noncompliant programs	2	2	1	4
8.4(d)(1)—General documents and information to SAMHSA upon request	10	2	0.5	10
8.4(d)(2)—Accreditation survey to SAMHSA upon request	10	6	0.2	12
8.4(d)(3)—List of surveys, surveyors to SAMHSA upon request	10	6	0.2	12
8.4(d)(4)—Less than full accreditation report to SAMHSA	10	7.5	0.5	37.5
8.4(d)(5)—Summaries of inspections	10	30	0.5	150
8.4(e)—Notification complaints	10	1	0.5	5
8.6(a)(2) and (b)(3)—Revocation Notification to accredited OTP's	1	90	0.3	27
8.6(b)—Submission of 90-day corrective plan to SAMHSA	1	1	10	10
8.6(b)(1)—Notification to accredited OTP's of probationary status	1	90	0.3	27
Totals				341

[1] Because some of the numbers underlying these estimates have been rounded, figures in this table are approximate. There are no maintenance and operation costs nor start up and capital costs.

Recordkeeping—The recordkeeping requirements for OTP's set forth in proposed § 8.12 include maintenance of the following: A patient's medical evaluation and other assessments when admitted to treatment, and periodically throughout treatment § 8.12(f)(4)); the provision of needed services, including any prenatal support provided the patient (§ 8.12(g)(1)and (g)(2)); justification of exceptional initial doses; changes in a patient's dose and dosage schedule; justification of exceptional daily doses (§ 8.12(h)(3)(iii)); justification for variations from the approved product labeling for LAAM and future medications (§ 8.12(h)(4)); and the rationale for decreasing a patient's clinic attendance (§ 8.12(i)(3)).

In addition, proposed § 8.4(c)(1) will require accreditation bodies to keep and retain for 5 years certain records pertaining to their respective accreditation activities. These recordkeeping requirements for OTP's and accreditation bodies are customary and usual practices within the medical and rehabilitative communities, and thus impose no additional response burden hours or costs.

Disclosure—This proposal retains requirements that OTP's and accreditation organizations disclose information. For example, proposed § 8.12(e)(1) requires that a physician explain the facts concerning the use of opioid drug treatment to each patient. This type of disclosure is considered to be consistent with the common medical practice and is not considered an additional burden. Further, the proposal requires under § 8.4(i)(1) that each accreditation organization shall make public its fee structure. The Secretary notes that the preceding section of this notice contains publicly available information on the fee structure for each of three accreditation bodies. This type of disclosure is standard business practice and is not considered a burden in this analysis.

As required by section 3507(d) of the PRA, the Secretary has submitted a copy of this proposed rule to OMB for its review. Comments on the information collection requirements are specifically solicited in order to: (1) Evaluate

whether the proposed collection of information is necessary for the proper performance of DHHS's functions, including whether the information will have practical utility; (2) evaluate the accuracy of DHHS's estimate of the burden of the proposed collection of information, including the validity of the methodology and assumptions used; (3) enhance the quality, utility, and clarity of the information to be collected; and (4) minimize the burden of the collection of information on those who are to respond, including through the use of appropriate automated, electronic, mechanical, or other technological collection techniques or other forms of information technology, e.g., permitting electronic submission of responses.

OMB is required to make a decision concerning the collection of information contained in these proposed regulations between 30 and 60 days after publication of this document in the **Federal Register**. Therefore, a comment to OMB is best assured of having its full effect if OMB receives it within 30 days of publication. This does not affect the deadline for the public to comment to DHHS on the proposed regulations.

Organizations and individuals desiring to submit comments on the information collection requirements should direct them to the Office of Information and Regulatory Affairs, OMB, (address above).

X. Request for Comments

Interested persons may, on or before November 19, 1999, submit to the Dockets Management Branch (address above) written comments regarding this proposal. Two copies of any comments are to be submitted, except that individuals may submit one copy. Comments are to be identified with the docket number found in brackets in the heading of this document. Received comments may be seen in the office above between 9 a.m. and 4 p.m., Monday through Friday.

XI. References

The following references have been placed on display in the Dockets Management Branch (address above) and may be seen by interested persons between 9 a.m. and 4 p.m., Monday through Friday.

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List of Subjects

21 CFR Part 291

Health professions, Methadone, Reporting and recordkeeping requirements.

42 CFR Part 8

Health professionals, Levo-Alpha-Acetyl-Methadol (LAAM), Methadone, Reporting and recordkeeping requirements.

Therefore, under the Comprehensive Drug Abuse Prevention and Control Act of 1970, the Controlled Substances Act as amended by the Narcotic Addict Treatment Act of 1974, the Public Health Service Act, the Federal Food, Drug, and Cosmetic Act, and applicable delegations of authority thereunder, it is proposed that titles 21 and 42 of the Code of Federal Regulations be amended as follows:

21 CFR Chapter I

PART 291 [REMOVED]

1. Under authority of sections 301(d), 543, 1976 of the Public Health Service Act (42 U.S.C. 241(d), 290dd–2, 300y–11); 38 U.S.C. 7332, 42 U.S.C. 257a; sections 505, 701 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355, 371); and section 303(g) of the Controlled Substances Act (21 U.S.C. 823(g)), amend title 21 of the Code of Federal Regulations by removing part 291.

42 CFR Chapter I

2. Amend 42 CFR Chapter I by adding part 8 to subchapter A to read as follows:

PART 8—CERTIFICATION OF OPIOID TREATMENT PROGRAMS

Subpart A—Accreditation

Sec.

Authority: 21 U.S.C. 823; 42 U.S.C. 257a, 290aa(d), 290dd–2, 300x–23, 300x–27(a), 300y–11.

Subpart A—Accreditation

§ 8.1 Scope.

The regulations in this part establish the procedures by which the Secretary of Health and Human Services (the Secretary) will determine whether a practitioner is qualified under section 303(g) of the Controlled Substances Act (21 U.S.C. 823(g)) to dispense opioid drugs in the treatment of opioid addiction. These regulations also establish the Secretary's standards regarding the appropriate quantities of opioid drugs that may be provided for unsupervised use by individuals undergoing such treatment (21 U.S.C. 823(g)(3)). Under these regulations, a practitioner who intends to dispense opioid drugs in the treatment of opioid addiction must first obtain from the Secretary or by delegation, from the Substance Abuse and Mental Health Services Administration (SAMHSA) a certification that the practitioner is qualified under the Secretary's standards and will comply with such standards. Eligibility for certification will depend upon the practitioner obtaining accreditation from an accreditation body that has been approved by SAMHSA. These regulations establish the procedures whereby an entity can apply to become an approved accreditation body. This part also establishes requirements and general standards for accreditation bodies to ensure that practitioners are consistently evaluated for compliance with the Secretary's standards for opioid treatment.

§ 8.2 Definitions.

The following definitions apply to this part:

Accreditation means the process of review and acceptance by an accreditation body.

Accreditation body means a body that has been approved by SAMHSA under § 8.3 to accredit opioid treatment programs.

Accreditation body application means the application filed with SAMHSA for purposes of obtaining approval as an accreditation body, as described in § 8.3(b).

Accreditation elements mean the elements that are developed and adopted by an accreditation body and approved by SAMHSA.

Accreditation survey means an onsite review and evaluation of an opioid treatment program by an accreditation body for the purpose of determining compliance with the Federal opioid treatment standards described in § 8.12.

Accredited opioid treatment program means an opioid treatment program that is the subject of a current, valid accreditation from an approved accreditation body.

Certification means the process by which SAMHSA determines that an opioid treatment program is qualified to provide opioid treatment under the Federal opioid treatment standards.

Certification application means the application filed by an opioid treatment program for purposes of obtaining certification from SAMHSA, as described in § 8.11(b).

Certified opioid treatment program means an opioid treatment program that is the subject of a current, valid certification under § 8.11.

Comprehensive maintenance treatment is maintenance treatment provided in conjunction with a comprehensive range of appropriate medical and rehabilitative services.

Detoxification treatment means the dispensing of an opioid agonist treatment medication in decreasing doses to an individual to alleviate adverse physical or psychological effects incident to withdrawal from the continuous or sustained use of an opioid drug and as a method of bringing the individual to a drug-free state within such period.

Federal opioid treatment standards means the standards established by the Secretary in § 8.12 that are used to determine whether an opioid treatment program is qualified to engage in opioid treatment. The Federal opioid treatment standards established in § 8.12 also include the standards established by the Secretary regarding the quantities of opioid drugs which may be provided for unsupervised use.

For-cause inspection means an inspection of an opioid treatment program by the Secretary, or by an accreditation body, that may be operating in violation of Federal opioid treatment standards, may be providing substandard treatment, or may be serving as a possible source of diverted medications.

Interim maintenance treatment means maintenance treatment provided in conjunction with appropriate medical services while a patient is awaiting transfer to a program that provides comprehensive maintenance treatment.

Long-term detoxification treatment means detoxification treatment for a period more than 30 days but not in excess of 180 days.

Maintenance treatment means the dispensing of an opioid agonist treatment medication at stable dosage levels for a period in excess of 21 days in the treatment of an individual for opioid addiction.

Medical director means a physician, licensed to practice medicine in the jurisdiction in which the opioid treatment program is located, who assumes responsibility for administering all medical services performed by the program, either by performing them directly or by delegating specific responsibility to authorized program physicians and healthcare professionals functioning under the medical director's direct supervision.

Medical and rehabilitative services means services such as medical evaluations, counseling, and rehabilitative and other social programs (e.g., vocational and educational guidance, employment placement), that are intended to help patients in opioid treatment programs become productive members of society.

Medication unit means a facility established as part of, but

geographically separate from, an opioid treatment program from which licensed private practitioners or community pharmacists dispense or administer an opioid agonist treatment medication or collect samples for drug testing or analysis.

Opioid addiction means a condition in which an individual exhibits a compulsive craving for or compulsively uses opioid drugs despite being harmed or causing harm as a result of such craving or use.

Opioid agonist treatment medication means any opioid agonist drug that is approved by the Food and Drug Administration under section 505 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355) for use in the treatment of opioid addiction.

Opioid drug means any drug having an addiction-forming or addiction-sustaining liability similar to morphine or being capable of conversion into a drug having such addiction-forming or addiction-sustaining liability.

Opioid treatment means the dispensing of an opioid agonist treatment medication, along with a comprehensive range of medical and rehabilitative services, when clinically necessary, to an individual to alleviate the adverse medical, psychological, or physical effects incident to opioid addiction. This term encompasses detoxification treatment, short-term detoxification treatment, long-term detoxification treatment, maintenance treatment, comprehensive maintenance treatment, and interim maintenance treatment.

Opioid treatment program or ''OTP'' means a program or practitioner engaged in opioid treatment of individuals with an opioid agonist treatment medication.

Patient means any individual who undergoes treatment in an opioid treatment program.

Program sponsor means the person named in the application for certification described in § 8.11(b) as responsible for the operation of the opioid treatment program and who assumes responsibility for all its employees, including any practitioners, agents, or other persons providing medical, rehabilitative, or counseling services at the program or any of its medication units. The program sponsor need not be a licensed physician but shall employ a licensed physician for the position of medical director.

Registered opioid treatment program means an opioid treatment program that is registered under 21 U.S.C. 823(g).

Short-term detoxification treatment means detoxification treatment for a period not in excess of 30 days.

Treatment plan means a plan that outlines for each patient attainable short-term treatment goals that are mutually acceptable to the patient and the opioid treatment program.

§ 8.3 Application for approval as an accreditation body.

(a) *Eligibility.* Private nonprofit organizations or State governmental entities, or political subdivisions thereof, capable of meeting the requirements of this part may apply for approval as an accreditation body.

(b) *Application for initial approval.* Three copies of an accreditation body application form [SMA–163] shall be submitted to SAMHSA at rm. 12–105, 5600 Fishers Lane, Rockville, MD 20857, and marked ATTENTION: OTP Certification Program. Accreditation body applications shall include the following information and supporting documentation:

(1) Name, address, and telephone number of the applicant and a responsible official for the application. The application shall be signed by the responsible official;

(2) Evidence of the nonprofit status of the applicant (i.e., of fulfilling Internal Revenue Service requirements as a nonprofit organization) if the applicant is not a State governmental entity or political subdivision;

(3) Evidence demonstrating that the applicant will be able to survey no less than 50 OTP's annually;

(4) A set of the accreditation elements and a detailed discussion showing how the proposed accreditation elements will ensure that each OTP surveyed by the applicant is qualified to meet or is meeting each of the Federal opioid treatment standards set forth in § 8.12;

(5) A detailed description of the applicant's decisionmaking process, including:

(i) Procedures for initiating and performing onsite accreditation surveys of OTP's;

(ii) Procedures for assessing OTP personnel qualifications;

(iii) Copies of an application for accreditation, guidelines, instructions, and other materials the applicant will send to OTP's during the accreditation process, including a request for a complete history of prior accreditation activities and a statement that all information and data submitted in the application for accreditation is true and accurate, and that no material fact has been omitted;

(iv) Policies and procedures for notifying OTP's and SAMHSA of deficiencies and for monitoring corrections of deficiencies by OTP's;

(v) Policies and procedures for suspending or revoking an OTP's accreditation;

(vi) Policies and procedures that will ensure processing of applications for accreditation and applications for renewal of accreditation within a timeframe approved by SAMHSA; and

(vii) A description of the applicant's appeals process to allow OTP's to contest adverse accreditation decisions.

(6) Policies and procedures established by the accreditation body to avoid conflicts of interest, or the appearance of conflicts of interest, by the applicant's board members, commissioners, professional personnel, consultants, administrative personnel, and other representatives;

(7) A description of the education, experience, and training requirements for the applicant's professional staff, accreditation survey team membership, and the identification of at least one licensed physician on the applicant's staff;

(8) A description of the applicant's training policies;

(9) Fee schedules, with supporting cost data;

(10) Satisfactory assurances that the body will comply with the requirements of § 8.4, including a contingency plan for investigating complaints under § 8.4(e);

(11) Policies and procedures established to protect confidential information the applicant will collect or receive in its role as an accreditation body; and

(12) Any other information SAMHSA may require.

(c) *Application for renewal of approval.* An accreditation body that intends to continue to serve as an accreditation body beyond its current term shall apply to SAMHSA for renewal, or notify SAMHSA of its intention not to apply for renewal, in accordance with the following procedures and schedule:

(1) At least 9 months before the date of expiration of an accreditation body's term of approval, the body shall inform SAMHSA in writing of its intent to seek renewal.

(2) SAMHSA will notify the applicant of the relevant information, materials, and supporting documentation required under paragraph (b) of this section that the applicant shall submit as part of the renewal procedure.

(3) At least 3 months before the date of expiration of the accreditation body's term of approval, the applicant shall furnish to SAMHSA three copies of a renewal application containing the information, materials, and supporting

documentation requested by SAMHSA under paragraph (c)(2) of this section.

(4) An accreditation body that does not intend to renew its approval shall so notify SAMHSA at least 9 months before the expiration of the body's term of approval.

(d) *Rulings on applications for initial approval or renewal of approval.* (1) SAMHSA will grant an application for initial approval or an application for renewal of approval if it determines the applicant substantially meets the accreditation body requirements of this subpart.

(2) If SAMHSA determines that the applicant does not substantially meet the requirements set forth in subpart A of this part, SAMHSA will notify the applicant of the deficiencies in the application and request that the applicant resolve such deficiencies within 90 days of receipt of the notice. If the deficiencies are resolved to the satisfaction of SAMHSA within the 90-day time period, the body will be approved as an accreditation body. If the deficiencies have not been resolved to the satisfaction of SAMHSA within the 90-day time period, the application for approval as an accreditation body will be denied.

(3) If SAMHSA does not reach a final decision on a renewal application before the expiration of an accreditation body's term of approval, the approval will be deemed extended until SAMHSA reaches a final decision, unless an accreditation body does not rectify deficiencies in the application within the specified time period, as required in paragraph (d)(2) of this section.

(e) *Relinquishment of approval.* An accreditation body that intends to relinquish its accreditation approval before expiration of the body's term of approval shall submit a letter of such intent to SAMHSA, at the address in paragraph (b) of this section, at least 9 months before relinquishing such approval.

(f) *Notification.* An accreditation body that does not apply for renewal of approval, or is denied such approval by SAMHSA, relinquishes its accreditation approval before expiration of its term of approval, or has its approval withdrawn, shall:

(1) Transfer copies of records and other related information as required by SAMHSA to a location, including another accreditation body, and according to a schedule approved by SAMHSA; and

(2) Notify, in a manner and time period approved by SAMHSA, all OTP's accredited or seeking accreditation by the body that the body will no longer have approval to provide accreditation services.

(g) *Term of approval.* An accreditation body's term of approval is for a period not to exceed 5 years.

(h) *State accreditation bodies.* State governmental entities, including political subdivisions thereof, may establish organizational units that may act as accreditation bodies, provided such units meet the requirements of this section, are approved by SAMHSA under this section, and have taken appropriate measures to prevent actual or apparent conflicts of interest, including cases in which State or Federal funds are used to support opioid treatment services.

§ 8.4 Accreditation body responsibilities.

(a) *Accreditation surveys and inspections.* (1) Accreditation bodies shall conduct routine accreditation surveys for initial, renewal, and continued accreditation of each OTP at least every 3 years.

(2) Accreditation bodies must agree to conduct for-cause inspections upon the request of SAMHSA.

(3) Accreditation decisions shall be fully consistent with the policies and procedures submitted as part of the approved accreditation body application.

(b) *Response to noncompliant programs.* (1) If an accreditation body receives or discovers information that suggests that an OTP is not meeting Federal opioid treatment standards, or if review of the OTP by the accreditation body otherwise demonstrates one or more deficiencies in the OTP, the accreditation body shall as appropriate either require and monitor corrective action or shall suspend or revoke accreditation of the OTP, as appropriate based on the significance of the deficiencies.

(i) Accreditation bodies shall either not accredit or shall revoke the accreditation of any OTP that substantially fails to meet the Federal opioid treatment standards.

(ii) Accreditation bodies shall notify SAMHSA as soon as possible but in no case longer than 48 hours after becoming aware of any practice or condition that may pose a serious risk to public health or safety or patient care.

(iii) If an accreditation body determines that an OTP is substantially meeting the Federal opioid treatment standards, but is not meeting one or more accreditation elements, the accreditation body shall determine the necessary corrective measures to be taken by the OTP, establish a schedule for implementation of such measures, and notify the OTP in writing that it must implement such measures within the specified schedule in order to ensure continued accreditation. The accreditation body shall verify that the necessary steps are taken by the OTP within the schedule specified and that all accreditation elements are being substantially met or will be substantially met.

(2) Nothing in this part shall prevent accreditation bodies from granting accreditation, contingent on promised programmatic or performance changes, to programs with less substantial violations. Such accreditation shall not exceed 12 months. Programs that have been granted such accreditation must have their accreditation revoked if they fail to make changes to receive unconditional accreditation upon resurvey or reinspection.

(c) *Recordkeeping.* (1) Accreditation bodies shall maintain records of their accreditation activities for at least 5 years from the creation of the record. Such records must contain sufficient detail to support each accreditation decision made by the accreditation body.

(2) Accreditation bodies shall establish procedures to protect confidential information collected or received in their role as accreditation bodies that are consistent with, and that are designed to ensure compliance with, all Federal and State laws, including 42 CFR part 2.

(i) Information collected or received for the purpose of carrying out accreditation body responsibilities shall not be used for any other purpose or disclosed, other than to SAMHSA or its duly designated representatives, unless otherwise required by law or with the consent of the OTP.

(ii) Nonpublic information that SAMHSA shares with the accreditation body concerning an OTP shall not be further disclosed except with the written permission of SAMHSA.

(d) *Reporting.* (1) Accreditation bodies shall provide to SAMHSA any documents and information requested by SAMHSA within 5 days of receipt of the request.

(2) Accreditation bodies shall make a summary of the results of each accreditation survey available to SAMHSA upon request. Such summaries shall contain sufficient detail to justify the accreditation action taken.

(3) Accreditation bodies shall provide SAMHSA upon request a list of each OTP surveyed and the identity of all individuals involved in the conduct and reporting of survey results.

(4) Accreditation bodies shall submit to SAMHSA the name of each OTP for

which the accreditation body accredits conditionally, denies, suspends, or revokes accreditation, and the basis for the action, within 48 hours of the action.

(5) Notwithstanding any reports made to SAMHSA under paragraphs (d)(1) through (d)(4) of this section, each accreditation body shall submit to SAMHSA semi-annually, on January 15 and July 15 of each calendar year, a report consisting of a summary of the results of each accreditation survey conducted in the past year. The summary shall contain sufficient detail to justify each accreditation action taken.

(6) All reporting requirements listed in this section shall be provided to SAMHSA at the address specified in § 8.3(b).

(e) *Complaint response.* Accreditation bodies shall have policies and procedures to respond to complaints from SAMHSA, patients, and others within a reasonable period of time but not more than 5 days of the receipt of the complaint. Accreditation bodies shall also agree to notify SAMHSA within 48 hours of receipt of a complaint and keep SAMHSA informed of all aspects of the response to the complaint.

(f) *Modifications of accreditation elements.* Accreditation bodies shall obtain SAMHSA's authorization prior to making any substantive (i.e., noneditorial) change in accreditation elements.

(g) *Conflicts of interest.* The accreditation body shall maintain and apply policies and procedures that SAMHSA has approved in accordance with § 8.3 to reduce the possibility of actual conflict of interest, or the appearance of a conflict of interest, on the part of individuals who act on behalf of the accreditation body. Individuals who participate in accreditation surveys or otherwise participate in the accreditation decision or an appeal of the accreditation decision, as well as their spouses and minor children, shall not have a financial interest in the OTP that is the subject of the accreditation survey or decision.

(h) *Accreditation teams.* (1) An accreditation body survey team shall consist of healthcare professionals with expertise in drug abuse treatment and, in particular, opioid treatment. The accreditation body shall consider factors such as the size of the OTP, the anticipated number of problems, and the OTP's accreditation history, in determining the composition of the team. At a minimum, survey teams shall consist of at least 2 healthcare professionals whose combined expertise includes:

(i) The dispensing and administration of drugs subject to control under the Controlled Substances Act (21 U.S.C. 801 *et seq.*);

(ii) Medical issues relating to the dosing and administration of opioid agonist treatment medications for the treatment of opioid addiction;

(iii) Psychosocial counseling of individuals undergoing opioid treatment; and

(iv) Organizational and administrative issues associated with opioid treatment programs.

(2) Members of the accreditation team must be able to recuse themselves at any time from any survey in which either they or the OTP believes there is an actual conflict of interest or the appearance of a conflict of interest.

(i) *Accreditation fees.* Fees charged to OTP's for accreditation shall be reasonable. SAMHSA generally will find fees to be reasonable if the fees are limited to recovering costs to the accreditation body, including overhead incurred. Accreditation body activities that are not related to accreditation functions are not recoverable through fees established for accreditation.

(1) The accreditation body shall make public its fee structure, including those factors, if any, contributing to variations in fees for different OTP's.

(2) At SAMHSA's request, accreditation bodies shall provide to SAMHSA financial records or other materials, in a manner specified by SAMHSA, to assist in assessing the reasonableness of accreditation body fees.

§ 8.5 Periodic evaluation of accreditation bodies.

SAMHSA will evaluate periodically the performance of accreditation bodies primarily by inspecting a selected sample of the OTP's accredited by the accrediting body and by evaluating the accreditation body's reports of surveys conducted, to determine whether the OTP's surveyed and accredited by the accreditation body are in compliance with the Federal opioid treatment standards. The evaluation will include a determination of whether there are major deficiencies in the accreditation body's performance that, if not corrected, would warrant withdrawal of the approval of the accreditation body under § 8.6.

§ 8.6 Withdrawal of approval of accreditation bodies.

If SAMHSA determines that an accreditation body is not in substantial compliance with this subpart, SAMHSA shall take appropriate action as follows:

(a) *Major deficiencies.* If SAMHSA determines that the accreditation body has a major deficiency, such as commission of fraud, material false statement, failure to perform a major accreditation function satisfactorily, or significant noncompliance with the requirements of this subpart, SAMHSA shall withdraw approval of that accreditation body.

(1) In the event of a major deficiency, SAMHSA shall notify the accreditation body of the agency's action and the grounds on which the approval was withdrawn.

(2) An accreditation body that has lost its approval shall notify each OTP that has been accredited or is seeking accreditation that the accreditation body's approval has been withdrawn. Such notification shall be made within a time period and in a manner approved by SAMHSA.

(b) *Minor deficiencies.* If SAMHSA determines that the accreditation body has minor deficiencies in the performance of an accreditation function, that are less serious or more limited than the types of deficiencies described in paragraph (a) of this section, SAMHSA will notify the body that it has 90 days to submit to SAMHSA a plan of corrective action. The plan must include a summary of corrective actions and a schedule for their implementation. SAMHSA may place the body on probationary status for a period of time determined by SAMHSA, or may withdraw approval of the body if corrective action is not taken.

(1) If SAMHSA places an accreditation body on probationary status, the body shall notify all OTP's that have been accredited, or that are seeking accreditation, of the accreditation body's probationary status within a time period and in a manner approved by SAMHSA.

(2) Probationary status will remain in effect until such time as the body can demonstrate to the satisfaction of SAMHSA that it has successfully implemented or is implementing the corrective action plan within the established schedule, and the corrective actions taken have substantially eliminated all identified problems.

(3) If SAMHSA determines that an accreditation body that has been placed on probationary status is not implementing corrective actions satisfactorily or within the established schedule, SAMHSA may withdraw approval of the accreditation body. The accreditation body shall notify all OTP's that have been accredited, or are seeking accreditation, of the accreditation body's loss of SAMHSA approval within

a time period and in a manner approved by SAMHSA.

(c) *Reapplication.* (1) An accreditation body that has had its approval withdrawn may submit a new application for approval if the body can provide information to SAMHSA to establish that the problems that were grounds for withdrawal of approval have been resolved.

(2) If SAMHSA determines that the new application demonstrates that the body satisfactorily has addressed the causes of its previous unacceptable performance, SAMHSA may reinstate approval of the accreditation body.

(3) SAMHSA may request additional information or establish additional conditions that must be met before SAMHSA approves the reapplication.

(4) SAMHSA may refuse to accept an application from a former accreditation body whose approval was withdrawn because of fraud, material false statement, or willful disregard of public health.

(d) *Hearings.* An opportunity to challenge an adverse action taken regarding withdrawal of approval of an accreditation body shall be addressed through the relevant procedures set forth in subpart C of this part, except that the procedures in § 8.28 for expedited review of an immediate suspension would not apply to an accreditation body that has been notified under paragraph (a) or (b) of this section of the withdrawal of its approval.

Subpart B—Certification and Treatment Standards

§ 8.11 Opioid treatment program certification.

(a) *General.* (1) An OTP must be the subject of a current, valid certification from SAMHSA to be considered qualified by the Secretary under section 303(g)(1) and (g)(3) of the Controlled Substances Act (21 U.S.C. 823(g)(1) and (g)(3)) to dispense opioid drugs in the treatment of opioid addiction. An OTP must be determined to be qualified under section 303(g)(1) and (g)(3) of the Controlled Substances Act, and must be determined to be qualified by the Attorney General under section 303(g)(2), to be registered by the Attorney General to dispense opioid agonist treatment medications to individuals for treatment of opioid addiction.

(2) To obtain certification from SAMHSA, an OTP must meet the Federal opioid treatment standards in § 8.12, must be the subject of a current, valid accreditation by an accreditation body or other entity designated by SAMHSA, and must comply with any other conditions for certification established by SAMHSA.

(3) Certification shall be granted for a term not to exceed 3 years, except that certification may be extended during the third year if an application for accreditation is pending.

(b) *Application for certification.* Three copies of an application for certification must be submitted by the OTP to the address identified in § 8.3(b). The application for certification shall include:

(1) A description of the current accreditation status of the OTP;

(2) A description of the organizational structure of the OTP;

(3) The names of the persons responsible for the OTP;

(4) The address of the OTP and of each medication unit or other facility under the control of the OTP;

(5) The sources of funding for the OTP and the name and address of each governmental entity that provides such funding; and

(6) A statement that the OTP will comply with the conditions of certification set forth in paragraph (f) of this section.

(7) The application shall be signed by the program sponsor who shall certify that the information submitted in the application is truthful and accurate.

(c) *Action on application.* (1) Following SAMHSA's receipt of an application for certification of an OTP, and after consultation with the appropriate State authority regarding the qualifications of the applicant, SAMHSA may grant the application for certification, or renew an existing certification, if SAMHSA determines that the OTP has satisfied the requirements for certification or renewal of certification.

(2) SAMHSA may deny the application if SAMHSA determines that:

(i) The application for certification is deficient in any respect;

(ii) The OTP will not be operated in accordance with the Federal opioid treatment standards established under § 8.12;

(iii) The OTP will not permit an inspection or a survey to proceed, or will not permit in a timely manner access to relevant records or information; or

(iv) The OTP has made misrepresentations in obtaining accreditation or in applying for certification.

(3) Within 5 days after it reaches a final determination that an OTP meets the requirements for certification, SAMHSA will notify the Drug Enforcement Administration (DEA) that the OTP has been determined to be qualified to provide opioid treatment under section 303(g)(1) and (g)(3) of the Controlled Substances Act.

(d) *Transitional certification.* OTP's that on (date 60 days after date of publication of final rule in the **Federal Register**) were the subject of a current, valid approval by FDA under 21 CFR part 291, are deemed to be the subject of a current valid certification for purposes of paragraph (a)(11) of this section. Such ''transitional'' certification shall expire on (date 150 days after date of publication of final rule in the **Federal Register**), except that such transitional certification of an OTP that submits the information required by paragraph (b) of this section to SAMHSA on or before (date 150 days after date of publication of the final rule in the **Federal Register**), along with a statement certifying that the OTP will apply for accreditation from a SAMHSA approved accreditation body within 90 days from the date SAMHSA announces the approval of the first accreditation body under § 8.3, shall expire on (date 2 years and 60 days after date of publication of final rule in the **Federal Register**). SAMHSA may extend the transitional certification of an OTP for up to 1 additional year provided the OTP demonstrates that it has applied for accreditation, that an accreditation survey has taken place or is scheduled to take place, and that an accreditation decision is expected within a reasonable period of time (e.g., within 90 days from the date of survey). Transitional certification under this section may be suspended or revoked in accordance with § 8.14.

(e) *Provisional certification.* (1) OTP's that have no current certification from SAMHSA, but have applied for accreditation with an accreditation body, are eligible to receive a provisional certification for up to 1 year. To receive a provisional certification, an OTP shall submit the information required by paragraph (b) of this section to SAMHSA along with a statement identifying the accreditation body to which the OTP has applied for accreditation, the date on which the OTP applied for accreditation, the dates of any accreditation surveys that have taken place or are expected to take place, and the expected schedule for completing the accreditation process. A provisional certification for up to 1 year will be granted, following receipt of the information described in this paragraph, unless SAMHSA determines that patient health would be adversely affected by the granting of provisional certification.

(2) An extension of provisional certification may be granted in

extraordinary circumstances or otherwise to protect public health. To apply for a 90-day extension of provisional certification, an OTP shall submit to SAMHSA a statement explaining the program's efforts to obtain accreditation and a schedule for obtaining accreditation as expeditiously as possible.

(f) *Conditions for certification.* (1) OTP's shall comply with all pertinent State laws and regulations. Nothing in this part is intended to limit the authority of State and local governmental entities to regulate the use of opioid drugs in the treatment of opioid addiction. The provisions of this section requiring compliance with requirements imposed by State law, or the submission of applications or reports required by the State authority, do not apply to programs operated directly by the Veterans' Administration or any other department or agency of the United States. Federal agencies operating narcotic treatment programs have agreed to cooperate voluntarily with State agencies by granting permission on an informal basis for designated State representatives to visit Federal narcotic treatment programs and by furnishing a copy of Federal reports to the State authority, including the reports required under this section.

(2) OTP's shall allow, in accordance with Federal controlled substances laws and Federal confidentiality laws, inspections and surveys by duly authorized employees of SAMHSA, by accreditation bodies, by the DEA, and by authorized employees of any relevant State or Federal governmental authority.

(3) Disclosure of patient records maintained by an OTP is governed by the provisions of 42 CFR part 2, and every program must comply with that part. Records on the receipt, storage, and distribution of opioid agonist treatment medications are also subject to inspection under Federal controlled substances laws and under the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 321 *et seq.*). Federally-sponsored treatment programs are subject to applicable Federal confidentiality statutes.

(4) A treatment program or medication unit or any part thereof, including any facility or any individual, shall permit a duly authorized employee of SAMHSA to have access to and to copy all records on the use of opioid drugs in accordance with the provisions of 42 CFR part 2.

(5) OTP's shall notify SAMHSA within 3 weeks of any replacement or other change in the status of the program sponsor or medical director.

(6) OTP's shall comply with all regulations enforced by the DEA under 21 CFR chapter II, and must be registered by the DEA before administering or dispensing opioid agonist treatment medications.

(7) OTP's must operate in accordance with Federal opioid treatment standards and approved accreditation elements.

(g) *Conditions for interim maintenance treatment program approval.* (1) Before a public or nonprofit private OTP may provide interim maintenance treatment, the program must receive the approval of both SAMHSA and the chief public health officer of the State in which the OTP operates.

(2) Before SAMHSA may grant such approval, the OTP must provide SAMHSA with documentation from the chief public health officer of the State in which the OTP operates demonstrating that:

(i) Such officer does not object to the providing of interim maintenance treatment in the State;

(ii) The OTP seeking to provide such treatment is unable to place patients in a public or nonprofit private comprehensive treatment program within a reasonable geographic area within 14 days of the time patients seek admission to such programs;

(iii) The authorization of the OTP to provide interim maintenance treatment will not otherwise reduce the capacity of comprehensive maintenance treatment programs in the State to admit individuals (relative to the date on which such officer so certifies); and

(iv) The State certifies that each individual enrolled in interim maintenance treatment will be transferred to a comprehensive maintenance treatment program no later than 120 days from the date on which each individual first requested treatment, as provided in section 1923 of the Public Health Service Act (21 U.S.C. 300x–23).

(3) SAMHSA will provide notice to the OTP denying or approving the request to provide interim maintenance treatment. The OTP shall not provide such treatment until it has received such notice from SAMHSA.

(h) *Exemptions.* An OTP may, at the time of application for certification or any time thereafter, request from SAMHSA exemption from the regulatory requirements set forth under §§ 8.11 and 8.12. The OTP shall support the rationale for the exemption with thorough documentation, to be supplied in an appendix to the initial application for certification or in a separate submission. SAMHSA will approve or deny such exemptions at the time of application, or any time thereafter, if appropriate. SAMHSA may consult with the appropriate State authority prior to taking action on an exemption request.

(i) *Medication units, long-term care facilities and hospitals.* (1) Certified OTP's may establish medication units that are authorized to dispense opioid agonist treatment medications for observed ingestion. Before establishing a medication unit, a certified OTP must notify SAMHSA by submitting SMA–162. The OTP must also comply with the provisions of 21 CFR part 1300 before establishing a medication unit.

(2) Certification as an OTP under this part will not be required for the maintenance or detoxification treatment of a patient who is admitted to a hospital or long-term care facility for the treatment of medical conditions other than addiction and who requires maintenance or detoxification treatment during the period of his or her stay in that hospital or long-term care facility. The terms ''hospital'' and ''long-term care facility'' as used in this section are to have the meaning that is assigned under the law of the State in which the treatment is being provided. Nothing in this section is intended to relieve hospitals and long-term care facilities from the obligation to obtain registration from the Attorney General, as appropriate, under section 303(g) of the Controlled Substances Act.

§ 8.12 Federal opioid treatment standards.

(a) *General.* OTP's must provide treatment in accordance with these standards and must comply with these standards as a condition of certification.

(b) *Administrative and organizational structure.* An OTP's organizational structure shall be adequate to ensure quality patient care and to meet the requirements of all pertinent Federal, State, and local laws and regulations. At a minimum, each program shall formally designate a program sponsor and medical director. The program sponsor shall agree on behalf of the program to adhere to all requirements set forth in this part and any regulations regarding the use of opioid agonist treatment medications in the treatment of opioid addiction which may be promulgated in the future. The medical director shall assume responsibility for administering all medical services performed by the program. In addition, the medical director shall be responsible for ensuring that the program is in compliance with all applicable Federal, State, and local laws and regulations.

(c) *Continuous quality improvement.* (1) An OTP must maintain current quality assurance and quality control plans that include, among other things,

annual reviews of program policies and procedures and ongoing assessment of patient outcomes.

(2) An OTP must maintain a current ''Diversion Control Plan'' or ''DCP'' as part of its quality assurance program that contains specific measures to reduce the possibility of diversion of controlled substances from legitimate treatment use and that assigns specific responsibility to the medical and administrative staff of the OTP for carrying out the diversion control measures and functions described in the DCP.

(d) *Staff credentials.* Each person engaged in the treatment of opioid addiction must have sufficient education, training, and experience, or any combination thereof, to enable that person to perform the assigned functions. All physicians, nurses, and other licensed professional care providers, including addiction counselors, must comply with the credentialing requirements of their respective professions.

(e) *Patient admission criteria*—(1) *Maintenance treatment.* An OTP shall maintain current procedures designed to ensure that patients are admitted to maintenance treatment by qualified personnel who have determined, using accepted medical criteria such as those listed in the *Diagnostic and Statistical Manual for Mental Disorders* (DSM–IV), that the person is currently addicted to an opioid drug, and that the person became addicted at least 1 year before admission for treatment. In addition, a program physician shall ensure that each patient voluntarily chooses maintenance treatment and that all relevant facts concerning the use of the opioid drug are clearly and adequately explained to the patient, and that each patient provides informed written consent to treatment.

(2) *Maintenance treatment for persons under age 18.* A person under 18 years of age is required to have had two documented attempts at short-term detoxification or drug-free treatment to be eligible for maintenance treatment. A waiting period of no less than 7 days is required between the first and the second short-term detoxification treatment. No person under 18 years of age may be admitted to maintenance treatment unless a parent, legal guardian, or responsible adult designated by the relevant State authority consents in writing to such treatment.

(3) *Maintenance treatment admission exceptions.* If clinically appropriate, the program physician may waive the requirement of a 1 year history of addiction under paragraph (e)(1) of this section, for patients released from penal institutions (within 6 months after release), for pregnant patients (program physician must certify pregnancy), and for previously treated patients (up to 2 years after discharge).

(4) *Detoxification treatment.* An OTP shall maintain current procedures that are designed to ensure that patients are admitted to short- or long-term detoxification treatment by qualified personnel, such as a program physician, who determines that such treatment is appropriate for the specific patient by applying established diagnostic criteria. At a minimum, a program physician shall determine that each patient admitted is physically dependent on opioid drugs. In addition, a patient is required to wait no less than 7 days between concluding a short-term detoxification or long-term detoxification treatment episode and beginning another.

(f) *Required services*—(1) *General.* OTP's shall provide adequate medical, counseling, vocational, educational, and assessment services. These services must be available at the primary facility, except where the program sponsor has entered into a formal, documented agreement with a private or public agency, organization, practitioner, or institution to provide these services to patients enrolled in the OTP. The program sponsor, in any event, must be able to document that these services are fully and reasonably available to patients.

(2) *Initial medical examination services.* OTP's shall require each patient to undergo a complete, fully documented medical evaluation by a program physician or a primary care physician, or an authorized healthcare professional under the supervision of a program physician, within the first 30 days following admission to the OTP.

(3) *Special services for pregnant patients.* OTP's must maintain current policies and procedures that reflect the special needs of patients who are pregnant. Prenatal care and other gender specific services for pregnant patients must be provided either by the OTP or by referral to appropriate healthcare providers.

(4) *Initial and periodic assessment services.* Each patient accepted for treatment at an OTP shall be assessed initially and periodically by qualified personnel to determine the most appropriate combination of services and treatment. The initial assessment must include preparation of a treatment plan that includes the patient's short-term goals and the tasks the patient must perform to complete the short-term goals; the patient's requirements for education, vocational rehabilitation, and employment; and the medical, psychosocial, economic, legal, or other supportive services that a patient needs. The treatment plan also must identify the frequency with which these services are to be provided. The plan must be reviewed and updated to reflect that patients's personal history, his or her current needs for medical, social, and psychological services, and his or her current needs for education, vocational rehabilitation, and employment services.

(5) *Counseling services.* (i) OTP's must provide adequate substance abuse counseling to each patient as clinically necessary. This counseling shall be provided by a program counselor, qualified by education, training, or experience to assess the psychological and sociological background of drug abusers, to contribute to the appropriate treatment plan for the patient and to monitor patient progress.

(ii) OTP's must provide counseling on preventing exposure to, and the transmission of, human immunodeficiency virus (HIV) disease for each patient admitted or readmitted to maintenance or detoxification treatment.

(iii) OTP's must provide directly, or through referral to adequate and reasonably accessible community resources, vocational rehabilitation, education, and employment services for patients who either request such services or who have been determined by the program staff to be in need of such services.

(6) *Drug abuse testing services.* OTP's must provide adequate testing or analysis for drugs of abuse, including at least eight random drug abuse tests per year, per patient, in accordance with generally accepted clinical practice. For patients in short-term detoxification treatment, the OTP shall perform at least one initial drug abuse test. For patients receiving long-term detoxification treatment, the program shall perform initial and monthly random tests on each patient.

(g) *Recordkeeping and patient confidentiality.* (1) OTP's shall establish and maintain a recordkeeping system that is adequate to document and monitor patient care. This system is required to comply with all Federal and State reporting requirements relevant to opioid drugs approved for use in treatment of opioid addiction. All records are required to be kept confidential in accordance with all applicable Federal and State requirements.

(2) OTP's shall include, as an essential part of the recordkeeping

system, documentation in each patient's record showing that the OTP made the determination, upon the admission of each patient, that the patient is not enrolled in any other OTP. A patient enrolled in an OTP shall not be permitted to obtain treatment in any other OTP except in exceptional circumstances. If the medical director or program physician of the OTP in which the patient is enrolled determines that such exceptional circumstances exist, the patient may be granted permission to seek treatment at another OTP, provided the justification for finding exceptional circumstances is noted in the patient's record both at the OTP in which the patient is enrolled and at the OTP that will provide the treatment.

(h) *Medication administration, dispensing, and use.* (1) OTP's must ensure that opioid agonist treatment medications are administered or dispensed only by a practitioner licensed under the appropriate State law and registered under the appropriate State and Federal laws to administer or dispense opioid drugs, or by an agent of such a practitioner, supervised by and under the order of the licensed practitioner. This agent is required to be a pharmacist, registered nurse, or licensed practical nurse, or any other healthcare professional authorized by Federal and State law to administer or dispense opioid drugs.

(2) OTP's shall use only those opioid agonist treatment medications that are approved by the Food and Drug Administration under section 505 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355) for use in the treatment of opioid addiction. In addition, OTP's may administer a drug that has been authorized by the Food and Drug Administration under an investigational new drug application under section 505(i) of the Federal Food, Drug, and Cosmetic Act for investigational use in the treatment of opioid addiction, provided the investigational use of the drug by the OTP is fully consistent with the protocol and other conditions set forth in that application. Only the following opioid agonist treatment medications will be considered to be approved by the Food and Drug Administration for use in the treatment of opioid addiction:

(i) Methadone; and

(ii) Levo-Alpha-Acetyl-Methadol (LAAM).

(3) OTP's shall maintain current procedures that are adequate to ensure that the following dosage form and initial dosing requirements are met:

(i) Methadone shall be administered or dispensed only in oral form and shall be formulated in such a way as to reduce its potential for parenteral abuse.

(ii) For each new patient enrolled in a program, the initial dose of methadone shall not exceed 30 milligrams and the total dose for the first day shall not exceed 40 milligrams, unless the program physician documents in the patient's record that 40 milligrams did not suppress opiate abstinence symptoms.

(iii) The administering physician shall ensure that any time a daily dose greater than 100 milligrams is provided to a patient, the justification for such a daily dose is stated in the patient's record.

(4) OTP's shall maintain current procedures adequate to ensure that each opioid agonist treatment medication used by the program is administered and dispensed in accordance with its approved product labeling. Dosing and administration decisions shall be made by a program physician familiar with the most up-to-date product labeling. These procedures must ensure that any deviations from the approved labeling, including deviations with regard to dose, frequency, or the conditions of use described in the approved labeling, are justified in the patient's record.

(i) *Unsupervised or ''take-home'' use.* To limit the potential for diversion of opioid agonist treatment medications to the illicit market, opioid agonist treatment medications dispensed to patients for unsupervised use shall be subject to the following requirements.

(1) Any patient in comprehensive maintenance treatment may receive a single take-home dose for a day that the clinic is closed for business, including Sundays and State and Federal holidays.

(2) Treatment program decisions on dispensing opioid treatment medications to patients for unsupervised use beyond that set forth in paragraph (h)(4)(i)(1) of this section, shall be determined by the medical director. In determining which patients may be permitted unsupervised use, the medical director shall consider the following take-home criteria in determining whether a patient is responsible in handling opioid drugs for unsupervised use.

(i) Absence of recent abuse of drugs (opioid or nonnarcotic), including alcohol;

(ii) Regularity of clinic attendance;

(iii) Absence of serious behavioral problems at the clinic;

(iv) Absence of known recent criminal activity, e.g., drug dealing;

(v) Stability of the patient's home environment and social relationships;

(vi) Length of time in comprehensive maintenance treatment;

(vii) Assurance that take-home medication can be safely stored within the patient's home; and

(viii) Whether the rehabilitative benefit the patient derived from decreasing the frequency of clinic attendance outweighs the potential risks of diversion.

(3) Such determinations and the basis for such determinations consistent with the criteria outlined in paragraph (h)(4)(i)(2) of this section shall be documented in the patient's medical record. If it is determined that a patient is responsible in handling opioid drugs, the following restrictions apply:

(i) During the first month of treatment, the maximum take-home supply is limited to a single dose each week and the patient shall ingest all other doses under appropriate supervision as provided for under these regulations.

(ii) In the second month of treatment, the maximum take-home supply is two doses after each supervised ingestion.

(iii) In the third month of treatment, the patient shall have observed ingestion at least twice a week, with take-home permitted for other doses.

(iv) In the remaining months of the first year, the maximum take-home supply of opioid medication is three doses after each supervised ingestion.

(v) After 1 year, a patient may be given a maximum of 31 days take-home medication, but must make monthly visits.

(4) No medications shall be dispensed to patients in short-term detoxification treatment or interim maintenance treatment for unsupervised or take-home use.

(5) OTP's must maintain current procedures adequate to identify the theft or diversion of take-home medications, including labeling containers with the OTP's name, address, and telephone number. Programs also must ensure that take-home supplies are packaged in a manner that is designed to reduce the risk of accidental ingestion (see Poison Prevention Packaging Act, Pub. L. 91–601 (15 U.S.C. 1471 *et seq.*)).

(j) *Interim maintenance treatment.* (1) The program sponsor of a public or nonprofit private OTP may place an individual, who is eligible for admission to comprehensive maintenance treatment, in interim maintenance treatment if the individual cannot be placed in a public or nonprofit private comprehensive program within a reasonable geographic area and within 14 days of the individual's application for admission to comprehensive maintenance treatment. An initial and at least two other urine screens shall be taken from interim patients during the maximum of 120 days permitted for

such treatment. A program shall establish and follow reasonable criteria for establishing priorities for transferring patients from interim maintenance to comprehensive maintenance treatment. These transfer criteria shall be in writing and shall include, at a minimum, a preference for pregnant women in admitting patients to interim maintenance and in transferring patients from interim maintenance to comprehensive maintenance treatment. Interim maintenance shall be provided in a manner consistent with all applicable Federal and State laws, including sections 1923, 1927(a), and 1976 of the Public Health Service Act (21 U.S.C. 300x–23, 300x–27(a), and 300y–11).

(2) The program shall notify the State health officer when a patient begins interim maintenance treatment, when a patient leaves interim maintenance treatment, and before the date of mandatory transfer to a comprehensive program, and shall document such notifications.

(3) SAMHSA may revoke the interim maintenance authorization for programs that fail to comply with the provisions of § 8.12(j). Likewise, SAMHSA will consider revoking the interim maintenance authorization of a program if the State in which the program operates is not in compliance with the provisions of § 8.11(g).

(4) All requirements for comprehensive maintenance treatment apply to interim maintenance treatment with the following exceptions:

(i) The opioid agonist treatment medication is required to be administered daily under observation;

(ii) Unsupervised or ''take-home'' use is not allowed;

(iii) An initial treatment plan and periodic treatment plan evaluations are not required;

(iv) A primary counselor is not required to be assigned to the patient;

(v) Interim maintenance cannot be provided for longer than 120 days in any 12 month-period; and

(vi) Rehabilitative, education, and other counseling services described in paragraphs (f)(4), (f)(5)(i), and (f)(5)(iii) of this section are not required to be provided to the patient.

§ 8.13 Revocation of accreditation and accreditation body approval.

(a) *SAMHSA action following revocation of accreditation.* If an accreditation body revokes an OTP's accreditation, SAMHSA may conduct an investigation into the reasons for the revocation. Following such investigation, SAMHSA may determine that the OTP's certification should no longer be in effect, at which time SAMHSA will initiate procedures to revoke the facility's certification in accordance with § 8.14. Alternatively, SAMHSA may determine that another action or combination of actions would better serve the public health, including the establishment and implementation of a corrective plan of action that will permit the certification to continue in effect while the OTP seeks reaccreditation.

(b) *Accreditation body approval.* (1) If SAMHSA withdraws the approval of an accreditation body under § 8.6, the certifications of OTP's accredited by such body shall remain in effect for a period of 1 year after the date of withdrawal of approval of the accreditation body, unless SAMHSA determines that to protect public health or safety, or because the accreditation body fraudulently accredited treatment programs, the certifications of some or all of the programs should be revoked or suspended or that a shorter time period should be established for the certifications to remain in effect. SAMHSA may extend the time in which a certification remains in effect under this paragraph on a case-by-case basis.

(2) Within 1 year from the date of withdrawal of approval of an accreditation body, or within any shorter period of time established by SAMHSA, OTP's currently accredited by the accreditation body must obtain accreditation from another accreditation body. SAMHSA may extend the time period for obtaining reaccreditation on a case-by-case basis.

§ 8.14 Suspension or revocation of certification.

(a) *Revocation.* Except as provided in paragraph (b) of this section, SAMHSA may revoke the certification of an OTP if SAMHSA finds, after providing the program sponsor with notice and an opportunity for a hearing in accordance with subpart C of this part, that the program sponsor, or any employee of the OTP:

(1) Has been found guilty of misrepresentation in obtaining the certification;

(2) Has failed to comply with the Federal opioid treatment standards in any respect;

(3) Has failed to comply with reasonable requests from SAMHSA or from an accreditation body for records, information, reports, or materials that are necessary to determine the continued eligibility of the OTP for certification or continued compliance with the Federal opioid treatment standards; or

(4) Has refused a reasonable request of a duly designated SAMHSA inspector, Drug Enforcement Administration (DEA) Inspector, State Inspector, or accreditation body representative for permission to inspect the program or the program's operations or its records.

(b) *Suspension.* Whenever SAMHSA has reason to believe that revocation may be required and that immediate action is necessary to protect public health or safety, SAMHSA may immediately suspend the certification of an OTP before holding a hearing under subpart C of this part. SAMHSA may immediately suspend as well as propose revocation of the certification of an OTP before holding a hearing under subpart C of this part if SAMHSA makes a finding described in paragraph (a) of this section and also determines that:

(1) The failure to comply with the Federal opioid treatment standards presents an imminent danger to the public health or safety;

(2) The refusal to permit inspection makes immediate suspension necessary; or

(3) There is reason to believe that the failure to comply with the Federal opioid treatment standards was intentional or was associated with fraud.

(c) *Written notification.* In the event that SAMHSA suspends the certification of an OTP in accordance with paragraph (b) of this section or proposes to revoke the certification of an OTP in accordance with paragraph (a) of this section, SAMHSA shall promptly provide the sponsor of the OTP with written notice of the suspension or proposed revocation by facsimile transmission, personal service, commercial overnight delivery service, or certified mail, return receipt requested. Such notice shall state the reasons for the action and shall state that the OTP may seek review of the action in accordance with the procedures in subpart C of this part.

(d)(1) If SAMHSA suspends certification in accordance with paragraph (b) of this section:

(i) SAMHSA will immediately notify DEA that the OTP's registration should be suspended under 21 U.S.C. 824(d); and

(ii) SAMHSA will provide an opportunity for a hearing under subpart C of this part.

(2) Suspension of certification under paragraph (b) of this section shall remain in effect until the agency determines that:

(i) The basis for the suspension cannot be substantiated;

(ii) Violations of required standards have been corrected to the agency's satisfaction; or

(iii) The OTP's certification shall be revoked.

§ 8.15 Forms.

(a) SMA–162—Application for Certification to Use Opioid Agonist Treatment Medications for Opioid Treatment.

(b) SMA–163—Application for Becoming an Accreditation Body under 42 CFR 8.3.

Subpart C—Procedures for Review of Suspension or Proposed Revocation of OTP Certification

§ 8.21 Applicability.

These procedures apply when:

(a) SAMHSA has notified an OTP in writing that its certification under these regulations has been suspended or that SAMHSA proposes to revoke such certification; and

(b) The OTP has, within 30 days of the date of such notification or within 3 days of the date of such notification when seeking an expedited review of a suspension, requested in writing an opportunity for a review of the suspension or proposed revocation.

§ 8.22 Definitions.

(a) *Appellant* means the treatment program which has been notified of its suspension or proposed revocation of its certification under these regulations and has requested a review thereof.

(b) *Respondent* means the person or persons designated by the Secretary in implementing these regulations.

(c) *Reviewing official* means the person or persons designated by the Secretary who will review the suspension or proposed revocation. The reviewing official may be assisted by one or more of his or her employees or consultants in assessing and weighing the scientific and technical evidence and other information submitted by the appellant and respondent on the reasons for the suspension and proposed revocation.

§ 8.23 Limitation on issues subject to review.

The scope of review shall be limited to the facts relevant to any suspension or proposed revocation, the necessary interpretations of those facts, these regulations, and other relevant law.

§ 8.24 Specifying who represents the parties.

The appellant's request for review shall specify the name, address, and phone number of the appellant's representative. In its first written submission to the reviewing official, the respondent shall specify the name, address, and phone number of the respondent's representative.

§ 8.25 Informal review and the reviewing official's response.

(a) Within 30 days of the date of the notice of the suspension or proposed revocation, the appellant must submit a written request to the reviewing official seeking review, unless some other time period is agreed to by the parties. A copy must also be sent to the respondent. The request for review must include a copy of the notice of suspension or proposed revocation, a brief statement of why the decision to suspend or propose revocation is incorrect, and the appellant's request for an oral presentation, if desired.

(b) Within 5 days after receiving the request for review, the reviewing official will send an acknowledgment and advise the appellant of the next steps. The reviewing official will also send a copy of the acknowledgment to the respondent.

§ 8.26 Preparation of the review file and written argument.

The appellant and the respondent each participate in developing the file for the reviewing official and in submitting written arguments. The procedures for development of the review file and submission of written argument are:

(a) *Appellant's documents and brief.* Within 15 days after receiving the acknowledgment of the request for review, the appellant shall submit to the reviewing official the following (with a copy to the respondent):

(1) A review file containing the documents supporting appellant's argument, tabbed and organized chronologically, and accompanied by an index identifying each document. Only essential documents should be submitted to the reviewing official.

(2) A written statement, not to exceed 20 double-spaced pages, explaining why respondent's decision to suspend or propose revocation of appellant's certification is incorrect (appellant's brief).

(b) *Respondent's documents and brief.* Within 15 days after receiving a copy of the acknowledgment of the request for review, the respondent shall submit to the reviewing official the following (with a copy to the appellant):

(1) A review file containing documents supporting respondent's decision to suspend or revoke appellant's certification, tabbed and organized chronologically, and accompanied by an index identifying each document. Only essential documents should be submitted to the reviewing official.

(2) A written statement, not exceeding 20 double-spaced pages in length, explaining the basis for suspension or proposed revocation (respondent's brief).

(c) *Reply briefs.* Within 5 days after receiving the opposing party's submission, or 20 days after receiving acknowledgment of the request for review, whichever is later, each party may submit a short reply not to exceed 10 double-spaced pages.

(d) *Cooperative efforts.* Whenever feasible, the parties should attempt to develop a joint review file.

(e) *Excessive documentation.* The reviewing official may take any appropriate step to reduce excessive documentation, including the return of or refusal to consider documentation found to be irrelevant, redundant, or unnecessary.

§ 8.27 Opportunity for oral presentation.

(a) *Electing oral presentation.* If an opportunity for an oral presentation is desired, the appellant shall request it at the time it submits its written request for review to the reviewing official. The reviewing official will grant the request if the official determines that the decisionmaking process will be substantially aided by oral presentations and arguments. The reviewing official may also provide for an oral presentation at the official's own initiative or at the request of the respondent.

(b) *Presiding official.* The reviewing official or designee will be the presiding official responsible for conducting the oral presentation.

(c) *Preliminary conference.* The presiding official may hold a prehearing conference (usually a telephone conference call) to consider any of the following: simplifying and clarifying issues; stipulations and admissions; limitations on evidence and witnesses that will be presented at the hearing; time allotted for each witness and the hearing altogether; scheduling the hearing; and any other matter that will assist in the review process. Normally, this conference will be conducted informally and off the record; however, the presiding official may, at his or her discretion, produce a written document summarizing the conference or transcribe the conference, either of which will be made a part of the record.

(d) *Time and place of oral presentation.* The presiding official will attempt to schedule the oral presentation within 30 days of the date appellant's request for review is

received or within 10 days of submission of the last reply brief, whichever is later. The oral presentation will be held at a time and place determined by the presiding official following consultation with the parties.

(e) *Conduct of the oral presentation*—(1) *General.* The presiding official is responsible for conducting the oral presentation. The presiding official may be assisted by one or more of his or her employees or consultants in conducting the oral presentation and reviewing the evidence. While the oral presentation will be kept as informal as possible, the presiding official may take all necessary steps to ensure an orderly proceeding.

(2) *Burden of proof/standard of proof.* In all cases, the respondent bears the burden of proving by a preponderance of the evidence that its decision to suspend or propose revocation is appropriate. The appellant, however, has a responsibility to respond to the respondent's allegations with evidence and argument to show that the respondent is incorrect.

(3) *Admission of evidence.* The rules of evidence do not apply and the presiding official will generally admit all testimonial evidence unless it is clearly irrelevant, immaterial, or unduly repetitious. Each party may make an opening and closing statement, may present witnesses as agreed upon in the prehearing conference or otherwise, and may question the opposing party's witnesses. Since the parties have ample opportunity to prepare the review file, a party may introduce additional documentation during the oral presentation only with the permission of the presiding official. The presiding official may question witnesses directly and take such other steps necessary to ensure an effective and efficient consideration of the evidence, including setting time limitations on direct and cross-examinations.

(4) *Motions.* The presiding official may rule on motions including, for example, motions to exclude or strike redundant or immaterial evidence, motions to dismiss the case for insufficient evidence, or motions for summary judgment. Except for those made during the hearing, all motions and opposition to motions, including argument, must be in writing and be no more than 10 double-spaced pages in length. The presiding official will set a reasonable time for the party opposing the motion to reply.

(5) *Transcripts.* The presiding official shall have the oral presentation transcribed and the transcript shall be made a part of the record. Either party may request a copy of the transcript and the requesting party shall be responsible for paying for its copy of the transcript.

(f) *Obstruction of justice or making of false statements.* Obstruction of justice or the making of false statements by a witness or any other person may be the basis for a criminal prosecution under 18 U.S.C. 1505 or 1001.

(g) *Post-hearing procedures.* At his or her discretion, the presiding official may require or permit the parties to submit post-hearing briefs or proposed findings and conclusions. Each party may submit comments on any major prejudicial errors in the transcript.

§ 8.28 Expedited procedures for review of immediate suspension.

(a) *Applicability.* When the Secretary notifies a treatment program in writing that its certification has been immediately suspended, the appellant may request an expedited review of the suspension and any proposed revocation. The appellant must submit this request in writing to the reviewing official within 5 days of the date the OTP received notice of the suspension. The request for review must include a copy of the suspension and any proposed revocation, a brief statement of why the decision to suspend and propose revocation is incorrect, and the appellant's request for an oral presentation, if desired. A copy of the request for review must also be sent to the respondent.

(b) *Reviewing official's response.* As soon as practicable after the request for review is received, the reviewing official will send an acknowledgment with a copy to the respondent.

(c) *Review file and briefs.* Within 10 days of the date the request for review is received, but no later than 2 days before an oral presentation, each party shall submit to the reviewing official the following:

(1) A review file containing essential documents relevant to the review, tabbed, indexed, and organized chronologically; and

(2) A written statement, not to exceed 20 double-spaced pages, explaining the party's position concerning the suspension and any proposed revocation. No reply brief is permitted.

(d) *Oral presentation.* If an oral presentation is requested by the appellant or otherwise granted by the reviewing official in accordance with § 8.27(a), the presiding official will attempt to schedule the oral presentation within 10 to 14 days of the date of appellant's request for review at a time and place determined by the presiding official following consultation with the parties. The presiding official may hold a pre-hearing conference in accordance with § 8.27(c) and will conduct the oral presentation in accordance with the procedures of § 8.27(e), (f), and (g).

(e) *Written decision.* The reviewing official shall issue a written decision upholding or denying the suspension or proposed revocation and will attempt to issue the decision within 7 to 10 days of the date of the oral presentation or within 3 days of the date on which the transcript is received or the date of the last submission by either party, whichever is later. All other provisions set forth in § 8.33 will apply.

(f) *Transmission of written communications.* Because of the importance of timeliness for these expedited procedures, all written communications between the parties and between either party and the reviewing official shall be by facsimile transmission, personal service, commercial overnight delivery service, or certified mail, return receipt requested.

§ 8.29 Ex parte communications.

Except for routine administrative and procedural matters, a party shall not communicate with the reviewing or presiding official without notice to the other party.

§ 8.30 Transmission of written communications by reviewing official and calculation of deadlines.

(a) Because of the importance of a timely review, the reviewing official should normally transmit written communications to either party by facsimile transmission, personal service, commercial overnight delivery service, or certified mail, return receipt requested, in which case the date of transmission or day following mailing will be considered the date of receipt. In the case of communications sent by regular mail, the date of receipt will be considered 3 days after the date of mailing.

(b) In counting days, include Saturdays, Sundays, and holidays. However, if a due date falls on a Saturday, Sunday, or Federal holiday, then the due date is the next Federal working day.

§ 8.31 Authority and responsibilities of reviewing official.

In addition to any other authority specified in these procedures, the reviewing official and the presiding official, with respect to those authorities involving the oral presentation, shall have the authority to issue orders; examine witnesses; take all steps necessary for the conduct of an orderly hearing; rule on requests and motions; grant extensions of time for good

reasons; dismiss for failure to meet deadlines or other requirements; order the parties to submit relevant information or witnesses; remand a case for further action by the respondent; waive or modify these procedures in a specific case, usually with notice to the parties; reconsider a decision of the reviewing official where a party promptly alleges a clear error of fact or law; and to take any other action necessary to resolve disputes in accordance with the objectives of these procedures.

§ 8.32 Administrative record.

The administrative record of review consists of the review file; other submissions by the parties; transcripts or other records of any meetings, conference calls, or oral presentation; evidence submitted at the oral presentation; and orders and other documents issued by the reviewing and presiding officials.

§ 8.33 Written decision.

(a) *Issuance of decision.* The reviewing official shall issue a written decision upholding or denying the suspension or proposed revocation. The decision will set forth the reasons for the decision and describe the basis therefor in the record. Furthermore, the reviewing official may remand the matter to the respondent for such further action as the reviewing official deems appropriate.

(b) *Date of decision.* The reviewing official will attempt to issue his or her decision within 15 days of the date of the oral presentation, the date on which the transcript is received, or the date of the last submission by either party, whichever is later. If there is no oral presentation, the decision will normally be issued within 15 days of the date of receipt of the last reply brief. Once issued, the reviewing official will immediately communicate the decision to each party.

(c) *Public notice and communications to the Drug Enforcement Administration (DEA).*

(1) If the suspension and proposed revocation are upheld, the revocation of certification will become effective immediately and the public will be notified by publication of a notice in the **Federal Register**. SAMHSA will notify DEA within 5 days that the OTP's registration should be revoked.

(2) If the suspension and proposed revocation are denied, the revocation will not take effect and the suspension will be lifted immediately. Public notice will be given by publication in the **Federal Register**. SAMHSA will notify DEA within 5 days that the OTP's registration should be restored, if applicable.

§ 8.34 Court review of final administrative action; exhaustion of administrative remedies.

Before any legal action is filed in court challenging the suspension or proposed revocation, respondent shall exhaust administrative remedies provided under this subpart, unless otherwise provided by Federal law. The reviewing official's decision, under § 8.28(e) or § 8.33(a), constitutes final agency action as of the date of the decision.

Dated: July 14, 1999.

Jane E. Henney,

Commissioner of Food and Drugs.

Nelba Chavez,

Administrator, Substance Abuse and Mental Health Services Administration.

Donna E. Shalala,

Secretary of Health and Human Services.

Note: The following appendix will not appear in the Code of Federal Regulations:

BILLING CODE 4160–01–F

Appendix 1

OFFICE OF NATIONAL DRUG CONTROL POLICY
POLICY PAPER
OPIOID AGONIST TREATMENT

March 1999

OFFICE OF NATIONAL DRUG CONTROL POLICY (ONDCP) POLICY PAPER -- OPIOID AGONIST TREATMENT

INTRODUCTION

This paper is circulated by the Director, ONDCP, under his statutory authority [Section 704 (b) (3) of Public Law 105-2 77, the Office of National Drug Control Policy Reauthorization Act of 19981 to coordinate and oversee the implementation by the National Drug Control Program agencies of the policies, goals, objectives, and priorities established for the national drug control programs and the fulfillment of the responsibilities of such agencies under the National Drug Control Strategy.

In response to recent increases in heroin use, ONDCP has joined with the Departments of Health and Human Services (DHHS) and Justice (DOJ), to address the problems and potential of opioid agonist treatment, primarily methadone treatment. In addition to a shortfall in treatment capacity, problems have long existed at two levels: first, methadone treatment programs have not functioned with uniform high quality; and, second, Federal oversight, grounded in process-focused regulations, has not served to improve or maintain the quality of methadone treatment programs. To reduce the use of illicit drugs, both of these problems must be addressed.

1. PURPOSE: The purpose of this document is to discuss national policy and direction regarding the role of methadone, levo-alpha-acetylmethadol hydrochloride (LAAM), and other opioid agonist treatments in reducing opiate addiction.

2. OBJECTIVE: A major priority of the Office of National Drug Control Policy (ONDCP) is to allow those addicted to heroin to receive quality drug treatment, including opioid agonist treatment when it is the indicated modality, in the context of expanding overall treatment capacity for all drugs of abuse.

3. DISCUSSION:

A. The Scope of the Heroin Problem: Although a relatively small percentage of America's illegal drug users use heroin, the debilitating effects of the drug make it, along with cocaine, a major source of drug-related health, crime, and social costs. And the heroin using population has grown in recent years. Data from the National Household Survey on Drug Abuse indicate that current (i.e., past month) use of heroin in the household population, age 12 years and older, has risen dramatically, from 71,000 in 1991 to 325,000 in 1997. ONDCP estimates a population of 810,000 chronic heroin users in the United States in 1995.

(1) Trends -- High Purity: While the number of new heroin initiates is still relatively low, it is apparent that the availability of high-purity heroin has led to an increase in use, probably related to changes in the route of administration. High purity heroin can be snorted, smoked, or otherwise inhaled, and need not be injected. Heroin users

who have snorted or smoked heroin increased from *55* percent of heroin users in 1994 to 82 percent m 1996. This trend is disturbing in two aspects: first, because it expands the use of heroin to those who might be reluctant to inject drugs; and, second, because heroin can now be ingested using the same "pathway" as abused substances such as tobacco, crack, methamphetamine, and marijuana. The ability to snort or smoke heroin is likely to foster experimentation, adding to the number of users and leading to injection for many of them over time. The *Drug Abuse Warning Network* (DAWN) reports that the proportion of drug-related episodes that involve heroin/morphine increased steadily from 4 percent in 1978 to 13.8 percent in 1995, before leveling off in 1996 and the first six months of 1997. The number of heroin/morphine "mentions~~ increased each year from 1991 through 1996 (35,898 in 1991, 48,003 in 1992, 63,232 in 1993, 64,013 in 1994, 70,838 in 1995, and 73,846 in 1996). Most of these patients sought detoxification or medical treatment to deal with overdose or the chronic health effects of heroin use.

(2) Trends -- Heroin Addicts and Other Chronic, Hardcore Drug Users are Undercounted: Because of the nature of heroin abuse, many chronic users may not be captured by traditional surveys such as the *National Household Survey on Drug Abuse* (which only surveys those living in households) and *Monitoring the Future* (which only surveys youth enrolled in school and present on the day of the survey). To provide a more accurate estimate, ONDCP sponsored a pilot research study in Cook County, Illinois, to test a new methodology for estimating addicted drug users. In addition to validating the new methodology, the study found that there were three times as many hardcore addicts in Cook County than the number estimated by the Household Survey. These results suggest that the actual number of chronic heroin users in the United States may be even larger than ONDCP's estimate of 810,000.

(3) Trends -- The Population of Addicts is Aging, Even as Younger Initiates Increase: Many heroin addicts encounter serious health problems after years of use. Heroin addicts who began use in the last great heroin epidemic of the late 1960s and early 1970s now require significantly increased and costly medical care for the cumulative debilitating effects of their drug use. Since 1978 the number of emergency room mentions for heroin among those aged 35 and older has tripled. The DAWN report of drug mentions in hospital emergency departments shows that heroin/morphine mentions more than doubled from 1990 through 1996 (from 33,900 to 73,800), as did the rate per 100,000 population (from 15.3 in 1990 to 31.4 in 1996). And, although their numbers remain relatively small, increases in heroin mentions are also seen among youth ages 12 to 17 and 18 to *25*. This DAWN data is consistent with the finding of the National Household Survey on Drug Abuse that the mean age of initiation for heroin dropped from 26.2 years in 1988 to 18.1 in 1996.

B. The Implications of the Problem: As with cocaine and methamphetamine users, heroin users are at risk for a plethora of negative social and health consequences.

(1) Heroin is a Toxic Substance: The danger of a fatal overdose is more immediate and likely for a heroin user today than for users of other common drugs of abuse because of the route of administration and common miscalculations regarding drug purity. Misjudging heroin purity can have fatal implications. Heroin use is involved in about 15 percent of all drug-related emergency room visits -- a number that far exceeds the proportion of heroin users in the general drug-using population.

(2) Heroin Use is Associated with Crime: Because of the addictive and tolerance properties of heroin, users find that they need heroin frequently in increasing amounts. Because the withdrawal effects of heroin are both severe and frequent, addicts typically use heroin several times a day. The need to purchase large amounts of a costly drug inevitably leads to crime. For decades some cities have estimated that over half of all property crime is attributable to heroin use. Twenty percent of all people arrested in Manhattan in 1997 tested positive for opiates. In the same year, 22 percent of all arrestees in Chicago tested positive for opiates.

(3) Heroin Use Affects Public Health: There is a strong nexus between heroin use and many life-threatening diseases, including infections such as hepatitis B and C, HIV/AIDS, and endocarditis; as well as tuberculosis and sexually transmitted diseases. The heroin subculture -- with its sharing of needles and "cooking equipment" and associated high-risk sexual behaviors, including prostitution and trading sex for drugs -- is a major factor in the transmission of disease. The Centers for Disease Control (CDC) estimates injecting drug users (most of whom are heroin users) account for between 15 and 36 percent of the nation's new HIV infections each year. According to CDC's HIV/AIDS Surveillance Report, of 13,111 new HIV cases reported between July 1996 and June 1997, injecting drug use was an "exposure category" for over 2,200. Heroin not only undermines the health of users, but -- in the case of pregnant women -- can seriously affect the health of their children.

(4) Heroin Addiction is Difficult to Overcome: The National Institute of Drug Abuse has declared that heroin is a powerfully addicting substance producing tolerance, physical dependence, and the clinical state of addiction (defined as compulsive, often truly uncontrollable drug craving, seeking, and use). The psychopharmacological effects of heroin are extremely strong. Satisfaction of the self-destructive need becomes nearly a full-time occupation. Heroin addicts spend a large amount of their time searching for drugs. An ONDCP study of cocaine, crack, and heroin abuse in six cities found that the percentage of heroin users who used heroin for 30 or more consecutive days over a 90 day period was four times greater than the percentage for crack and powder cocaine users. This finding indicates that there is a high proportion of heroin addicts among the users of heroin. Cessation of heroin use is difficult: the same study found that heroin users reporting 30 or more consecutive days of abstinence in a 90 day period tended to be lower than for crack or powder cocaine users. The relatively stable number of heroin addicts over the years,

particularly in older age groups, indicates the relative shortfall in effective treatment capacity and aggressive outreach programs to get the addicts into treatment. In some cities, an entire heroin culture that spans generations has evolved, as addicts cycle through the criminal justice system and back into street addiction without any prospect of entering an effective treatment regimen.

C. Methadone -- Part of the Solution: Methadone has been used for the treatment of heroin addiction since the 1960s. It is an orally effective, long-acting, synthetic opioid agonist. In other words, methadone operates by "occupying" the brain receptor sites that are affected by heroin and blocks the craving attendant to addiction. Eventually it produces tolerance to its own analgesic effects, as well as its psychoactive effects, and also produces a physiological cross-tolerance to other opiates. Initially, methadone was used in the context of abstinence-based drug treatment to alleviate withdrawal pains for heroin addicts. Because of methadone's long duration of action before withdrawal begins (24 hours at adequate doses), it is relatively easy to maintain an addict on methadone without abrupt side effects. A more recently approved agent, levo-alpha-acetylmethadol hydrochloride (LAAM), will last even longer, up to three days.

Although much is known about the action and effectiveness of methadone, less is known about the addict population. Among the questions remaining to be answered by research and experience is how to determine with confidence which addicts should most properly be referred to therapeutic community-like residential treatment, which to methadone detoxification, which to limited term methadone-to-abstinence treatment, and which to long-term maintenance.

(1) The Rise of Methadone Treatment: Heroin addiction became a major public concern during the epidemic of the 1960s and early 1970s. The growth in heroin addiction occurred during a major shift in public health approaches, away from an (often coercive) in-patient treatment regimen to out-patient, community-based treatment. Confronted with a rising number of heroin addicts and faced with a choice between methadone treatment and other treatment regimes, which promised uncertain results at the time, many governmental agencies opted to pursue methadone treatment. The American Bar Association noted in a 1972 report that New York City had 18,072 people in methadone programs, with a waiting list of 15,000 more, and that *65* percent of all participants in New York City treatment programs were in methadone treatment. National estimates of the number of patients in methadone treatment have indicated growth, with an estimate of 81,852 in methadone treatment in 1987, nearly *95,* 300 in 1991, and 117,000 in 1993. A recent survey of the states by the American Methadone Treatment Association (AMTA) indicates that over 170,000 patients are engaged in some form of methadone treatment at this time.

(2) Methadone Treatment Today: Methadone treatment is the most widely used treatment for heroin addiction today. It has been studied more than any other drug treatment modality, with uniformly positive results. Thousands of Americans are able to

lead stable lives as a result of methadone treatment. Most of the over 900 methadone treatment programs in America provide an invaluable service. Typically, methadone patients go to a treatment program each day, to receive, and be observed ingesting, an oral dose of methadone in liquid form. Many stable, compliant patients are eventually allowed to take a number of doses home, reducing the number of trips they must make to the program. Better treatment programs make provision for systematic drug testing, monitoring for compliance, counseling, provision of other needed services, and periodic assessment of the continuing appropriateness of methadone. Unfortunately, many programs do not provide such comprehensive services.

Given the less than uniform state of methadone treatment, the outcomes achieved are remarkable. The National Institute on Drug Abuse (NIDA) has conducted literally dozens of studies that show the effectiveness of methadone treatment. *The Drug Abuse Treatment Outcome Study (DATOS),* the most recent study by NIDA, found that among participants in outpatient methadone treatment, weekly heroin use decreased 69 percent, cocaine use by 48 percent (many heroin users are polydrug users), illegal activity decreased 52 percent, and full time work increased by 24 percent. Methadone treatment, at an average cost of $13 or less per day, is clearly a cost effective alternative to incarceration for many drug-dependent offenders. Yet, in spite of this proven track record, methadone treatment capacity has not experienced marked growth. Treatment capacity is insufficient to provide most of the 810,000 chronic heroin addicts with methadone treatment or any other effective form of drug abuse treatment. Methadone treatment is still not available in eight states: Idaho, Mississippi, Montana, New Hampshire, North Dakota, South Dakota, Vermont, and West Virginia.

(3) Criticisms of Methadone Treatment: The full benefits of any intervention, including methadone treatment, are only obtained within a comprehensive treatment environment, which screens and evaluates patients and assigns them to appropriate treatment regimes, based upon the nature of each patient's addiction as well as other problems (e.g., psychological, family, vocational). By itself, methadone is simply a medication, a drug. As noted by the November 1997 National Institutes of Health Consensus Development Statement, non-pharmacologic supportive services are pivotal to successful treatment. Ongoing substance abuse counseling and other psychosocial therapies, vocational rehabilitation, and needed medical and social services are essential for program retention and positive outcome. For example, a study by McLellan in 1993 showed that patients who received comprehensive services including methadone, when compared to those who received methadone only, had a strikingly higher level of improvement. Comprehensive programs evaluate continued use of methadone and assess methadone's utility for each patient at regular intervals, as well as evaluating the need for treatment of problems that often interfere with adequate rehabilitation.

Unfortunately, such discipline has not universally been the case among programs. A 1990 GAO report based on observations of 24 methadone treatment organizations found that policies, goals and practices varied greatly and that not one of the programs studied

evaluated the effectiveness of their treatment. Although many improvements have been made, the failures of the unsuccessful programs tarnished the entire idea of methadone treatment, rather than spurring significant efforts to improve the quality of services and acknowledging the effectiveness of comprehensive programs.

(4) The Future of Methadone Treatment:

a. A standardized accreditation system for opioid agonist treatment programs with transfer of regulatory oversight from the Food and Drug Administration (FDA) to the Substance Abuse and Mental Health Services Administration (SAMHSA): The current, process-oriented regulatory approach will be replaced with a system that is more akin to a clinically-based accreditation model. Providers will know with certainty what is required of them --clinically, administratively, and programmatically -- to initiate or continue an opioid agonist treatment program. Regulatory and enforcement agencies will have a clear understanding of the nature and limits of their authority.

To start this process, CSAT/SAMHSA will lead the interagency effort, in 1999, to assess the impact of the accreditation process and proposed accreditation standards on methadone program quality, capacity, and oversight. Based on the results of the evaluation, feedback from treatment experts and public officials, and public comments on the Notice of Proposed Rule Making, a final rule will be promulgated to introduce reformed treatment standards and an accreditation process. Integrating regulatory oversight for methadone into CSAT/SAMHSA responsibilities for overseeing treatment services will facilitate the much-needed expansion of methadone treatment capacity while enhancing the application of clinical standards. In the interim, programs will remain subject to FDA oversight and monitoring.

Responsibility for preventing the diversion of methadone to illicit use will remain with the Drug Enforcement Administration (DEA). For the process of reform to progress with clear expectations, DEA's role will be spelled out in detail and distinguished from that of the Substance Abuse and Mental Health Services Administration's Center for Substance Abuse Treatment (SAMHSA/CSAT). Specifically, DEA's anti-diversion authority will be clearly distinguished from SAMHSA/CSAT' s clinical practice authority.

b. Provision for individual physician administration of methadone treatment to stabilized, methadone-maintained patients: Methadone is a tool of proven effectiveness in treating heroin addicts. But no tool is effective in isolation. The recovering heroin addict must be integrated back into employment and into society. It is estimated that, at a minimum, seven percent of those presently receiving methadone are sufficiently stable to be transferred to a private

physician for continued maintenance. When this transfer can be accomplished, additional program capacity will be made available for those awaiting treatment.

This will not happen overnight. Most physicians are ill-equipped to practice addiction medicine. However, as physician training and certification in the administration of opioid agonist treatment is accomplished, regulations will be reformed to allow trained physicians to use all the counter-addiction modalities in the physician's preferred clinical setting supported by ancillary services.

4. THE CHALLENGE: Currently only a fraction of those addicts who can benefit from methadone treatment do so. Expansion of methadone and other heroin treatment modalities, such as residential treatment, is essential to reach the untreated majority of the opiate addicted.

A. Policy Barriers: The laws governing methadone treatment -- the Controlled Substances Act (C.S.A.) and Narcotic Addict Treatment Act (NAIA) -- date from the 1970s, and reflect the political and social climate of the day, rather than rigorous study. These laws pre-date research breakthroughs on the nature of addiction and the success of drug treatment, and they arbitrarily limit the administration of treatment programs and the expansion of treatment capacity. Furthermore, they are implemented with process-focused regulations, which do not address treatment quality.

(1) Uneven Application of Standards for Admission to Methadone Treatment: As the 1990 GAO study noted, there is a wide variance of policies among methadone treatment programs. FDA admission standards are not uniformly applied by programs in evaluating potential patients and referring them to appropriate treatment. This lack of uniformity in practice continues under state managed care systems. Not everyone will benefit from methadone treatment and the failure to apply uniform assessment standards makes it probable that some addicts will be assigned to methadone or other treatment regimes inappropriately.

(2) Variance in Oversight and Limits on Program Administration: There is considerable overlap in governmental oversight and enforcement, with Federal, state, and local agencies involved in some states with different priorities and concerns. And an attempt to accomplish, with regulations, matters that depend on medical discretion. For example, Federal regulations address limits on dosage and on take-home medication privileges, with take-home privileges based on time spent in the program, rather than on clinical criteria. Both practices should be based on sound clinical criteria for decision-making, as the former practice can lead to under-treatment and the latter to both diversion to illicit use and interference with rehabilitation.

Given the critical role of the states in the reform of methadone regulations, lead Federal agencies must maintain continuing communication with relevant state authorities, to identified state-specific issues and plan for their resolution.

(3) Lack of Enforceable Clinical Guidelines: Paradoxically, in an environment in which methadone is over-regulated, there is a dearth of enforceable clinical guidelines. In lieu of outcome-oriented measures, the Federal Government has developed over time a regime of regulatory oversight that has controlled diversion to illegal use, but does little to enhance treatment quality, and at times actually interferes with treatment. There is a substantial body of knowledge and a rare scientific consensus on both the utility of methadone treatment and its appropriateness for many addicts. This body of clinical knowledge -- rather than the current regulatory maze -- should form the basis for clinical oversight and broader employment of methadone treatment.

Bringing existing treatment programs into conformance with established science will, at a minimum, require comprehensive technical assistance. And funding assistance might well be needed for programs to be able to meet the costs of the accreditation process and meet accreditation standards.

(4) Stigmatization of Addiction and Methadone Treatment: Some critics have called methadone treatment simply a way to keep people addicted, simply the substitution of one addiction for another. But methadone treatment is not simply a substitute for heroin. As noted by scholars such as Avram Goldstein, methadone's totally different pharmacokinetics make it a very different drug. While both heroin and methadone can occupy the mu opioid receptors in the brain, the steady, stable occupancy by methadone contrasts sharply with the repeated, excessive "highs" followed by excessive "lows" with heroin. This continuous receptor occupancy is the stabilizing factor that permits addicts on methadone to normalize their behavior and to discontinue heroin use. It diminishes the craving for heroin and, by producing opioid tolerance, blocks the heroin "high." Methadone makes possible the substitution of a stable existence for one of compulsive drug seeking and taking, criminal behavior, chronic unemployment, and high risk sexual and drug use behaviors.

"Drug-free" treatment (i.e., treatment with no pharmacologic agents) is considered by many to be preferable to methadone. (And it should be noted that evaluations of residential programs, although fewer in number, yield essentially similar results.) Some who prefer drug-free treatment reject the use of methadone entirely and others would set specific time limits on it's use (e.g., six months). The problem with these strident approaches is that they fail to recognize the changes in brain structure that accompany, and might in certain cases precede, addiction. Medical technology has enabled scientists to observe the changes in the addicted brain, specifically the damage to the reward pathway that spurs compulsive use and the sick feeling that

accompanies withdrawal. And while it is clear that addiction is a disease of the brain, more research is needed to distinguish those addicts who may have had a damaged brain reward pathway from birth, thus being predisposed to addiction, from those who have damaged their brain reward pathway through drug use. Furthermore, research will be required to distinguish brain changes that can be reversed from those that appear permanent. The decision to administer methadone and the duration of its use are clinical matters that should be informed by a science-based assessment of each patient's requirements.

B. Understanding the Role of Drug Treatment: The contributions of drug treatment in general and methadone treatment in particular are not universally understood or accepted. Drug treatment is sometimes characterized as another form of welfare, as "something for nothing," when it is actually very demanding for participants and the single most cost effective policy option for reducing the consumption of drugs and the commission of drug-related crimes. Indeed, from a public policy perspective, drug treatment is not solely, or even primarily, a service for the benefit of the drug-dependent. Although addicts clearly benefit with the acceptance of personal accountability; it is public safety, public health, and the public purse that are the primary beneficiaries of drug treatment. And they suffer when treatment is withheld or poorly delivered.

The Institute of Medicine of the National Academy of Sciences found in 1995 that a reduction in existing regulations could be accomplished without negative impact on health or safety standards. A 1997 consensus development conference, convened by the National Institutes of Health (NIH), strongly recommended broader availability of methadone treatment programs for people who are addicted to heroin or other opiate drugs and assessed as likely to benefit from agonist treatment. The NIH conference called for the elimination of Federal and State regulations and other barriers that improperly impede access. And a 1998 GAO review of the science identified methadone as the most effective treatment (to date) for heroin addiction. The conclusions of these prestigious bodies join the overwhelming scientific evidence supporting the expansion of methadone treatment within the overall context of an expansion of drug abuse treatment.

5. OUTCOMES: Methadone treatment is a lynchpin of modern opiate addiction treatment. It must be more widely available to those who need it and it must be conducted in a way that ensures quality and inspires public confidence.

Effective methadone treatment is an essential contributor to the attainment of the Performance Measures of Effectiveness established for the *National Drug Control Strategy*. This is most directly the case regarding Impact Targets for Goal 3, Reduce health and social costs to the public of illegal drug use:

- Reduce the health and social costs associated with illegal drugs by 10 percent by 2002, and by 25 percent by 2007; and

- Reduce the number of chronic drug users by 20 percent by 2002, and by 50 percent by 2007.

A. DESIRED END STATE:

(1) A comprehensive system of treatment oversight and delivery, guided by continuous assessment to ensure appropriate initial placement, appropriate retention, and movement to other modalities as necessary.

(2) A national cadre of well-trained health professionals, skilled in treating and managing addiction.

(3) Adequate treatment capacity for all who need and are willing to accept drug treatment.

(4) Adequate methadone treatment capacity for all of America's opiate drug addicts for whom it is indicated by appropriate assessment.

(5) Well-run programs with sufficient capacity, and ancillary services, to accommodate:

- state-of-the-art detoxification services;
- those who need long-term maintenance;
- those who can benefit from short-term methadone treatment, while receiving appropriate rehabilitation services to increase the likelihood they can remain abstinent after detoxification.

(6) A comprehensive evaluation and accreditation system to continue to ensure the effectiveness of methadone treatment.

- programs should be held accountable for, and required to monitor, participant cessation of alcohol and other drug use, engagement in productive employment, and cessation of criminal activity.

B. INTERMEDIATE BENCHMARKS:

(1) Increased public and, especially, medical community understanding of the efficacy of methadone treatment for those for whom it is indicated by appropriate assessment.

(2) Development of rational rules governing access to methadone treatment, allowing such treatment, where clinically warranted, in the offices of trained and accredited physicians.

- Both certification by a nationally recognized professional organization, and successful completion of a specific training program on issues pertinent to opioid maintenance therapies, should be required for primary care physicians to provide office-based narcotic addiction treatment.

- Physicians in private practice who prescribe methadone for stabilized addicts should make provision for simultaneous treatment of substance abuse disorders and physical and psychiatric comorbidity, and for other community services and self-help.

- Methadone treatment programs should function as hub referral sites.

(3) Development and utilization of a field-tested and proven system for accrediting methadone treatment programs with transfer of regulatory oversight from FDA to SAMHSA.

C. IMMEDIATE ACTIONS:

(1) Testing and evaluation of newly developed accreditation standards.

- Accreditation standards should be adopted only after a demonstration of their successful application.

(2) SAMHSA and FDA provision of technical assistance to programs, and continuing communication with Federal, state, and local government authorities, to facilitate a thorough demonstration and evaluation.

(3) Active ONDCP oversight of the demonstration and evaluation process, and subsequent action plan, to be accomplished through the Interagency Narcotic Treatment Policy Review Board.

(4) Discussion of the role of both short- and long-term methadone treatment and of alternative strategies for expanding treatment capacity for opiate drug addicts in the drug treatment and medical communities.

(5) A clear delineation and distinction of the roles and authorities of SAMHSA/CSAT and DEA.

(6) Active ONDCP oversight of the development of educational standards in addictions for health professionals, to be accomplished through the Interagency Narcotic Treatment Policy Review Board.

6. CONCLUSION: Methadone treatment, in its present state, has been demonstrated to be effective. However, it is not as effective as it can and should be. With increased funding must come increased quality and accountability. Appropriate treatment needs to be based on an assessment of

each individual and development of a regimen best suited to that individual's condition. Comprehensive patient assessment should precede any decision to provide opioid-based therapy. Anti-addiction medication should be prescribed in conjunction with comprehensive treatment services, such as counseling and needed medical services to diagnose and treat infectious diseases. And periodic assessment should determine the appropriateness of continuing opioid-based therapy. To improve quality and access, continuing work is necessary regarding government oversight of programs, quality assurance in both public and private programs, and the role of private medical practitioners.

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Thursday
July 22, 1999

Part VII

Department of Health and Human Services

Administration for Children and Families

Grants and Cooperative Agreements; Availability, etc.; Developmental Disabilities; Projects of National Significance Program; Notice

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

[Program Announcement No. 93631–98–03]

Developmental Disabilities: Final Notice of Availability of Financial Assistance and Request for Applications to Support Demonstration Projects Under the Projects of National Significance Program

AGENCY: Administration on Developmental Disabilities (ADD), ACF, DHHS.

ACTION: Invitation to apply for financial assistance.

SUMMARY: The Administration on Developmental Disabilities, Administration for Children and Families, announces that applications are being accepted for funding of Fiscal Year 1999 Projects of National Significance.

This program announcement consists of five parts. Part I, the Introduction, discusses the goals and objectives of ACF and ADD. Part II provides the necessary background information on ADD for applicants. Part III describes the review process. Part IV describes the priority under which ADD requests applications for Fiscal Year 1999 funding of projects. Part V describes in detail how to prepare and submit an application.

Grants will be awarded under this program announcement subject to the availability of funds for support of these activities.

DATES: The closing date for submittal of applications under this announcement is August 23, 1999. Mailed or handcarried applications received after 4:30 p.m. on the closing date will be classified as late.

DEADLINE: *Mailed* applications shall be considered as meeting an announced deadline if they are received on or before the deadline time and date at the U.S. Department of Health and Human Services, ACF/Administration on Developmental Disabilities, 370 L'Enfant Promenade SW, Mail Stop 326F–HHH, Washington, DC 20447, Attention: Lois Hodge.

Applicants must ensure that a legibly dated U.S. Postal Service postmark or a legibly dated, machine produced postmark of a commercial mail service is affixed to the envelope/package containing the application(s). To be acceptable as proof of timely mailing, a postmark from a commercial mail service must include the logo/emblem of the commercial mail service company and must reflect the date the package was received by the commercial mail service company from the applicant. Private Metered postmarks shall not be acceptable as proof of timely mailing.

Applications *handcarried* by applicants, applicant couriers, other representatives of the applicant, or by overnight/express mail couriers shall be considered as meeting an announced deadline if they are received on or before the deadline date, between the hours of 8 a.m. and 4:30 p.m., EST, at the U.S. Department of Health and Human Services, ACF/Administration on Developmental Disabilities, ACF Mail Center, 2nd Floor (near loading dock), Aerospace Center, 901 D Street, SW, Washington, DC 20024, between Monday and Friday (excluding Federal holidays). This address must appear on the envelope/package containing the application with the note ''Attention: Lois Hodge''. Applicants using express/overnight services should allow two working days prior to the deadline date for receipt of applications. (Applicants are cautioned that express/overnight mail services do not always deliver as agreed.) Any applications received after 4:30 p.m. on the deadline date will not be considered for competition.

ADD cannot accommodate transmission of applications by fax or through other electronic media. Therefore, applications transmitted to ADD electronically will not be accepted regardless of date or time of submission and time of receipt.

LATE APPLICATIONS: Applications that do not meet the criteria above are considered late applications. ADD shall notify each late applicant that its application will not be considered in the current competition.

EXTENSION OF DEADLINES: ADD may extend the deadline for all applicants because of acts of God such as floods and hurricanes, or when there is widespread disruption of the mails. However, if ADD does not extend the deadline for all applicants, it may not waive or extend the deadline for any applicants.

ADDRESSES: Application materials are available from Pat Laird, 370 L'Enfant Promenade, S.W., Rm. 300F, Washington, DC 20447, 202/690–7447; http://www.acf.dhhs.gov/ programs/ add; or add@acf.dhhs.gov.

FOR FURTHER INFORMATION CONTACT: Administration for Children and Families (ACF), Pat Laird, 370 L'Enfant Promenade, SW, Rm. 300F, Washington, D.C., 20447, 202/690–7447; or add@acf.dhhs.gov.

NOTICE OF INTENT TO SUBMIT APPLICATION: If you intend to submit an application, please send a post card with the number and title of this announcement and which priority area, your organization's name and address, and your contact person's name, phone and fax numbers, and e-mail address to: Administration on Developmental Disabilities, 370 L'Enfant Promenade SW, Rm. 300F, Washington, DC, 20447, Attn: Projects of National Significance.

This information will be used to determine the number of expert reviewers needed and to update the mailing list to whom program announcements are sent.

SUPPLEMENTARY INFORMATION:

Part I. General Information

A. Goals of the Administration on Developmental Disabilities

The Administration on Developmental Disabilities (ADD) is located within the Administration for Children and Families (ACF), Department of Health and Human Services (DHHS). Although different from the other ACF program administrations in the specific populations it serves, ADD shares a common set of goals that promote the economic and social well-being of families, children, individuals and communities. Through national leadership, ACF and ADD envision:

- Families and individuals empowered to increase their own economic independence and productivity;
- Strong, healthy, supportive communities having a positive impact on the quality of life and the development of children;
- Partnerships with individuals, front-line service providers, communities, States and Congress that enable solutions which transcend traditional agency boundaries;
- Services planned and integrated to improve client access;
- A strong commitment to working with Native Americans, persons with developmental disabilities, refugees and migrants to address their needs, strengths and abilities; and
- A community-based approach that recognizes and expands on the resources and benefits of diversity.

Emphasis on these goals and progress toward them will help more individuals, including people with developmental disabilities, to live productive and independent lives integrated into their communities. The Projects of National Significance Program is one means through which

ADD promotes the achievement of these goals.

B. Purpose of the Administration on Developmental Disabilities

The Administration on Developmental Disabilities (ADD) is the lead agency within ACF and DHHS responsible for planning and administering programs that promote the self-sufficiency and protect the rights of persons with developmental disabilities.

The Developmental Disabilities Assistance and Bill of Rights Act (42 U.S.C. 6000, *et seq.*) (the Act) supports and provides assistance to States and public and private nonprofit agencies and organizations to assure that individuals with developmental disabilities and their families participate in the design of and have access to culturally competent services, supports, and other assistance and opportunities that promote independence, productivity, integration and inclusion into the community.

In the Act, Congress expressly found that:

- Disability is a natural part of the human experience that does not diminish the right of individuals with developmental disabilities to enjoy the opportunity for independence, productivity, integration and inclusion into the community;
- Individuals whose disabilities occur during their developmental period frequently have severe disabilities that are likely to continue indefinitely;
- Individuals with developmental disabilities often require lifelong specialized services and assistance, provided in a coordinated and culturally competent manner by many agencies, professionals, advocates, community representatives, and others to eliminate barriers and to meet the needs of such individuals and their families; The Act further established as the policy of the United States:
- Individuals with developmental disabilities, including those with the most severe developmental disabilities, are capable of achieving independence, productivity, integration and inclusion into the community, and often require the provision of services, supports and other assistance to achieve such;
- Individuals with developmental disabilities have competencies, capabilities and personal goals that should be recognized, supported, and encouraged, and any assistance to such individuals should be provided in an individualized manner, consistent with the unique strengths, resources, priorities, concerns, abilities, and capabilities of the individual;
- Individuals with developmental disabilities and their families are the primary decision makers regarding the services and supports such individuals and their families receive; and play decision making roles in policies and programs that affect the lives of such individuals and their families; and
- It is in the nation's interest for people with developmental disabilities to be employed, and to live conventional and independent lives as a part of families and communities.

Toward these ends, ADD seeks: to enhance the capabilities of families in assisting people with developmental disabilities to achieve their maximum potential; to support the increasing ability of people with developmental disabilities to exercise greater choice and self-determination; to engage in leadership activities in their communities; as well as to ensure the protection of their legal and human rights.

The four programs funded under the Act are:

- Federal assistance to State developmental disabilities councils;
- State system for the protection and advocacy of individuals rights;
- Grants to University Affiliated Programs for interdisciplinary training, exemplary services, technical assistance, and information dissemination; and
- Grants for Projects of National Significance.

C. Statutory Authorities Covered Under This Announcement

The Developmental Disabilities Assistance and Bill of Rights Act of 1996, 42 U.S.C. 6000, *et.seq.* The Projects of National Significance is Part E of the Developmental Disabilities Assistance and Bill of Rights Act of 1996, 42 U.S.C. 6081, *et.seq.*

Part II. Background Information For Applicants

A. Description of Projects of National Significance

Under Part E of the Act, grants and contracts are awarded for projects of national significance that support the development of national and State policy to enhance the independence, productivity, and integration and inclusion of individuals with developmental disabilities through:

- Data collection and analysis;
- Technical assistance to enhance the quality of State developmental disabilities councils, protection and advocacy systems, and university affiliated programs; and
- Other projects of sufficient size and scope that hold promise to expand or improve opportunities for people with developmental disabilities, including:

—Technical assistance for the development of information and referral systems;
—Educating policy makers;
—Federal interagency initiatives;
—The enhancement of participation of minority and ethnic groups in public and private sector initiatives in developmental disabilities;
—Transition of youth with developmental disabilities from school to adult life; and
—Special pilots and evaluation studies to explore the expansion of programs under part B (State developmental disabilities councils) to individuals with severe disabilities other than developmental disabilities.

B. Comments on FY 1999 Proposed Priority Areas

ADD received 46 letters in response to the public comment notice. Commentary was from the following sources:

- Advocacy agencies, including national organizations and associations, national advocacy groups and State/local advocacy groups;
- Service organizations, including agencies that provide services for individuals with developmental disabilities as well as providing advocacy services on behalf of a particular disability, including developmental disabilities councils;
- Educational systems, including schools, colleges, and universities, programs located within a university setting and University Affiliated Programs;
- Private agencies, including national, State, and local nonprofit organizations;
- Government agencies, including Federal, State, county, and local government agencies; and
- Private individuals.

Comments ranged from general support to informative, clarifying responses for this year's proposed funding priorities and recommendations for other priority areas. The vast majority supported and expanded upon what we proposed in the announcement. Other comments relate specifically to the program goals and priorities of the particular agencies that responded to the announcement.

The comments helped highlight the concerns of the developmental disabilities field and have been used in refining the final priority areas.

Comment: Six letters were submitted to ADD recommending additional or other funding priorities for FY 1999. Suggestions included projects

addressing: business opportunities; fetal alcohol syndrome (FAS); welfare reform; postsecondary education; dissemination of information on past PNS projects; and siblings.

Response: Increasing access to employment and postsecondary education are closely interwined if individuals with developmental disabilities are to be successfully included in their communities. ADD continues to have an interest in these areas and is supportive in various ways. Through a recent Small Business and Innovation Research project (SBIR), a feasibility study was conducted to determine the barriers and enhancers to self-operated home businesses for individuals with developmental disabilities or families with a member having a developmental disability and were receiving welfare assistance. The Commissioner, staff, and some ADD programs are actively involved in the President's Task Force on Employment of Adults with Disabilities, which includes postsecondary education and transitional issues. Additionally, several of ADD's University-Affiliated Programs (UAPs) have undertaken projects concerning employment and specifically postsecondary education. For instance, the System Change Network, at the Iowa UAP, is a public policy effort for the passage of laws expanding eligibility for a state program supporting entrepreneurs with disabilities. Another is the Georgia UAP working with the Georgia Association of Disabilities Service Providers in Higher Education which is conducting research on ADA awareness and information on selecting a postsecondary institution; while the Mississippi UAP has initiated Project Advance: Postsecondary Educational Opportunities for People with Disabilities having a focus on African Americans and Native Americans.

Regarding Fetal Alcohol Syndrome, ADD funded a joint project with the Administration on Native Americans in the early 1990s. Many of our UAPs are involved in this area; their activities range from research, outreach, clinics, training, conference and teleconferencing support to assessments. Under new systems change grants for family support services funded by ADD families having children with FAS have a vital role to play in the development or enhancement of their state's system.

The National Technical Assistance Center on Welfare Reform and Disability at the University of Kansas is a currently funded project under PNS. It is serving states, communities and stakeholders to implement effective welfare reform; it tracks trends and practices; reports through research summaries, and details best practices, promising approaches and lessons learned. Its website is *www.welfare-policy.org.* Another ADD project at Wayne State University is studying the effects of welfare reform and children's health insurance on families whose children have disabilities. Also, there are numerous projects being funded through the Office of the Assistant Secretary on Planning and Evaluation/HHS that have as their focus the effect of welfare reform on people and families with disabilities.

ADD understands the importance of knowledge sharing and promotes this effort in different ways. In all of our grant announcements it is stated that ADD will expect to fund only those applications that incorporate certain elements; one of those being the development of capacity to communicate and disseminate information and technical assistance through electronic and other effective, affordable, and accessible formats. Within our website is a listing of current PNS projects with contact information; other ADD programs can be contacted by using the lists contained there. ADD's National Information Center on Developmental Disabilities will list products and materials available from our programs and grantees.

ADD recognizes the important role siblings can have in a family when another sibling has a disability, especially a cognitive disability. Often times we lose sight of the stresses, emotions, and needs of these siblings when parents are distracted by the various systems meant to serve their child. We are aware that many siblings take on the role of the parents when parents are no longer able to do so, or when they have passed away. For these reasons, ADD thinks this issue should be encompassed within state family support service systems. The development and growth of family support services is a significant effort in this country and within ADD. The issues expressed in the letters to ADD will sharpen our focus as we begin our effort to implement new family support systems change projects. The energy and feelings conveyed in these letters are valuable contributions that should be made as these projects and other actions are undertaken by the States to further family support services.

Comment: 10 comments were received on Proposed Priority Area 1, Ongoing Data Collection and Information Dissemination. One letter of comment included 91 letters of endorsement of the Project on Data on Public Expenditures and Related Statistics. There were comments addressing the scope, content quality, and dissemination of data collection efforts. Other comments suggested specific studies on employment, the prevention of institutionalization, and the impact of various components of the service delivery system on people with developmental disabilities. Some comments suggested that data be collected at other than the state level.

There were two comments regarding inclusive education, one of which endorsed such a study. The other letter commented that such a study would further marginalize ''inclusive education'' as a part of special education.

Response: ADD remains committed to collecting data on public expenditures, employment and economic status, and residential services as they impact on the independence, productivity, integration, and inclusion of people with developmental disabilities. Proposed data collection systems will be evaluated for their scope, content, quality and potential uses. Many issues concerned with employment, the effectiveness of the service system, and inclusion will be addressed in the data collection projects.

Although ADD does acknowledge that collecting data on an individual basis and not from state records would be profitable, data collection through any mechanism other than state agency records would not be feasible in these projects.

Comment/Response: ADD received 8 comments on Proposed Priority Area 2, Breaking Through the Glass Ceiling to Attain First Class Citizenship. ADD is committed to strengthening the leadership and self-determination of individuals with developmental disabilities and family members. We take seriously the continued growth of the self-advocacy movement and have reflected this by incorporating some of the comments in this priority area. We encourage partnerships between a self-advocacy organization and another organization in submitting an application. The comments provided some useful ideas that assisted in clarifying some points and adding to others. Although we understand the concerns of one of the commenters regarding travel stipends, ADD would not be able to implement this initiative without the support of Developmental Disability Councils and University Affiliated Programs, (UAP) who did comment favorably in this matter. ADD doesn't think we need to formalize a national network of leaders; we believe this will occur as a natural outgrowth of this project, and that it is not properly

controlled by a federal agency. We expect that the knowledge and skills gained through participation in the academy will provide the interconnection between Federal and state systems thus strengthening leadership abilities at the state level. Contributions at both levels will be enhanced. The idea of sponsoring fellowships for academy graduates, as suggested by another commenter, has merit and would be a logical step; however, that step could be at least one year behind the academy. Possibly the project could offer guidance for those individuals who want to pursue this type of experience. ADD and the developmental disabilities community must continue to strive for the cultural diversity of our leadership. It is expected that the academy will reflect this. ADD began a PNS leadership initiative in this area in 1994 by funding four projects at the UAPs of Puerto Rico, Wisconsin and Georgia, and People First of Tennessee. This was a first step in developing new leadership from culturally diverse communities.

Comment: ADD received 8 comments in response to the Proposed Priority Area 3, Reinventing Quality: Ensuring and Enhancing That Community Living Settings and Services Are Responsive to People With Developmental Disabilities. All expressed support for sponsoring more work on the development of consumer outcome quality assurance systems. The most detailed of the comments expressed concern, however, that the proposed priority took too narrow a focus by calling for individual demonstration projects using volunteers to assess the quality of programs and services. These letters stated that there are many programs around the country delivering consumer outcome-oriented services as well as various efforts to establish new programs and conduct consumer outcome quality assurance. Given the existence of these efforts, the comment letters noted that there is a need to learn more about the existing programs and to broadly disseminate the findings. Comment letters suggested that the emphasis of this area be broadened to a national level and designed more as an information dissemination or technical assistance effort rather than individual demonstration projects.

Response: In response to these comments, ADD has changed this Proposed Priority Area to a best practices information dissemination project which will be conducted as a cooperative agreement with ADD. There are already various efforts within the U.S. Department of Health and Human Services to promote quality community-based long-term care services such as developing a Primer to the Medicaid program which will clarify long-term care options in Medicaid that promote consumer responsive community-based long-term care and establishing a National Consortium on Home and Community-Based Long-Term Care. This ADD project will complement these efforts with a specific focus on services for people with developmental disabilities. More specific information is given in the revised Priority Area 3.

Part III. The Review Process

A. Eligible Applicants

Before applications under this Announcement are reviewed, each will be screened to determine that the applicant is eligible for funding as specified under the selected priority area. Applications from organizations that do not meet the eligibility requirements for the priority area will not be considered or reviewed in the competition, and the applicant will be so informed.

Only public or non-profit private entities, not individuals, are eligible to apply under any of the priority areas. All applications developed jointly by more than one agency or organization must identify only one organization as the lead organization and official applicant. The other participating agencies and organizations can be included as co-participants, subgrantees or subcontractors.

Nonprofit organizations must submit proof of nonprofit status in their applications at the time of submission. One means of accomplishing this is by providing a copy of the applicant's listing in the Internal Revenue Service's most recent list of tax-exempt organizations described in section 501 (c)(3) of the IRS code or by providing a copy of the currently valid IRS tax exemption certificate, *or* by providing a copy of the articles of incorporation bearing the seal of the State in which the corporation or association is domiciled.

ADD cannot fund a nonprofit applicant without acceptable proof of its nonprofit status.

B. Review Process and Funding Decisions

Timely applications under this Announcement from eligible applicants received by the deadline date will be reviewed and scored competitively. Experts in the field, generally persons from outside of the Federal government, will use the appropriate evaluation criteria listed later in this Part to review and score the applications. The results of this review are a primary factor in making funding decisions.

ADD reserves the option of discussing applications with, or referring them to, other Federal or non-Federal funding sources when this is determined to be in the best interest of the Federal government or the applicant. It may also solicit comments from ADD Regional Office staff, other Federal agencies, interested foundations, national organizations, specialists, experts, States and the general public. These comments, along with those of the expert reviewers, will be considered by ADD in making funding decisions.

In making decisions on awards, ADD will consider whether applications focus on or feature: services to culturally diverse or ethnic populations among others; a substantially innovative strategy with the potential to improve theory or practice in the field of human services; a model practice or set of procedures that holds the potential for replication by organizations administering or delivering of human services; substantial involvement of volunteers; substantial involvement (either financial or programmatic) of the private sector; a favorable balance between Federal and non-Federal funds available for the proposed project; the potential for high benefit for low Federal investment; a programmatic focus on those most in need; and/or substantial involvement in the proposed project by national or community foundations.

This year, 5 points will be awarded in scoring for any project that includes partnership and collaboration with the 112 Empowerment Zones/Enterprise Communities.

To the greatest extent possible, efforts will be made to ensure that funding decisions reflect an equitable distribution of assistance among the States and geographical regions of the country, rural and urban areas, and ethnic populations. In making these decisions, ADD may also take into account the need to avoid unnecessary duplication of effort.

C. Evaluation Process

Using the evaluation criteria below, a panel of at least three reviewers (primarily experts from outside the Federal government) will review the applications. To facilitate this review, applicants should ensure that they address each minimum requirement in the priority area description under the appropriate section of the Program Narrative Statement.

Reviewers will determine the strengths and weaknesses of each application in terms of the evaluation

criteria listed below, provide comments, and assign numerical scores. The point value following each criterion heading indicates the maximum numerical weight that each section may be given in the review process.

D. Structure of Priority Area Descriptions

The priority area description is composed of the following sections:

- Eligible Applicants: This section specifies the type of organization that is eligible to apply under the particular priority area. Specific restrictions are also noted, where applicable.
- Purpose: This section presents the basic focus and/or broad goal(s) of the priority area.
- Background Information: This section briefly discusses the legislative background as well as the current state-of-the-art and/or current state-of-practice that supports the need for the particular priority area activity. Relevant information on projects previously funded by ACF and/or other State models are noted, where applicable.
- Evaluation Criteria: This section presents the basic set of issues that must be addressed in the application. Typically, they relate to need for assistance, results expected, project design, and organizational and staff capabilities. Inclusion and discussion of these items is important since the information provided will be used by the reviewers in evaluating the application against the evaluation criteria. Applicants should review the section on the Uniform Project Description and the evaluation section under each priority area.
- Minimum Requirements for Project Design: This section presents the basic set of issues that must be addressed in the application. Typically, they relate to project design, evaluation, and community involvement. This section also asks for specific information on the proposed project. Inclusion and discussion of these items is important since they will be used by the reviewers to evaluate the applications against the evaluation criteria. Project products, continuation of the project after Federal support ceases, and dissemination/utilization activities, if appropriate, are also addressed.
- Project Duration: This section specifies the maximum allowable length of the project period; it refers to the amount of time for which Federal funding is available.
- Federal Share of Project Costs: This section specifies the maximum amount of Federal support for the project.
- Matching Requirement: This section specifies the minimum non-Federal contribution, either cash or in-kind match, required.
- Anticipated Number of Projects To Be Funded: This section specifies the number of projects ADD anticipates funding under the priority area.
- CFDA: This section identifies the Catalog of Federal Domestic Assistance (CFDA) number and title of the program under which applications in this priority area will be funded. This information is needed to complete item 10 on the SF 424.

Please note that applications under this Announcement that do not comply with the specific priority area requirements in the section on ''Eligible Applicants'' will not be reviewed. Applicants under this Announcement must clearly identify the specific priority area under which they wish to have their applications considered, and tailor their applications accordingly. Experience has shown that an application which is broader and more general in concept than outlined in the priority area description is less likely to score as well as an application more clearly focused on, and directly responsive to, the concerns of that specific priority area.

E. Available Funds

ADD intends to award new grants resulting from this announcement during the fourth quarter of fiscal year 1999, subject to the availability of funding. The size of the awards will vary. Each priority area description includes information on the maximum Federal share of the project costs and the anticipated number of projects to be funded.

The term ''budget period'' refers to the interval of time (usually 12 months) into which a multi-year period of assistance (project period) is divided for budgetary and funding purposes. The term ''project period'' refers to the total time a project is approved for support, including any extensions.

Where appropriate, applicants may propose shorter project periods than the maximums specified in the various priority areas. Non-Federal share contributions may exceed the minimums specified in the various priority areas.

For multi-year projects, continued Federal funding beyond the first budget period, but within the approved project period, is subject to the availability of funds, satisfactory progress of the grantee and a determination that continued funding would be in the best interest of the Government.

F. Grantee Share of Project Costs

Grantees must match $1 for every $3 requested in Federal funding to reach 25% of the total approved cost of the project. The total approved cost of the project is the sum of the ACF share and the non-Federal share. The non-Federal share may be met by cash or in-kind contributions, although applicants are encouraged to meet their match requirements through cash contributions. Therefore, a project requesting $100,000 in Federal funds (based on an award of $100,000 per budget period) must include a match of at least $33,333 (total project cost is $133,333, of which $33,333 is 25%).

An exception to the grantee cost-sharing requirement relates to applications originating from American Samoa, Guam, the Virgin Islands, and the Commonwealth of the Northern Mariana Islands. Applications from these areas are covered under Section 501(d) of P. L. 95–134, which requires that the Department waive ''any requirement for local matching funds for grants under $200,000.''

The applicant contribution must generally be secured from non-Federal sources. Except as provided by Federal statute, a cost-sharing or matching requirement may not be met by costs borne by another Federal grant. However, funds from some Federal programs benefiting Tribes and Native American organizations have been used to provide valid sources of matching funds. If this is the case for a Tribe or Native American organization submitting an application to ADD, that organization should identify the programs which will be providing the funds for the match in its application. If the application successfully competes for PNS grant funds, ADD will determine whether there is statutory authority for this use of the funds. The Administration for Native Americans and the DHHS Office of General Counsel will assist ADD in making this determination.

G. General Instructions for the Uniform Project Description

The following ACF Uniform Project Description (UPD) has been approved under OMB Control Number 0970–0139.

1. Introduction: Applicants required to submit a full project description shall prepare the project description statement in accordance with the following instructions.

2. Project summary/abstract: Provide a summary of the project description (a page or less) with reference to the funding request.

3. Objectives and need for assistance: Clearly identify the physical, economic,

social, financial, institutional, and/or other problem(s) requiring a solution. The need for assistance must be demonstrated and the principal and subordinate objectives of the project must be clearly stated; supporting documentation, such as letters of support and testimonials from concerned interests other than the applicant, may be included. Any relevant data based on planning studies should be included or referred to in the endnotes/footnotes. Incorporate demographic data and participant/beneficiary information, as needed. In developing the project description, the applicant may volunteer or be requested to provide information on the total range of projects currently being conducted and supported (or to be initiated), some of which may be outside the scope of the program announcement.

4. Results or benefits expected: Identify the results and benefits to be derived. For example, when applying for a grant to establish a neighborhood child care center, describe who will occupy the facility, who will use the facility, how the facility will be used, and how the facility will benefit the community which it will serve.

5. Approach: Outline a plan of action which describes the scope and detail of how the proposed work will be accomplished. Account for all functions or activities identified in the application. Cite factors which might accelerate or decelerate the work and state your reason for taking the proposed approach rather than others. Describe any unusual features of the project such as design or technological innovations, reductions in cost or time, or extraordinary social and community involvement.

Provide quantitative monthly or quarterly projections of the accomplishments to be achieved for each function or activity. When accomplishments cannot be quantified by activity or function, list them in chronological order to show the schedule of accomplishments and their target dates.

Identify the kinds of data to be collected, maintained, and/or disseminated. Note that clearance from the U.S. Office of Management and Budget might be needed prior to a ''collection of information'' that is ''conducted or sponsored'' by ACF. List organizations, cooperating entities, consultants, or other key individuals who will work on the project along with a short description of the nature of their effort or contribution.

6. Organization Profile: Provide information on the applicant organization(s) and cooperating partners such as organizational charts, financial statements, audit reports or statements from CPAs/Licensed Public Accountants, Employer Identification Numbers, names of bond carriers, contact persons and telephone numbers, child care licenses and other documentation of professional accreditation, information on compliance with Federal/State/local government standards, documentation of experience in the program area, and other pertinent information. Any non-profit organization submitting an application must submit proof of its non-profit status in its application at the time of submission. The non-profit agency can accomplish this by providing a copy of the applicant's listing in the Internal Revenue Service's (IRS) most recent list of tax-exempt organizations described in Section 501(c)(3) of the IRS code, *or* by providing a copy of the currently valid IRS tax exemption certificate, *or* by providing a copy of the articles of incorporation bearing the seal of the State in which the corporation or association is domiciled.

G. Cooperation in Evaluation Efforts

Grantees funded by ADD may be requested to cooperate in evaluation efforts funded by ADD. The purpose of these evaluation activities is to learn from the combined experience of multiple projects funded under a particular priority area.

H. Closed Captioning for Audiovisual Efforts

Applicants are encouraged to include ''closed captioning'' in the development of any audiovisual products.

Part IV. Fiscal Year 1999 Priority Areas for Projects of National Significance—Description and Requirements

The following section presents the final priority areas for Fiscal Year 1998 Projects of National Significance (PNS) and solicits the appropriate applications.

Fiscal Year 1999 Priority Area 1: Ongoing Data Collection and Information Dissemination

Eligible Applicants: State agencies, public or private nonprofit organizations, institutions or agencies.

Purpose: Under this priority area, ADD will award grant funds through a cooperative agreement which will collect data on public expenditures, residential services, employment and economic status, and other factors as they impact on the independence, productivity and integration into the community of persons with developmental disabilities. ADD is particularly interested in the maximum use of existing data bases and in fostering the broadest dissemination to, and use of, the data by consumers, families and advocacy audiences.

Background Information: In the 1990s the United States modified how it provided certain financial assistance to citizens with and without disabilities. In addition, changes were made in how the nation provided enhanced employment opportunities. These changes included new legislation such as the Personal Responsibility and Work Opportunity Reconciliation Act, the Work Incentives Improvement Act, and the Workforce Investment Act. Another national trend of the past decade has been the devolution of responsibility and authority for a variety of social programs to state governments.

ADD is interested in the effect of these recent national initiatives on people with developmental disabilities, both in terms of whether they have been included in programs and whether participation in these programs generate measurable outcomes for people with developmental disabilities.

Examples of successful projects that ADD has funded include:

University of Minnesota: National Recurring Data Set Project on Residential Services—Ongoing National and State-by-State Data Collection and Policy/Impact Analysis on Residential Services for Persons with Developmental Disabilities (Charles Lakin: 612/624–2097)

University of Illinois at Chicago: Fourth National Study of Public Mental Retardation/Developmental Disabilities Spending (David Braddock: 312/413–1647)

Boston Children's Hospital: Ongoing National Collection on Data and Employment Services for Citizens with Developmental Disabilities (Bill Kiernan: 617/735–6506)

Examples of projects include activities that would:

- Identify, collect and disseminate new data bases.
- Modify, expand and/or reformulate existing data bases.
- Connect, integrate or analyze available data bases.
- Project and model the cost-benefit impact of alternative future decisions based on the analysis of discrete programmatic options in the areas of residential services and employment.

Minimum Requirements for Project Design: Given its interest in promoting the increased independence, productivity, and community integration of people with

developmental disabilities in a cost-beneficial manner, ADD emphasizes its desire to support projects that provide quantitative and qualitative analysis in the following areas:

- Trends in the movement of people with developmental disabilities from institutional to community settings (especially domiciles of their own) and the outcomes experienced by individuals with disabilities who receive publicly funded residential services.
- The impact of managed care plans on the delivery and efficacy of residential and support services to individuals with developmental disabilities, and on the relationship between Federal and State governments.
- The efficacy of various approaches to the full inclusion of people with developmental disabilities in local community activities where the majority of participants do not have a disability.
- The employment status of people with developmental disabilities on a state and national basis.
- Employment models that accurately predict employment outcomes of persons with developmental disabilities, and the systemic factors that lead to integrated employment.
- The inclusion of people with developmental disabilities in nation-wide legislatively-mandated efforts to alleviate welfare and unemployment.
- The use of generic community resources versus the existing special delivery system by people with developmental disabilities and their families.

Any sampling techniques used as part of this analysis should be broadly representative of persons with developmental disabilities of working age on a national basis, including people with severe disabilities. Quantitative data should provide statistical information on current placement patterns and their cost as well as projections regarding future placement options and associated costs. It is also recognized that certain areas may be more appropriate for qualitative analysis, although a summary of any quantitative data (if available) should be included in the proposal.

All projects funded under this priority area must provide evidence of the soundness of their proposed research methods and analytic techniques. In addition, proposals should clearly delineate (via a comprehensive literature review) data sets that are already in existence, how these data sets will be incorporated into the research design, and what new knowledge will be gained through the proposed project.

All projects shall provide for the widespread distribution of their products (reports, summary documents, audio-visual materials, and the like) in accessible formats to a national audience consisting of, at a minimum, people with developmental disabilities and their families, advocacy groups, State Developmental Disabilities Councils, Protection and Advocacy Systems, University Affiliated Programs, State Mental Retardation/Developmental Disabilities Directors, State Governor's Offices, Federal agencies represented on the Interagency Committee on Developmental Disabilities, as well as the Secretaries of Health and Human Services and Education at the federal level.

The application should also respond to the following:

- Describe the physical setting, the administrative and organizational structure within which the program will function, and internal and external organizational relationships relevant to this project. Charts outlining these relationships, and any formal agreements defining them, should be included in the appendices.
- Describe staff, space, equipment, research facilities, and other supports available to carry out the program.
- Describe briefly how the additional resources sought to accomplish the purposes of this effort will be integrated into and augmented by other resources available or accessible by the applicant.
- Develop and implement an evaluation process to ensure that systematic, objective information is available about the utilization and effectiveness of the products of this project. Specific outcomes must be built into the project for evaluation. The evaluation should be performed by an independent evaluator.

Applications should also include provisions for the travel of two key personnel during the first and last year of the project to Washington, DC for a one day meeting with ADD staff.

In addition to the three national data projects, ADD is interested in a separate analysis of state-level supports and services for people who have disabilities and, within this population, people who have developmental disabilities. For this reason the recipient of the grant award to collect data on public expenditures will be provided additional funding to conduct a study focusing on state funding of human services programs for people with disabilities as compared to funding of programs for people with developmental disabilities. The analysis could be a nation-wide comparison of states or involve a selection of states. The study would not involve income maintenance programs but would include state expenditures for supports and services relating to housing, medical care, employment or vocational training, transportation, education including efforts to enhance inclusive education, and personal assistants and other supports for independent living. ADD anticipates that the activity will be a duration of 12 months.

As noted earlier, the award will be made as a cooperative agreement. While an organization receiving an award will not be conducting its project on behalf of ADD, ADD and the awardee will work cooperatively in the development and implementation of the project's agenda. Under the cooperative agreement mechanism, ADD and the awardees will share the responsibility for planning the objectives of the projects. Awardees will have the primary responsibility for developing and implementing the activities of the project. ADD will jointly participate with awardees in such activities as clarifying the specific issue areas to be addressed through periodic briefings and ongoing consultation, sharing with awardees its knowledge of the issues being addressed by past and current projects, and providing feedback to awardees about the usefulness to the field of written products and information sharing activities. The details of the relationship between ADD and awardees will be set forth in the cooperative agreement to be developed and signed prior to issuance of the award.

Project Duration: This announcement solicits applications for project periods of up to five years. Awards on a competitive basis will be for one-year budget periods, although project periods may be for five years. Applications for continuation grants funded under this priority beyond the one-year budget period, but within the five-year project period, will be entertained in subsequent years on a non-competitive basis, subject to the availability of funds, satisfactory progress of the grantee, and determination that continued funding would be in the interest of the Government.

Evaluation Criteria: The four criteria that follow will be used to review and evaluate each application under this announcement. Each of these criteria should be addressed in the project description section of the application. The point values indicate the maximum numerical weight each criterion will be accorded in the review process. The specific information to be included under each of these headings is described in Section G of Part III,

General Instructions for the Uniform Project Description. Additional information that must be addressed is described below.

Criterion 1: Objectives and Need for Assistance (20 Points)

The application must identify the precise location of the project and area to be served by the proposed project. Maps and other graphic aids should be attached.

Criterion 2: Results or Benefits Expected (20 Points)

The extent to which they are consistent with the objectives of the application, and the extent to which the application indicates the anticipated contributions to policy, practice, theory and/or research. The extent to which the proposed project costs is reasonable in view of the expected results.

Criterion 3: Approach (35 Points)

Discuss the criteria to be used to evaluate the results, and explain the methodology that will be used to determine if the needs identified and discussed are being met and if the results and benefits identified are being achieved.

Criterion 4: Organization Profile (25 Points)

The application identifies the background of the project director/principal investigator and key project staff (including name, address, training, educational background and other qualifying experience) and the experience of the organization to demonstrate the applicant's ability to effectively and efficiently administer this project. The application describes the relationship between this project and other work planned, anticipated or under way by the applicant which is being supported by Federal assistance.

This section should consist of a brief (two to three pages) background description of how the applicant organization (or the unit within the organization that will have responsibility for the project) is organized, the types and quantity of services it provides, and/or the research and management capabilities it possesses. It may include descriptions of any current or previous relevant experience, or describe the competence of the project team and its demonstrated ability to produce a final product that is readily comprehensible and usable. An organization chart showing the relationship of the project to the current organization should be included.

Project Duration: This announcement is soliciting applications for project periods up to three years under this priority area. Awards, on a competitive basis, will be for a one-year budget period, although project periods may be for three years. Applications for continuation grants funded under this priority area beyond the one-year budget period, but within the three-year project period, will be entertained in subsequent years on a non-competitive basis, subject to the availability of funds, satisfactory progress of the grantee, and determination that continued funding would be in the best interest of the Government.

Federal Share of Project Costs: The maximum Federal share is not to exceed $200,000 for the first 12-month budget period or a maximum of $1,000,000 for a 5-year project period. The maximum Federal share for the additional study of state-level supports and services is not to exceed $100,000 for a 12-month budget period.

Matching Requirement: Grantees must match $1 for every $3 requested in Federal funding to reach 25% of the total approved cost of the project. The total approved cost of the project is the sum of the ACF share and the non-Federal share. Cash or in-kind contributions may meet the non-Federal share, although applicants are encouraged to meet their match requirements through cash contributions. Therefore, a project requesting $200,000 in Federal funds (based on an award of $200,000 per budget period) must include a match of at least $66,666 (the total project cost is $266,666, of which $66,666 is 25%).

Anticipated Number of Projects to be Funded: It is anticipated that at least three data collection projects will be funded.

CFDA: ADD's CFDA (Code of Federal Domestic Assistance) number is 93.631—Developmental Disabilities—Projects of National Significance. This information is needed to complete item 10 on the SF 424.

Fiscal Year 1999 Priority Area 2: Breaking Through the Glass Ceiling to Attain First Class Citizenship

Eligible Applicants: State agencies, public or private nonprofit organizations, institutions or agencies, including a consortia of some or all of the above.

Purpose: To provide experiential learning opportunities at the national level for experienced state leaders who are adults with developmental disabilities and family members of children with developmental disabilities gain the necessary knowledge and skills to shape and guide the implementation of Federal and state policies, practices and approaches which enhance their own self determination. Specifically, this project would seek to strengthen and expand national leadership for the 21st Century by and for people with developmental disabilities and families of children with disabilities. To address this set of challenges and opportunities, ADD proposes to fund a national policy training academy by issuing an award through the instrument of a cooperative agreement.

Background Information: The May 1998 publication of the ''Disability Statistics Abstract'' reports that the 1994 Harris poll of Americans with Disabilities indicated that 63 per cent of respondents said their quality of life had improved during the previous four years. However, trend data show only slow improvements in the lives of people with disabilities as measured by such things as more opportunities for employment and improved economic status, greater freedom of movement and ease of access, and increased levels of social integration.

In the release of its 1998 progress report on the status of disability policy, the National Council on Disability stated that ''The country continues to move forward, however the rate of progress is slower and less steady than many in the disability community had hoped when the Americans with Disabilities Act (ADA) was enacted in 1990. Federal policy remains rife with inconsistent messages and unrealistic requirements for people with disabilities who rely on federal programs like Social Security disability benefits, vocational rehabilitation, Medicaid, Medicare, special education, and Temporary Assistance for Needy Families (TANF). In addition, the backlash against civil rights for children and adults with disabilities continues to motivate attempts to weaken laws such as the Individuals with Disabilities Education Act (IDEA) and ADA.''

Through Projects of National Significance, in particular, ADD has assisted its grantees in developing and replicating a variety of innovative and successful approaches to increased leadership development and self-determination among people with significant disabilities and their families. Most notably, this has taken the form of early and formative support of such endeavors as Partners in Policymaking, the active participation of families of children with disabilities in the design and implementation of State family support policies and programs, the Home of Your Own initiative, personal assistance system change projects and targeted leadership efforts

among people of color who have developmental disabilities.

ADD's programs are State-based, and so are systems that serve Americans with developmental disabilities. In fact, data measuring the delivery of services and supports to people with developmental disabilities and their families show little comparability from State to State. To respond to State flexibility, devolution, and States' ongoing needs for input from stakeholders, DD network programs in most States provide some form of training or leadership development to people with developmental disabilities and their families. Many people have been trained to interact effectively on their own behalf with State systems designed to serve them, and with State policymakers.

However, some issues, problems, programs and systems are inherently national (such as civil rights) or are national in scope (such as the design of federal systems including entitlements). ADD believes that devolution will increase, not decrease the demand for national stakeholders.

Minimum Requirements for Project Design: ADD expects this project will be an equal partnership between people with developmental disabilities and family members and advocates.

To be considered seriously for funding applicants must address the following elements:

- Building a leadership network of adults with developmental disabilities and family members.
- Developing systemic strategies for identifying, involving, supporting, and advancing grassroots leaders who live with developmental disabilities, especially self-advocates and family members of children with developmental disabilities.
- Disseminating best practices, curricula, guides, and informational materials on self-determination and leadership development especially those that have been adapted for individuals with cognitive disabilities.
- Providing experiential learning opportunities that will enable individuals to acquire and deepen their knowledge and skills in the areas of: (1) The operations of the legislative and executive branches; (2) the programs and processes of significant federal agencies; (3) the art of effective communication; (4) the analysis of current or new proposals, policies, guidelines, approaches, or regulations; (5) effective strategies to monitor and evaluate current and proposed oversight and enforcement activities of Federal and state agencies; (6) negotiation techniques; (7) the capacity of computer technology as a communication tool; (8) the resources of national advocacy organizations; (9) grant writing and reviewing; (10) using and influencing research and data collection, and making data-based arguments; and (11) the development of non-profit organizations.
- A selection process for participants using the following criteria: (a) Representation of various developmental disabilities, particularly cognitive disabilities; (b) distinguished graduates of State-based training programs including Leadership Today and Partners-type projects, that are experienced, thoughtful, and responsible advocates as a result of these State-based training programs; (c) a range of age; (d) racial and ethnic diversity.

It is highly recommended to ensure the appropriateness and understanding of materials and various teaching styles that self-advocates are involved in the design of the training. In regard to sponsorships by Developmental Disability Councils and UAPs, ADD contemplates that up to two individuals from a state might be given a stipend to cover expenses related to attending the Academy. It is estimated that $10,000 per state, depending on the number of individuals sponsored (not on the state's proximity to Washington, D.C.), would be an appropriate amount. In selecting these individuals, ADD would expect the above criteria to be used and that half of the participants should be self-advocates.

As a general guide, ADD will expect to fund only those applications that incorporate the following elements:

- Consumer/self-advocate orientation and participation.
- Key project personnel with direct life experience with living with a disability.
- Strong advisory components that consist of a majority of individuals with developmental or severe disabilities and a structure where individuals with disabilities make real decisions that determine the outcome of the grant.
- Research reflecting the principles of participatory action.
- Cultural competency.
- A description of how individuals with disabilities and their families will be involved in all aspects of the design, implementation, and evaluation of the project.
- Attention to unserved and inadequately served individuals, having a range of disabilities from mild to severe, from multicultural backgrounds, rural and inner-city areas, migrant, homeless, and refugee families, with severe disabilities.
- Compliance with the Americans with Disabilities Act and Section 504 of the Rehabilitation Act of 1973 as amended (29 U.S.C. 794).
- Collaboration through partnerships and coalitions.
- Development of the capacity to communicate and disseminate information and technical assistance through electronic and other effective, affordable, and accessible formats of communication.
- Development and establishment of practices and programs beyond project period.
- Dissemination of models, products, best practices, and strategies for distribution between the networks and beyond. A plan describing initial activities is needed between funded projects as well as at the end of the project period. These activities should maintain and share ongoing information, existing resources of consultants/experts, and curriculum/materials with funded projects and within the network.

Applications should also include provisions for the travel of two key personnel during the first and last year of the project to Washington, DC for a one day meeting with ADD staff.

As noted earlier, the award will be made as a cooperative agreement. While an organization receiving an award will not be conducting its project on behalf of ADD, ADD and the awardee will work cooperatively in the development and implementation of the project's agenda. Under the cooperative agreement mechanism, ADD and the awardee will share the responsibility for planning the objectives of the project. The awardee will have the primary responsibility for developing and implementing the activities of the project. ADD will jointly participate with the awardee in such activities as clarifying the specific issue areas to be addressed through periodic briefings and ongoing consultation, sharing with awardee its knowledge of the issues being addressed by past and current projects, and providing feedback to awardee about the usefulness to the field of written products and information sharing activities. The details of the relationship between ADD and awardee will be set forth in the cooperative agreement to be developed and signed prior to issuance of the award.

Evaluation Criteria: The four criteria that follow will be used to review and evaluate each application under this announcement. Each of these criterion should be addressed in the project description section of the application. The point values indicate the maximum

numerical weight each criterion will be accorded in the review process. The specific information to be included under each of these headings is described in Section G of Part III, General Instructions for the Uniform Project Description. Additional information that must be addressed is described below.

Criterion 1: Objectives and Need for Assistance (20 Points)

The application must identify the precise location of the project and area to be served by the proposed project. Maps and other graphic aids should be attached.

Criterion 2: Results or Benefits Expected (20 Points)

The extent to which they are consistent with the objectives of the application, and the extent to which the application indicates the anticipated contributions to policy, practice, theory and/or research. The extent to which the proposed project costs is reasonable in view of the expected results.

Criterion 3: Approach (35 Points)

Discuss the criteria to be used to evaluate the results, and explain the methodology that will be used to determine if the needs identified and discussed are being met and if the results and benefits identified are being achieved.

Criterion 4: Organization Profile (25 Points)

The application identifies the background of the project director/principal investigator and key project staff (including name, address, training, educational background and other qualifying experience) and the experience of the organization to demonstrate the applicant's ability to effectively and efficiently administer this project. The application describes the relationship between this project and other work planned, anticipated or under way by the applicant which is being supported by Federal assistance.

This section should consist of a brief (two to three pages) background description of how the applicant organization (or the unit within the organization that will have responsibility for the project) is organized, the types and quantity of services it provides, and/or the research and management capabilities it possesses. It may include descriptions of any current or previous relevant experience, or describe the competence of the project team and its demonstrated ability to produce a final product that is readily comprehensible and usable. An organization chart showing the relationship of the project to the current organization should be included.

Project Duration: This announcement is soliciting applications for project periods up to three years under this priority area. Awards, on a competitive basis, will be for a one-year budget period, although project periods may be for three years. Applications for continuation grants funded under this priority area beyond the one-year budget period, but within the three-year project period, will be entertained in subsequent years on a non-competitive basis, subject to the availability of funds, satisfactory progress of the grantee, and determination that continued funding would be in the best interest of the Government.

Federal Share of Project Costs: The Federal share is a range of $200,000—$250,000 for the first 12-month budget period or a minimum of $600,000 for a three-year project period.

Matching Requirement: Grantees must match $1 for every $3 requested in Federal funding to reach 25% of the total approved cost of the project. The total approved cost of the project is the sum of the ACF share and the non-Federal share. The non-Federal share may be met by cash or in-kind contributions, although applicants are encouraged to meet their match requirements through cash contributions. Therefore, a project requesting $200,000 in Federal funds (based on an award of $200,000 per budget period) must include a match of at least $66,666 (the total project cost is $266,666, of which your $66,666 share is 25%).

Anticipated Number of Projects to be Funded: It is anticipated that up to one (1) project will be funded under this priority area.

CFDA: ADD's CFDA (Code of Federal Domestic Assistance) number is 93.631—Developmental Disabilities—Projects of National Significance. This information is needed to complete item 10 on the SF 424.

Fiscal Year 1999 Priority Area 3: Reinventing Quality: Best Practices Information Dissemination Project for Ensuring That Community Living Settings and Services Are Responsive to the Needs and Goals of People With Developmental Disabilities

Eligible Applicants: State agencies, public or private nonprofit organizations, institutions or agencies, including a consortia of some or all of the above.

Purpose: Under this priority area, ADD will issue an award through the instrument of a cooperative agreement that will outline the terms of ADD's involvement as well as the responsibilities of the recipient organization or agency in the development of an information dissemination project on best planning practices in consumer responsive services and quality assurance processes in programs for people with developmental disabilities. ADD is interested in helping states and others respond to the challenges of establishing and assuring the quality of consumer-outcome oriented community-based long-term support programs. Especially in light of the recent Supreme Court ''Olmstead'' decision which reaffirms the ADA provision that public entities must administer programs in the most integrated setting appropriate to the needs of qualified individuals with disabilities and to make reasonable modifications to avoid discrimination on the basis of disability, ADD is interested in supporting work that will help public entities and others establish comprehensive plans for the appropriate provision of services to people with developmental disabilities. This project will provide information and broker technical assistance on existing successful approaches to assuring the quality and appropriateness of long-term supports for people with developmental disabilities.

Background Information: In 1993, the Federal government presented its response to improving how it does business—The National Performance Review, the Federal government's ''reinvention'' project. When the Review asked Americans what they expect from government services this is what they heard:

- ''Ask us what we want.''
- ''Don't tell us, 'That's not my department.' ''
- ''Treat us with courtesy, respect, and enthusiasm.''
- ''Make it easy.''
- ''Provide reliable, timely help.''

Americans with disabilities and their families share these expectations of government services. According to the American Association on Mental Retardation (AAMR) publication, ''Shaping Our Destiny—A Provider's Guide to Quality Community Services,'' people with developmental disabilities and their families ''should have an equal right to quality services and supports—including clear, relevant service standards, and reliable, timely help.''

Assuring the quality of services for people with developmental disabilities means not only ensuring that abuse and neglect are prevented, but also that persons' life goals and potentials are

identified and addressed. As the provider's guide states, ''Merely delivering services in the community doesn't make them quality services. Community services are quality services when they are flexible, reliable, and complete enough to meet an individual's needs.'' The guide explains that the old system of service delivery is not based on individually-designed services; that new service standards must be developed that ensure that everybody understands how community services and supports are supposed to work and that the new standards focus on results or outcomes that are meaningful to the people who use the supports. Contained in the guide are examples of quality projects and ways for service providers to interact with stakeholders.

The ''quality revolution'' described in the AAMR publication reflects a trend in the States toward systems that assure outcome-focused quality assurance systems in residential services for individuals with developmental disabilities. The status of the States activities toward implementing an outcome-based approach was the subject of a 1996 report ''Compendium of State Outcome-Focused Quality Assurance Systems'' in ICF/MR settings by the Human Services Research Institute (HSRI). HRSI found that there was a general sense in the States ''that traditional quality assurance, in particular comprehensive licensure and certification surveys, focuses too heavily on environment and process and not enough on outcomes for the individual (consumer) or on 'quality of life' issues. Across the States there appears to be a relationship between the evolution of the State's mental retardation/ developmental disabilities service system and the degree of quality assurance reform toward an outcome-focused system.''

It is obvious that ''monitoring'' in the traditional sense of the word is no longer an acceptable method for determining the quality of services and supports to people with developmental disabilities and their families. ''Reinventing Quality: The 1998 Sourcebook of Innovative Programs for the Quality Assurance and Quality Improvement of Community Services,'' produced by the Institute on Community Integration/University of Minnesota, reaffirms this trend in the States as reported by HSRI and reasserts the need to change the service standards to reflect the evolution to community-based services focused on individual needs and individual outcomes. The Sourcebook notes that ''Recent years have seen a shift in long-term care for persons with developmental disabilities from large institutions to community settings. But people receiving community services can fully realize the potential for improved quality of life afforded by this movement only if quality assurance expectations and activities are changed significantly from those originally developed for institutional care.'' Many innovative and comprehensive quality assessment and enhancement practices are profiled in the Sourcebook. It is these efforts to improve the quality of community services that ''may help others to fashion their own responses that not only protect the basic safety and well-being of individuals, but also encourage and support their preferred choices, personal growth, and individual lifestyles.''

On June 22, 1999, in its decision on the ''Olmstead'' case, the Supreme Court reaffirmed the Americans with Disabilities Act provision that public entities must administer programs in the most integrated setting appropriate to the needs of qualified individuals with disabilities and to make reasonable modifications to avoid discrimination on the basis of disability. While public entities are not required to fundamentally alter the nature of their programs, efforts must be made to provide services in the most integrated setting. The Court concluded that under Title II of ADA, States are required to place persons with mental disabilities in community settings rather than in institutions when the State's treatment professionals have determined that community placement is appropriate, that transfer from institutional care to a less restrictive setting is not opposed by the affected individual, and the placement can be reasonably accommodated, taking into account the resources available to the State and the needs of others with mental disabilities.

Under the Clinton Administration, the U.S. Department of Health and Human Services (HHS) is already engaged in a variety of activities designed to promote the delivery of services in the most integrated setting. HHS activities include building on existing Medicaid flexibility in home health services, home and community-based waivers, the personal care option, and the mental health block grant. HHS is developing a Primer to the Medicaid program which will clarify long-term care options in Medicaid that promote consumer responsive community-based long-term care and establishing a National Consortium on Home and Community-Based Long-Term Care.

As part of the Department's overall efforts to promote quality home and community-based long-term care systems, ADD is interested in establishing a best practices information dissemination project. The project will help States and other entities to respond to the challenges of developing and assuring quality consumer-oriented service systems for people with developmental disabilities. The best practices information gathered and disseminated by the project can be used by services providers in such activities as:

- Developing comprehensive State plans for serving people with developmental disabilities in the most appropriate setting,
- Managing waiting lists for services by conducting assessments so that the most appropriate consumer-responsive services can be delivered,
- Changing existing programs to be more responsive to specific consumer needs and goals, Developing new consumer outcome-oriented programs, and
- Developing quality assurance systems that measure and assess specific consumer outcomes.

Minimum Requirements for Project Design: Significant research, best practices, and ''lessons learned'' exist in regard to planning and developing consumer outcome-oriented, community-based programs for people with developmental disabilities with new standards of consumer-oriented quality assurance. States, communities, direct service providers, disability constituencies and others can benefit from information dissemination about existing and evolving best practices based on consumer-specific outcomes. Information dissemination about best planning practices should seek to better equip major stakeholders with the skills, knowledge and expertise necessary to apply what is already known in the process of developing a comprehensive state plan.

The mission of the project would be to serve as a resource to States, the disability community, service providers, and others to enhance the development of new comprehensive state plans to develop consumer-oriented community-based programs as well as to develop appropriately linked quality assurance systems for new and existing programs. Specifically, the project would:

- Track and report on trends and best and promising practices in consumer outcome oriented community-based services and quality assurance systems affecting children and adults with developmental disabilities and their families;
- Convene working conferences to develop and share strategies for

developing new comprehensive state plans for consumer-outcome oriented programs and/or quality assurance methods;

- Disseminate relevant research findings pertaining to consumer-oriented programs and quality assurance methods for people with developmental disabilities;
- Broker technical assistance, especially peer-to-peer consultations, designed to assist stakeholders to work together to apply research and best practices regarding consumer-outcome oriented service and linked quality assurance systems for people with developmental disabilities;
- Sponsor forums, on-line conferences and other ongoing exchanges to facilitate a greater understanding of best practices in consumer-oriented community-based programs and quality assurance systems.

These activities may be sequenced so that information gathering is the principal activity of the first year with dissemination (along with continued information gathering) beginning in the second and continued into the third year of the project.

Applications should include provisions for the travel of two key personnel during the first and last year of the project to Washington, DC for a one day meeting with ADD staff.

As noted earlier, the award will be made as a cooperative agreement. While an organization receiving an award will not be conducting its project on behalf of ADD, ADD and the awardee will work cooperatively in the development and implementation of the project's agenda. Under the cooperative agreement mechanism, ADD and the awardee will share the responsibility for planning the objectives of the project. The awardee will have the primary responsibility for developing and implementing the activities of the project. ADD will jointly participate with the awardee in such activities as clarifying the specific issue areas to be addressed through periodic briefings and ongoing consultation, sharing with awardee its knowledge of the issues being addressed by past and current projects, and providing feedback to awardee about the usefulness to the field of written products and information sharing activities. The details of the relationship between ADD and awardee will be set forth in the cooperative agreement to be developed and signed prior to issuance of the award.

As a general guide, ADD will expect to fund only those applications that incorporate the following elements:

- Consumer/self-advocate orientation and participation.
- Key project personnel with direct life experience with living with a disability.
- Strong advisory components that consist of a majority of individuals with disabilities and a structure where individuals with disabilities make real decisions that determine the outcome of the grant.
- Research reflecting the principles of participatory action.
- Cultural competency.
- A description of how individuals with disabilities and their families will be involved in all aspects of the design, implementation, and evaluation of the project.
- Attention to unserved and inadequately served individuals, having a range of disabilities from mild to severe, from multicultural backgrounds, rural and inner-city areas, migrant, homeless, and refugee families, with severe disabilities.
- Compliance with the Americans with Disabilities Act and Section 504 of the Rehabilitation Act of 1973 as amended (29 U.S.C. 794).
- Collaboration through partnerships and coalitions.
- Development of the capacity to communicate and disseminate information and technical assistance through electronic and other effective, affordable, and accessible formats of communication.
- Development and establishment of practices and programs beyond project period.
- Dissemination of models, products, best practices, and strategies for distribution between the networks and beyond. A plan describing initial activities is needed between funded projects as well as at the end of the project period. These activities should maintain and share ongoing information, existing resources of consultants/experts, and curriculum/materials with funded projects and within the network.

Evaluation Criteria: The four criteria that follow will be used to review and evaluate each application under this announcement. Each of these criterion should be addressed in the project description section of the application. The point values indicate the maximum numerical weight each criterion will be accorded in the review process. The specific information to be included under each of these headings is described in Section G of Part III, General Instructions for the Uniform Project Description. Additional information that must be addressed is described below.

Criterion 1: Objectives and Need for Assistance (20 Points)

The application must identify the precise location of the project and area to be served by the proposed project. Maps and other graphic aids must be attached.

Criterion 2: Results or Benefits Expected (20 Points)

The extent to which they are consistent with the objectives of the application, and the extent to which the application indicates the anticipated contributions to policy, practice, theory and/or research. The extent to which the proposed project costs is reasonable in view of the expected results.

Criterion 3: Approach (35 Points)

Discuss the criteria to be used to evaluate the results, and explain the methodology that will be used to determine if the needs identified and discussed are being met and if the results and benefits identified are being achieved.

Criterion 4: Organization Profile (25 Points)

The application identifies the background of the project director/principal investigator and key project staff (including name, address, training, educational background and other qualifying experience) and the experience of the organization to demonstrate the applicant's ability to effectively and efficiently administer this project. The application describes the relationship between this project and other work planned, anticipated or under way by the applicant which is being supported by Federal assistance.

This section should consist of a brief (two to three pages) background description of how the applicant organization (or the unit within the organization that will have responsibility for the project) is organized, the types and quantity of services it provides, and/or the research and management capabilities it possesses. It may include descriptions of any current or previous relevant experience, or describe the competence of the project team and its demonstrated ability to produce a final product that is readily comprehensible and usable. An organization chart showing the relationship of the project to the current organization must be included.

Project Duration: This announcement is soliciting applications for project periods up to three years under this priority area. Awards, on a competitive basis, will be for a one-year budget period, although the project period may be for three years. Applications for

continuation grants funded under this priority area beyond the one-year budget period, but within the three-year project period, will be entertained in subsequent years on a non-competitive basis, subject to the availability of funds, satisfactory progress of the grantee, and determination that continued funding would be in the best interest of the Government.

Federal Share of Project Costs: The Federal share is a range of $200,000–$250,000 for the first 12-month budget period or a minimum of $600,000 for a three-year project period. There is a possibility of increased funding in year two and three contingent on additional funds.

Matching Requirement: Grantees must provide at least 25 percent of the total approved cost of the project. The total approved cost of the project is the sum of the ACF share and the non-Federal share. The non-Federal share may be met by cash or in-kind contributions, although applicants are encouraged to meet their match requirements through cash contributions. Therefore, a project requesting $200,000 in Federal funds (based on an award of $200,000 per budget period) must include a match of at least $66,666 (the total project cost is $266,666, of which $66,666 is 25%).

Anticipated Number of Projects to be Funded: It is anticipated that up to one (1) project will be funded under this priority area.

Part V. Instructions for the Development and Submission of Applications

This Part contains information and instructions for submitting applications in response to this announcement. An application package containing forms can be obtained by any of the following methods: Pat Laird, ADD, 370 L'Enfant Promenade SW, Washington, DC, 20447, 202/690–7447; http://www.acf.dhhs.gov/programs/add; or add@acf.dhhs.gov.

Potential applicants should read this section carefully in conjunction with the information contained within the specific priority area under which the application is to be submitted. The priority area descriptions are in Part IV.

A. Required Notification of the State Single Point of Contact (SPOC)

All applications under the ADD priority areas are required to follow the Executive Order (E.O.) 12372 process, ''Intergovernmental Review of Federal Programs,'' and 45 CFR Part 100, ''Intergovernmental Review of Department of Health and Human Services Program and Activities.'' Under the Order, States may design their own processes for reviewing and commenting on proposed Federal assistance under covered programs.

Note: State/territory participation in the Intergovernmental Review process does not signify applicant eligibility for financial assistance under a program. A potential applicant must meet the eligibility requirements of the program for which it is applying prior to submitting an application to its SPOC, if applicable, or to ACF.

As of September 22, 1997, all States and territories, except Alabama, Alaska, Colorado, Connecticut, Hawaii, Idaho, Kansas, Louisiana, Massachusetts, Minnesota, Montana, Nebraska, New Jersey, Ohio, Oklahoma, Oregon, Pennsylvania, South Dakota, Tennessee, Vermont, Virginia, Washington, American Samoa and Palau, have elected to participate in the Executive Order process and have established a State Single Point of Contact (SPOC). Applicants from these jurisdictions or for projects administered by Federally-recognized Indian Tribes need take no action regarding E.O. 12372. Otherwise, applicants should contact their SPOCs as soon as possible to alert them of the prospective applications and receive any necessary instructions.

Applicants must submit all required materials to the SPOC as soon as possible so that the program office can obtain and review SPOC comments as part of the award process. It is imperative that the applicant submit all required materials and indicate the date of this submittal (or date SPOC was contacted, if no submittal is required) on the SF 424, item 16a.

Under 45 CFR 100.8(a)(2), a SPOC has 60 days from the application due date to comment on proposed new or competing continuation awards. However, there is insufficient time to allow for a complete SPOC comment period. Therefore, we have reduced the comment period to 30 days from the closing date for applications. These comments are reviewed as part of the award process. Failure to notify the SPOC can result in delays in awarding grants.

SPOCs are encouraged to eliminate the submission of routine endorsements as official recommendations. Additionally, SPOCs are requested to clearly differentiate between mere advisory comments and those official State process recommendations that may trigger the ''accommodate or explain'' rule.

When comments are submitted directly to ACF, they should be addressed to: Department of Health and Human Services, Administration for Children and Families, Division of Discretionary Grants and Audit Resolution, 370 L'Enfant Promenade, SW, Mail Stop 326F-HHH, Washington, DC 20447, Attn: 93.631 ADD—Projects of National Significance.

Contact information for each State's SPOC is found in the application package or ADD's website.

B. Notification of State Developmental Disabilities Planning Councils

A copy of the application must also be submitted for review and comment to the State Developmental Disabilities Council in each State in which the applicant's project will be conducted. A list of the State Developmental Disabilities Councils is included in the application package or ADD's website under Programs.

C. Deadline for Submittal of Applications

One signed original and two copies of the application must be submitted on or before August 23, 1999 to: U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Developmental Disabilities, 370 L'Enfant Promenade, SW, Mail Stop 326F–HHH, Washington, DC 20447, Attn: Lois Hodge.

Applications may be mailed or hand-delivered. Hand-delivered applications are accepted during the normal working hours of 8:00 a.m. to 4:30 p.m., Monday through Friday. Applications shall be considered as meeting an announced deadline if received by the deadline date at the ACF Grants Office (Close of Business: 4:30 p.m., local prevailing time).

Late applications: Applications that do not meet the criterion stated above are considered late applications. ACF/ADD shall notify each late applicant that its application will not be considered in the current competition.

Extension of deadlines: ACF may extend the deadline for all applicants due to acts of God, such as floods, hurricanes, or earthquakes; or when there is a widespread disruption of the mails. However, if the granting agency does not extend the deadline for all applicants, it may not waive or extend the deadline for any applicants.

D. Instructions for Preparing the Application and Completing Application Forms

The SF 424, SF 424A, SF 424A-Page 2 and Certifications/ Assurances are contained in the application package. Please prepare your application in accordance with the following instructions:

1. SF 424 Page 1, Application Cover Sheet

Please read the following instructions before completing the application cover sheet. An explanation of each item is included. Complete only the items specified.

Top of Page. Enter the single priority area number under which the application is being submitted. An application should be submitted under only one priority area.

Item 1. ''Type of Submission''—Preprinted on the form.

Item 2. ''Date Submitted'' and ''Applicant Identifier''—Date application is submitted to ACF and applicant's own internal control number, if applicable.

Item 3. ''Date Received By State''—State use only (if applicable).

Item 4. ''Date Received by Federal Agency''—Leave blank.

Item 5. ''Applicant Information''.

''Legal Name''—Enter the legal name of applicant organization. For applications developed jointly, enter the name of the lead organization only. There must be a single applicant for each application.

''Organizational Unit''—Enter the name of the primary unit within the applicant organization which will actually carry out the project activity. Do not use the name of an individual as the applicant. If this is the same as the applicant organization, leave the organizational unit blank.

''Address''—Enter the complete address that the organization actually uses to receive mail, since this is the address to which all correspondence will be sent. Do not include both street address and P.O. box number unless both must be used in mailing.

''Name and telephone number of the person to be contacted on matters involving this application (give area code)''—Enter the full name (including academic degree, if applicable) and telephone number of a person who can respond to questions about the application. This person should be accessible at the address given here and will receive all correspondence regarding the application.

Item 6. ''Employer Identification Number (EIN)''—Enter the employer identification number of the applicant organization, as assigned by the Internal Revenue Service, including, if known, the Central Registry System suffix.

Item 7. ''Type of Applicant''—Self-explanatory.

Item 8. ''Type of Application''—Preprinted on the form.

Item 9. ''Name of Federal Agency''—Preprinted on the form.

Item 10. ''Catalog of Federal Domestic Assistance Number and Title''—Enter the Catalog of Federal Domestic Assistance (CFDA) number assigned to the program under which assistance is requested and its title. For all of ADD's priority areas, the following should be entered, ''93.631—Developmental Disabilities: Projects of National Significance.''

Item 11. ''Descriptive Title of Applicant's Project''—Enter the project title. The title is generally short and is descriptive of the project, not the priority area title.

Item 12. ''Areas Affected by Project''—Enter the governmental unit where significant and meaningful impact could be observed. List only the largest unit or units affected, such as State, county, or city. If an entire unit is affected, list it rather than subunits.

Item 13. ''Proposed Project''—Enter the desired start date for the project and projected completion date.

Item 14. ''Congressional District of Applicant/Project''—Enter the number of the Congressional district where the applicant's principal office is located and the number of the Congressional district(s) where the project will be located. If Statewide, a multi-State effort, or nationwide, enter ''00.''

Items 15. Estimated Funding Levels—In completing 15a through 15f, the dollar amounts entered should reflect, for a 17-month or less project period, the total amount requested. If the proposed project period exceeds 17 months, enter only those dollar amounts needed for the first 12 months of the proposed project.

Item 15a. Enter the amount of Federal funds requested in accordance with the preceding paragraph. This amount should be no greater than the maximum amount specified in the priority area description.

Items 15b–e. Enter the amount(s) of funds from non-Federal sources that will be contributed to the proposed project. Items b–e are considered cost-sharing or ''matching funds.'' The value of third party in-kind contributions should be included on appropriate lines as applicable. For more information regarding funding as well as exceptions to these rules, see Part III, Sections E and F, and the specific priority area description.

Item 15f. Enter the estimated amount of program income, if any, expected to be generated from the proposed project. Do not add or subtract this amount from the total project amount entered under item 15g. Describe the nature, source and anticipated use of this program income in the Project Narrative Statement.

Item 15g. Enter the sum of items 15a–15e.

Item 16a. ''Is Application Subject to Review By State Executive Order 12372 Process? Yes.''—Enter the date the applicant contacted the SPOC regarding this application. Select the appropriate SPOC from the listing provided at the end of Part IV. The review of the application is at the discretion of the SPOC. The SPOC will verify the date noted on the application.

Item 16b. ''Is Application Subject to Review By State Executive Order 12372 Process? No.''—Check the appropriate box if the application is not covered by E.O. 12372 or if the program has not been selected by the State for review.

Item 17. ''Is the Applicant Delinquent on any Federal Debt?''—Check the appropriate box. This question applies to the applicant organization, not the person who signs as the authorized representative. Categories of debt include audit disallowances, loans and taxes.

Item 18. ''To the best of my knowledge and belief, all data in this application/preapplication are true and correct. The document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if the assistance is awarded.''—To be signed by the authorized representative of the applicant. A copy of the governing body's authorization for signature of this application by this individual as the official representative must be on file in the applicant's office, and may be requested from the applicant.

Item 18a–c. ''Typed Name of Authorized Representative, Title, Telephone Number''—Enter the name, title and telephone number of the authorized representative of the applicant organization.

Item 18d. ''Signature of Authorized Representative'' —Signature of the authorized representative named in Item 18a. At least one copy of the application must have an original signature. Use colored ink (not black) so that the original signature is easily identified.

Item 18e. ''Date Signed''—Enter the date the application was signed by the authorized representative.

2. SF 424A—Budget Information—Non-Construction Programs

This is a form used by many Federal agencies. For this application, Sections A, B, C, E and F are to be completed. Section D does not need to be completed.

Sections A and B should include the Federal as well as the non-Federal funding for the proposed project covering (1) the total project period of

17 months or less or (2) the first year budget period, if the proposed project period exceeds 15 months.

Section A—Budget Summary. This section includes a summary of the budget. On line 5, enter total Federal costs in column (e) and total non-Federal costs, including third party in-kind contributions, but not program income, in column (f). Enter the total of (e) and (f) in column (g).

Section B—Budget Categories. This budget, which includes the Federal as well as non-Federal funding for the proposed project, covers (1) the total project period of 17 months or less or (2) the first-year budget period if the proposed project period exceeds 17 months. It should relate to item 15g, total funding, on the SF 424. Under column (5), enter the total requirements for funds (Federal and non-Federal) by object class category.

A separate budget justification should be included to explain fully and justify major items, as indicated below. The types of information to be included in the justification are indicated under each category. For multiple year projects, it is desirable to provide this information for each year of the project. The budget justification should immediately follow the second page of the SF 424A.

Personnel—Line 6a. Enter the total costs of salaries and wages of applicant/grantee staff. Do not include the costs of consultants, which should be included on line 6h, ''Other.''

Justification: Identify the principal investigator or project director, if known. Specify by title or name the percentage of time allocated to the project, the individual annual salaries, and the cost to the project (both Federal and non-Federal) of the organization's staff who will be working on the project.

Fringe Benefits—Line 6b. Enter the total costs of fringe benefits, unless treated as part of an approved indirect cost rate.

Justification: Provide a break-down of amounts and percentages that comprise fringe benefit costs, such as health insurance, FICA, retirement insurance, etc.

Travel—6c. Enter total costs of out-of-town travel (travel requiring per diem) for staff of the project. Do not enter costs for consultant's travel or local transportation, which should be included on Line 6h, ''Other.''

Justification: Include the name(s) of traveler(s), total number of trips, destinations, length of stay, transportation costs and subsistence allowances.

Equipment—Line 6d. Enter the total costs of all equipment to be acquired by the project. For State and local governments, including Federally recognized Indian Tribes, ''equipment'' is tangible, non-expendable personal property having a useful life of more than one year and acquisition cost of $5,000 or more per unit.

Justification: Equipment to be purchased with Federal funds must be justified. The equipment must be required to conduct the project, and the applicant organization or its subgrantees must not have the equipment or a reasonable facsimile available to the project. The justification also must contain plans for future use or disposal of the equipment after the project ends.

Supplies—Line 6e. Enter the total costs of all tangible expendable personal property (supplies) other than those included on Line 6d.

Justification: Specify general categories of supplies and their costs.

Contractual—Line 6f. Enter the total costs of all contracts, including (1) procurement contracts (except those which belong on other lines such as equipment, supplies, etc.) and (2) contracts with secondary recipient organizations, including delegate agencies. Also include any contracts with organizations for the provision of technical assistance. Do not include payments to individuals on this line. If the name of the contractor, scope of work, and estimated total costs are not available or have not been negotiated, include on Line 6h, ''Other.''

Justification: Attach a list of contractors, indicating the names of the organizations, the purposes of the contracts, and the estimated dollar amounts of the awards as part of the budget justification. Whenever the applicant/grantee intends to delegate part or all of the program to another agency, the applicant/grantee must complete this section (Section B, Budget Categories) for each delegate agency by agency title, along with the supporting information. The total cost of all such agencies will be part of the amount shown on Line 6f. Provide backup documentation identifying the name of contractor, purpose of contract, and major cost elements.

Construction—Line 6g. Not applicable. New construction is not allowable.

Other—Line 6h. Enter the total of all other costs. Where applicable, such costs may include, but are not limited to: insurance; medical and dental costs; noncontractual fees and travel paid directly to individual consultants; local transportation (all travel which does not require per diem is considered local travel); space and equipment rentals; printing and publication; computer use; training costs, including tuition and stipends; training service costs, including wage payments to individuals and supportive service payments; and staff development costs. Note that costs identified as ''miscellaneous'' and ''honoraria'' are not allowable.

Justification: Specify the costs included.

Total Direct Charges—Line 6i. Enter the total of Lines 6a through 6h.

Indirect Charges—6j. Enter the total amount of indirect charges (costs). If no indirect costs are requested, enter ''none.'' Generally, this line should be used when the applicant (except local governments) has a current indirect cost rate agreement approved by the Department of Health and Human Services or another Federal agency.

Local and State governments should enter the amount of indirect costs determined in accordance with HHS requirements. When an indirect cost rate is requested, these costs are included in the indirect cost pool and should not be charged again as direct costs to the grant.

In the case of training grants to other than State or local governments (as defined in title 45, Code of Federal Regulations, part 74), the Federal reimbursement of indirect costs will be limited to the lesser of the negotiated (or actual) indirect cost rate or 8 percent of the amount allowed for direct costs, exclusive of any equipment charges, rental of space, tuition and fees, post-doctoral training allowances, contractual items, and alterations and renovations.

For training grant applications, the entry under line 6j should be the total indirect costs being charged to the project. The Federal share of indirect costs is calculated as shown above. The applicant's share is calculated as follows:

(a) Calculate total project indirect costs (a*) by applying the applicant's approved indirect cost rate to the total project (Federal and non-Federal) direct costs.

(b) Calculate the Federal share of indirect costs (b*) at 8 percent of the amount allowed for total project (Federal and non-Federal) direct costs exclusive of any equipment charges, rental of space, tuition and fees, post-doctoral training allowances, contractual items, and alterations and renovations.

(c) Subtract (b*) from (a*). The remainder is what the applicant can claim as part of its matching cost contribution.

Justification: Enclose a copy of the indirect cost rate agreement. Applicants subject to the limitation on the Federal

reimbursement of indirect costs for training grants should specify this.

Total—Line 6k. Enter the total amounts of lines 6i and 6j.

Program Income—Line 7. Enter the estimated amount of income, if any, expected to be generated from this project. Do not add or subtract this amount from the total project amount.

Justification: Describe the nature, source, and anticipated use of program income in the Program Narrative Statement.

Section C—Non-Federal Resources. This section summarizes the amounts of non-Federal resources that will be applied to the grant. Enter this information on line 12 entitled ''Totals.'' In-kind contributions are defined in title 45 of the Code of Federal Regulations, Parts 74.51 and 92.24, as ''property or services which benefit a grant-supported project or program and which are contributed by non-Federal third parties without charge to the grantee, the subgrantee, or a cost-type contractor under the grant or subgrant.''

Justification: Describe third party in-kind contributions, if included.

Section D—Forecasted Cash Needs. Not applicable.

Section E—Budget Estimate of Federal Funds Needed For Balance of the Project. This section should only be completed if the total project period exceeds 17 months.

Totals—Line 20. For projects that will have more than one budget period, enter the estimated required Federal funds for the second budget period (months 13 through 24) under column ''(b) First.'' If a third budget period will be necessary, enter the Federal funds needed for months 25 through 36 under ''(c) Second.'' Columns (d) and (e) are not applicable in most instances, since ACF funding is almost always limited to a three-year maximum project period. They should remain blank.

Section F—Other Budget Information.

Direct Charges—Line 21. Not applicable.

Indirect Charges—Line 22. Enter the type of indirect rate (provisional, predetermined, final or fixed) that will be in effect during the funding period, the estimated amount of the base to which the rate is applied, and the total indirect expense.

Remarks—Line 23. If the total project period exceeds 17 months, you must enter your proposed non-Federal share of the project budget for each of the remaining years of the project.

3. Project Description

The Project Description is a very important part of an application. It should be clear, concise, and address the specific requirements mentioned under the priority area description in Part IV. The narrative should also provide information concerning how the application meets the evaluation criteria, using the following headings:

(a) Objectives and Need for Assistance;

(b) Results and Benefits Expected;

(c) Approach; and

(d) Organization Profile.

The specific information to be included under each of these headings is described in Section G of Part III, General Instructions for the Uniform Project Description.

The narrative should be typed double-spaced on a single-side of an 8½″ x 11″ plain white paper, with 1″ margins on all sides, using black print no smaller than 12 pitch or 12 point size. All pages of the narrative (including charts, references/footnotes, tables, maps, exhibits, etc.) must be sequentially numbered, beginning with ''Objectives and Need for Assistance'' as page number one. Applicants should not submit reproductions of larger size paper, reduced to meet the size requirement.

The length of the application, including the application forms and all attachments, should not exceed 60 pages. This will be strictly enforced. A page is a single side of an 8½ x 11″ sheet of paper. Applicants are requested not to send pamphlets, brochures or other printed material along with their application as these pose copying difficulties. These materials, if submitted, will not be included in the review process if they exceed the 60-page limit. Each page of the application will be counted to determine the total length.

4. Part V—Assurances/Certifications

Applicants are required to file an SF 424B, Assurances—Non-Construction Programs and the Certification Regarding Lobbying. Both must be signed and returned with the application. Applicants must also provide certifications regarding: (1) Drug-Free Workplace Requirements; and (2) Debarment and Other Responsibilities. These two certifications are self-explanatory. Copies of these assurances/certifications are reprinted at the end of this announcement and should be reproduced, as necessary. A duly authorized representative of the applicant organization must certify that the applicant is in compliance with these assurances/certifications. A signature on the SF 424 indicates compliance with the Drug Free Workplace Requirements, and Debarment and Other Responsibilities certifications, and need not be mailed back with the application.

In addition, applicants are required under Section 162(c)(3) of the Act to provide assurances that the human rights of all individuals with developmental disabilities (especially those individuals without familial protection) who will receive services under projects assisted under Part E will be protected consistent with section 110 (relating to the rights of individuals with developmental disabilities). Each application must include a statement providing this assurance.

For research projects in which human subjects may be at risk, a Protection of Human Subjects Assurance may be required. If there is a question regarding the applicability of this assurance, contact the Office for Research Risks of the National Institutes of Health at (301) 496–7041.

E. Checklist for a Complete Application

The checklist below is for your use to ensure that your application package has been properly prepared.

____One original, signed and dated application, plus two copies. Applications for different priority areas are packaged separately;

____Application is from an organization that is eligible under the eligibility requirements defined in the priority area description (screening requirement);

____Application length does not exceed 60 pages, unless otherwise specified in the priority area description.

A complete application consists of the following items in this order:

____Application for Federal Assistance (SF 424, REV 4–88);

____A completed SPOC certification with the date of SPOC contact entered in line 16, page 1 of the SF 424 if applicable.

____Budget Information—Non-Construction Programs (SF 424A, REV 4–88);

____Budget justification for Section B—Budget Categories;

____Table of Contents;

____Letter from the Internal Revenue Service, etc. to prove non-profit status, if necessary;

____Copy of the applicant's approved indirect cost rate agreement, if appropriate;

____Project Description (See Part III, Section C);

____Any appendices/attachments;

____Assurances—Non-Construction Programs (Standard Form 424B, REV 4–88);

____Certification Regarding Lobbying; and

____Certification of Protection of Human Subjects, if necessary.
____Certification of the Pro-Children Act of 1994; signature on the application represents certification.

F. The Application Package

Each application package must include an original and two copies of the complete application. Each copy should be stapled securely (front and back if necessary) in the upper left-hand corner. All pages of the narrative (including charts, tables, maps, exhibits, etc.) must be sequentially numbered, beginning with page one. In order to facilitate handling, please do not use covers, binders or tabs. Do not include extraneous materials as attachments, such as agency promotion brochures, slides, tapes, film clips, minutes of meetings, survey instruments or articles of incorporation.

G. Paper Reduction Act of 1995 (P.L. 104–13)

The Uniform Project Description information collection within this announcement is approved under the Uniform Project Description (0970–0139), Expiration Date 10/31/2000.

Public reporting burden for this collection of information is estimated to average 10 hours per response, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

(Federal Catalog of Domestic Assistance Number 93.631 Developmental Disabilities—Projects of National Significance)

Dated: July 13, 1999.

Sue Swenson,

Commissioner, Administration on Developmental Disabilities.

[FR Doc. 99–18511 Filed 7–21–99; 8:45 am]

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Federal Register

Thursday
July 22, 1999

Part VIII

Environmental Protection Agency

40 CFR Part 300

National Priorities List for Uncontrolled Hazardous Waste Sites; Final Rule and Proposed Rule

ENVIRONMENTAL PROTECTION AGENCY

40 CFR Part 300

[FRL–6401–5]

National Priorities List for Uncontrolled Hazardous Waste Sites

AGENCY: Environmental Protection Agency.

ACTION: Final rule.

SUMMARY: The Comprehensive Environmental Response, Compensation, and Liability Act of 1980 (''CERCLA'' or ''the Act''), as amended, requires that the National Oil and Hazardous Substances Pollution Contingency Plan (''NCP'') include a list of national priorities among the known releases or threatened releases of hazardous substances, pollutants, or contaminants throughout the United States. The National Priorities List (''NPL'') constitutes this list. The NPL is intended primarily to guide the Environmental Protection Agency (''EPA'' or ''the Agency'') in determining which sites warrant further investigation to assess the nature and extent of public health and environmental risks associated with the site and to determine what CERCLA-financed remedial action(s), if any, may be appropriate. This rule adds a total of 15 new sites to the NPL: 13 sites to the General Superfund Section of the NPL and 2 sites to the Federal Facilities Section of the NPL.

EFFECTIVE DATE: The effective date for this amendment to the NCP shall be August 23, 1999.

ADDRESSES: For addresses for the Headquarters and Regional dockets, as well as further details on what these dockets contain, see Section II, ''Availability of Information to the Public'' in the **SUPPLEMENTARY INFORMATION** portion of this preamble.

FOR FURTHER INFORMATION CONTACT: Yolanda Singer, phone (703) 603–8835, State, Tribal and Site Identification Center, Office of Emergency and Remedial Response (mail code 5204G), U.S. Environmental Protection Agency, 401 M Street, SW, Washington, DC, 20460, or the Superfund Hotline, phone (800) 424–9346 or (703) 412–9810 in the Washington, DC, metropolitan area.

SUPPLEMENTARY INFORMATION:

Table of Contents

I. Background

A. What Are CERCLA and SARA?

In 1980, Congress enacted the Comprehensive Environmental Response, Compensation, and Liability Act, 42 U.S.C. 9601–9675 (''CERCLA'' or ''the Act''), in response to the dangers of uncontrolled releases of hazardous substances. CERCLA was amended on October 17, 1986, by the Superfund Amendments and Reauthorization Act (''SARA''), Public Law 99–499, 100 Stat. 1613 *et seq.*

B. What Is the NCP?

To implement CERCLA, EPA promulgated the revised National Oil and Hazardous Substances Pollution Contingency Plan (''NCP''), 40 CFR part 300, on July 16, 1982 (47 FR 31180), pursuant to CERCLA section 105 and Executive Order 12316 (46 FR 42237, August 20, 1981). The NCP sets guidelines and procedures for responding to releases and threatened releases of hazardous substances, pollutants, or contaminants under CERCLA. EPA has revised the NCP on several occasions. The most recent comprehensive revision was on March 8, 1990 (55 FR 8666).

As required under section 105(a)(8)(A) of CERCLA, the NCP also includes ''criteria for determining priorities among releases or threatened releases throughout the United States for the purpose of taking remedial action and, to the extent practicable, taking into account the potential urgency of such action for the purpose of taking removal action.'' (''Removal'' actions are defined broadly and include a wide range of actions taken to study, clean up, prevent or otherwise address releases and threatened releases 42 U.S.C. 9601(23).)

C. What Is the National Priorities List (NPL)?

The NPL is a list of national priorities among the known or threatened releases of hazardous substances, pollutants, or contaminants throughout the United States. The list, which is appendix B of the NCP (40 CFR part 300), was required under section 105(a)(8)(B) of CERCLA, as amended by SARA. Section 105(a)(8)(B) defines the NPL as a list of ''releases'' and the highest priority ''facilities'' and requires that the NPL be revised at least annually. The NPL is intended primarily to guide EPA in determining which sites warrant further investigation to assess the nature and extent of public health and environmental risks associated with a release of hazardous substances. The NPL is only of limited significance, however, as it does not assign liability to any party or to the owner of any specific property. Neither does placing a site on the NPL mean that any remedial or removal action necessarily need be taken.

For purposes of listing, the NPL includes two sections, one of sites that are generally evaluated and cleaned up by EPA (the ''General Superfund Section''), and one of sites that are owned or operated by other Federal agencies (the ''Federal Facilities Section''). With respect to sites in the Federal Facilities Section, these sites are generally being addressed by other Federal agencies. Under Executive Order 12580 (52 FR 2923, January 29, 1987) and CERCLA section 120, each Federal agency is responsible for carrying out most response actions at facilities under its own jurisdiction, custody, or control, although EPA is responsible for preparing an HRS score and determining whether the facility is placed on the NPL. EPA generally is not the lead agency at Federal Facilities Section sites, and its role at such sites is accordingly less extensive than at other sites.

D. How Are Sites Listed on the NPL?

There are three mechanisms for placing sites on the NPL for possible remedial action (see 40 CFR 300.425(c) of the NCP): (1) A site may be included on the NPL if it scores sufficiently high on the Hazard Ranking System (''HRS''), which EPA promulgated as appendix A of the NCP (40 CFR part 300). The HRS serves as a screening device to evaluate the relative potential of uncontrolled hazardous substances to pose a threat to human health or the environment. On December 14, 1990 (55 FR 51532), EPA promulgated revisions to the HRS partly in response to CERCLA section 105(c), added by SARA. The revised HRS evaluates four pathways: Ground water, surface water, soil exposure, and air. As a matter of Agency policy, those sites that score 28.50 or greater on the HRS are eligible for the NPL; (2) Each State may designate a single site as its top priority to be listed on the NPL, regardless of the HRS score. This mechanism, provided by the NCP at 40 CFR 300.425(c)(2) requires that, to the extent practicable, the NPL include within the 100 highest priorities, one facility designated by each State representing the greatest danger to public health, welfare, or the environment among known facilities in the State (see 42 U.S.C. 9605(a)(8)(B)); (3) The third mechanism for listing, included in the NCP at 40 CFR 300.425(c)(3), allows certain sites to be listed regardless of their HRS score, if all of the following conditions are met:

- The Agency for Toxic Substances and Disease Registry (ATSDR) of the U.S. Public Health Service has issued a health advisory that recommends dissociation of individuals from the release.
- EPA determines that the release poses a significant threat to public health.
- EPA anticipates that it will be more cost-effective to use its remedial authority than to use its removal authority to respond to the release.

EPA promulgated an original NPL of 406 sites on September 8, 1983 (48 FR 40658). The NPL has been expanded since then, most recently on May 10, 1999 (64 FR 24949).

E. What Happens to Sites on the NPL?

A site may undergo remedial action financed by the Trust Fund established under CERCLA (commonly referred to as the ''Superfund'') only after it is placed on the NPL, as provided in the NCP at 40 CFR 300.425(b)(1). (''Remedial actions'' are those ''consistent with permanent remedy, taken instead of or in addition to removal actions * * *.'' 42 U.S.C. 9601(24).) However, under 40 CFR 300.425(b)(2) placing a site on the NPL ''does not imply that monies will be expended.'' EPA may pursue other appropriate authorities to respond to the releases, including enforcement action under CERCLA and other laws.

F. How Are Site Boundaries Defined?

The NPL does not describe releases in precise geographical terms; it would be neither feasible nor consistent with the limited purpose of the NPL (to identify releases that are priorities for further evaluation), for it to do so.

Although a CERCLA ''facility'' is broadly defined to include any area where a hazardous substance release has ''come to be located'' (CERCLA section 101(9)), the listing process itself is not intended to define or reflect the boundaries of such facilities or releases. Of course, HRS data (if the HRS is used to list a site) upon which the NPL placement was based will, to some extent, describe the release(s) at issue. That is, the NPL site would include all releases evaluated as part of that HRS analysis.

When a site is listed, the approach generally used to describe the relevant release(s) is to delineate a geographical area (usually the area within an installation or plant boundaries) and identify the site by reference to that area. As a legal matter, the site is not coextensive with that area, and the boundaries of the installation or plant are not the ''boundaries'' of the site. Rather, the site consists of all contaminated areas within the area used to identify the site, as well as any other location to which that contamination has come to be located, or from which that contamination came.

In other words, while geographic terms are often used to designate the site (e.g., the ''Jones Co. plant site'') in terms of the property owned by a particular party, the site properly understood is not limited to that property (e.g., it may extend beyond the property due to contaminant migration), and conversely may not occupy the full extent of the property (e.g., where there are uncontaminated parts of the identified property, they may not be, strictly speaking, part of the ''site''). The ''site'' is thus neither equal to nor confined by the boundaries of any specific property that may give the site its name, and the name itself should not be read to imply that this site is coextensive with the entire area within the property boundary of the installation or plant. The precise nature and extent of the site are typically not known at the time of listing. Also, the site name is merely used to help identify the geographic location of the contamination. For example, the ''Jones Co. plant site,'' does not imply that the Jones company is responsible for the contamination located on the plant site.

EPA regulations provide that the ''nature and extent of the threat presented by a release'' will be determined by a remedial investigation/feasibility study (RI/FS) as more information is developed on site contamination (40 CFR 300.5). During the RI/FS process, the release may be found to be larger or smaller than was originally thought, as more is learned about the source(s) and the migration of the contamination. However, this inquiry focuses on an evaluation of the threat posed; the boundaries of the release need not be exactly defined. Moreover, it generally is impossible to discover the full extent of where the contamination ''has come to be located'' before all necessary studies and remedial work are completed at a site. Indeed, the known boundaries of the contamination can be expected to change over time. Thus, in most cases, it may be impossible to describe the boundaries of a release with absolute certainty.

Further, as noted above, NPL listing does not assign liability to any party or to the owner of any specific property. Thus, if a party does not believe it is liable for releases on discrete parcels of property, supporting information can be submitted to the Agency at any time after a party receives notice it is a potentially responsible party.

For these reasons, the NPL need not be amended as further research reveals

more information about the location of the contamination or release.

G. How Are Sites Removed From the NPL?

EPA may delete sites from the NPL where no further response is appropriate under Superfund, as explained in the NCP at 40 CFR 300.425(e). This section also provides that EPA shall consult with states on proposed deletions and shall consider whether any of the following criteria have been met:

(i) Responsible parties or other persons have implemented all appropriate response actions required;

(ii) All appropriate Superfund-financed response has been implemented and no further response action is required; or

(iii) The remedial investigation has shown the release poses no significant threat to public health or the environment, and taking of remedial measures is not appropriate.

As of July 13, 1999, the Agency has deleted 185 sites from the NPL.

H. Can Portions of Sites be Deleted From the NPL as They Are Cleaned Up?

In November 1995, EPA initiated a new policy to delete portions of NPL sites where cleanup is complete (60 FR 55465, November 1, 1995). Total site cleanup may take many years, while portions of the site may have been cleaned up and available for productive use. As of July 13, 1999, EPA has deleted portions of 16 sites.

I. What is the Construction Completion List (CCL)?

EPA also has developed an NPL construction completion list (''CCL'') to simplify its system of categorizing sites and to better communicate the successful completion of cleanup activities (58 FR 12142, March 2, 1993). Inclusion of a site on the CCL has no legal significance.

Sites qualify for the CCL when: (1) any necessary physical construction is complete, whether or not final cleanup levels or other requirements have been achieved; (2) EPA has determined that the response action should be limited to measures that do not involve construction (e.g., institutional controls); or (3) the site qualifies for deletion from the NPL.

Of the 185 sites that have been deleted from the NPL, 176 sites were deleted because they have been cleaned up (the other 9 sites were deleted based on deferral to other authorities and are not considered cleaned up). In addition, there are 432 sites also on the NPL CCL. Thus, as of July 13, 1999, the CCL consists of 608 sites. For the most up-to-date information on the CCL, see EPA's Internet site at http://www.epa.gov/superfund/.

II. Availability of Information to the Public

A. Can I Review the Documents Relevant to This Final Rule?

Yes, documents relating to the evaluation and scoring of the site in this final rule are contained in dockets located both at EPA Headquarters and in the appropriate Regional office.

B. What Documents Are Available for Review at the Headquarters Docket?

The Headquarters docket for this rule contains HRS score sheets, the Documentation Record describing the information used to compute the score, pertinent information regarding statutory requirements or EPA listing policies that affect the site, and a list of documents referenced in the Documentation Record. The Headquarters docket also contains comments received, and the Agency's responses to those comments. The Agency's responses are contained in the ''Support Document for the Revised National Priorities List Final Rule, July 1999.''

C. What Documents Are Available for Review at the Regional Dockets?

The Regional dockets contain all the information in the Headquarters docket, plus the actual reference documents containing the data principally relied upon by EPA in calculating or evaluating the HRS score for the site. These reference documents are available only in the appropriate Regional docket.

D. How Do I Access the Documents?

You may view the documents, by appointment only, after the publication of this document. The hours of operation for the Headquarters docket are from 9 a.m. to 4 p.m., Monday through Friday, excluding Federal holidays. Please contact the Regional dockets for hours.

Following is the contact information for the EPA Headquarters: Docket Coordinator, Headquarters, U.S. EPA CERCLA Docket Office, Crystal Gateway #1, 1st Floor, 1235 Jefferson Davis Highway, Arlington, VA, 703/603–8917.

The contact information for the Regional dockets are as follows:

Barbara Callahan, Region 1 (CT, ME, MA, NH, RI, VT), U.S. EPA, Records Center, Mailcode HBS, One Congress Street, Suite 1100, Boston, MA 02114–2023; 617/918–1356

Ben Conetta, Region 2 (NJ, NY, PR, VI), U.S. EPA, 290 Broadway, New York, NY 10007–1866; 212/637–4435

Dawn Shellenberger (GCI), Region 3 (DE, DC, MD, PA, VA, WV), U.S. EPA, Library, 1650 Arch Street, Mailcode 3PM52, Philadelphia, PA 19103; 215/814–5364

Sherryl Decker, Region 4 (AL, FL, GA, KY, MS, NC, SC, TN), U.S. EPA, 61 Forsyth Street, SW, 9th floor, Atlanta, GA 30303; 404/562–8127

Region 5 (IL, IN, MI, MN, OH, WI), U.S. EPA, Records Center, Waste Management Division 7–J, Metcalfe Federal Building, 77 West Jackson Boulevard, Chicago, IL 60604; 312/886–7570

Brenda Cook, Region 6 (AR, LA, NM, OK, TX), U.S. EPA, 1445 Ross Avenue, Mailcode 6SF–RA, Dallas, TX 75202–2733; 214/665–7436

Carole Long, Region 7 (IA, KS, MO, NE), U.S. EPA, 901 North 5th Street, Kansas City, KS 66101; 913/551–7224

David Williams, Region 8 (CO, MT, ND, SD, UT, WY), U.S. EPA, 999 18th Street, Suite 500, Mailcode 8EPR–SA, Denver, CO 80202–2466; 303/312–6757

Carolyn Douglas, Region 9 (AZ, CA, HI, NV, AS, GU), U.S. EPA, 75 Hawthorne Street, San Francisco, CA 94105; 415/744–2343

David Bennett, Region 10 (AK, ID, OR, WA), U.S. EPA, 11th Floor, 1200 6th Avenue, Mail Stop ECL–115, Seattle, WA 98101; 206/553–2103

E. How Can I Obtain a Current List of NPL Sites?

You may obtain a current list of NPL sites via the Internet at http://www.epa.gov/superfund/ (look under site information category) or by contacting the Superfund Docket (see contact information above).

III. Contents of This Final Rule

A. Additions to the NPL

This final rule adds 15 sites to the NPL: 13 sites to the General Superfund Section of the NPL and 2 sites to the Federal Facilities Section of the NPL. Table 1 presents the 13 sites in the General Superfund Section and Table 2 contains the 2 sites in the Federal Facilities Section. Sites in each table are arranged alphabetically by State.

TABLE 1.—NATIONAL PRIORITIES LIST FINAL RULE, GENERAL SUPERFUND SECTION

State	Site name	City/county
AR	Mountain Pine Pressure Treating, Inc.	Plainview.
CO	Vasquez Boulevard and I–70	Denver.
ME	Eastland Woolen Mill	Corinna.
NC	North Belmont PCE	North Belmont.
NJ	Emmell's Septic Landfill	Galloway Township.
NJ	Martin Aaron, Inc.	Camden.
NJ	United States Avenue Burn	Gibbsboro.
OK	Hudson Refinery	Cushing.
PR	Vega Baja Solid Waste Disposal	Vega Baja.
TX	Hart Creosoting Company	Jasper.
VA	Kim-Stan Landfill	Selma.
VA	Former Nansemond Ordnance Depot	Suffolk.
WV	Hanlin-Allied-Olin	Moundsville.

Number of Sites Added to the General Superfund Section: 13.

TABLE 2.—NATIONAL PRIORITIES LIST FINAL RULE, FEDERAL FACILITIES SECTION

State	Site name	City/county
CA	Alameda Naval Air Station	Alameda.
VA	Norfolk Naval Shipyard	Portsmouth

Number of Sites Added to the Federal Facilities Section: 2.

B. Status of NPL

With the 15 new sites added in today's rule, the NPL now contains 1,226 sites (1,068 in the General Superfund section and 158 in the Federal Facilities section).

With a separate rule proposing to add 11 new sites to the NPL published elsewhere in today's **Federal Register**, there are now 59 sites proposed and awaiting final agency action; 53 in the General Superfund section and 6 in the Federal Facilities section. Final and proposed sites now total 1,285.

C. What Did EPA do With the Public Comments it Received?

EPA reviewed all comments received on the sites in this rule. The Norfolk Naval Shipyard site was proposed on March 6, 1998 (63 FR 11340). The United States Avenue Burn site was proposed on September 29, 1998 (63 FR 51882). The Vasquez Boulevard and I–70 site and the Former Nansemond Ordnance Depot site were proposed on January 19, 1999 (64 FR 2950). The following sites were proposed on April 23, 1999 (64 FR 19968): Mountain Pine Pressure Treating, Inc., Eastland Woolen Mill, North Belmont PCE, Emmell's Septic Landfill, Martin Aaron, Inc., Hudson Refinery, Vega Baja Solid Waste Disposal, Hart Creosoting Company, Kim-Stan Landfill, and Hanlin-Allied-Olin. The Alameda Naval Air Station site was proposed on May 10, 1999 (64 FR 24990).

For the Mountain Pine Pressure Treating, Inc., Hudson Refinery, Kim-Stan Landfill, and Hanlin-Allied-Olin sites, EPA received only comments in favor of placing the sites on the NPL. EPA received no comments on the actual scoring of these sites and the Agency has identified no other reason to change the original HRS scores for the sites. Therefore, EPA is placing these sites on the final NPL at this time.

No comments were received on several sites (Eastland Woolen Mill, North Belmont PCE, Emmell's Septic Landfill, Martin Aaron, Inc., Vega Baja Solid Waste Disposal, Hart Creosoting Company, Alameda Naval Air Station) and therefore, EPA is placing them on the final NPL at this time.

EPA responded to all relevant comments received on the other sites. EPA's responses to site-specific public comments are addressed in the ''Support Document for the Revised National Priorities List Final Rule, July 1999

IV. Executive Order 12866

A. What is Executive Order 12866?

Under Executive Order 12866, (58 FR 51735 (October 4, 1993)) the Agency must determine whether a regulatory action is ''significant'' and therefore subject to OMB review and the requirements of the Executive Order. The Order defines ''significant regulatory action'' as one that is likely to result in a rule that may: (1) have an annual effect on the economy of $100 million or more or adversely affect in a material way the economy, a sector of the economy, productivity, competition, jobs, the environment, public health or safety, or State, local, or tribal governments or communities; (2) create a serious inconsistency or otherwise interfere with an action taken or planned by another agency; (3) materially alter the budgetary impact of entitlements, grants, user fees, or loan programs or the rights and obligations of recipients thereof; or (4) raise novel legal or policy issues arising out of legal mandates, the President's priorities, or the principles set forth in the Executive Order.

B. Is This Final Rule Subject to Executive Order 12866 Review?

No, the Office of Management and Budget (OMB) has exempted this regulatory action from Executive Order 12866 review.

V. Unfunded Mandates

A. What is the Unfunded Mandates Reform Act (UMRA)?

Title II of the Unfunded Mandates Reform Act of 1995 (UMRA), Public Law 104–4, establishes requirements for Federal Agencies to assess the effects of their regulatory actions on State, local, and tribal governments and the private sector. Under section 202 of the UMRA, EPA generally must prepare a written statement, including a cost-benefit analysis, for proposed and final rules with ''Federal mandates'' that may result in expenditures by State, local, and tribal governments, in the aggregate, or by the private sector, of $100 million or more in any one year. Before EPA promulgates a rule for which a written statement is needed, section 205 of the UMRA generally requires EPA to identify and consider a reasonable number of regulatory alternatives and adopt the least costly, most cost-effective, or least burdensome alternative that achieves the objectives of the rule. The provisions of section 205 do not apply when they are inconsistent with applicable law. Moreover, section 205 allows EPA to adopt an alternative other than the least costly, most cost-effective, or least burdensome alternative if the Administrator publishes with the final rule an explanation why that alternative was not adopted. Before EPA establishes any regulatory requirements that may significantly or uniquely affect small governments, including tribal governments, it must have developed under section 203 of the UMRA a small government agency plan. The plan must provide for notifying potentially affected small governments, enabling officials of affected small governments to have meaningful and timely input in the development of EPA regulatory proposals with significant Federal intergovernmental mandates, and informing, educating, and advising small governments on compliance with the regulatory requirements.

B. Does UMRA Apply to This Final Rule?

No, EPA has determined that this rule does not contain a Federal mandate that may result in expenditures of $100 million or more for State, local, and tribal governments in the aggregate, or by the private sector in any one year. This rule will not impose any federal intergovernmental mandate because it imposes no enforceable duty upon State, tribal or local governments. Listing a site on the NPL does not itself impose any costs. Listing does not mean that EPA necessarily will undertake remedial action. Nor does listing require any action by a private party or determine liability for response costs. Costs that arise out of site responses result from site-specific decisions regarding what actions to take, not directly from the act of listing a site on the NPL.

For the same reasons, EPA also has determined that this rule contains no regulatory requirements that might significantly or uniquely affect small governments. In addition, as discussed above, the private sector is not expected to incur costs exceeding $100 million. EPA has fulfilled the requirement for analysis under the Unfunded Mandates Reform Act.

VI. Effect on Small Businesses

A. What is the Regulatory Flexibility Act?

Pursuant to the Regulatory Flexibility Act (5 U.S.C. 601 *et seq.*, as amended by the Small Business Regulatory Enforcement Fairness Act (SBREFA) of 1996) whenever an agency is required to publish a notice of rulemaking for any proposed or final rule, it must prepare and make available for public comment a regulatory flexibility analysis that describes the effect of the rule on small entities (i.e., small businesses, small organizations, and small governmental jurisdictions). However, no regulatory flexibility analysis is required if the head of an agency certifies the rule will not have a significant economic impact on a substantial number of small entities. SBREFA amended the Regulatory Flexibility Act to require Federal agencies to provide a statement of the factual basis for certifying that a rule will not have a significant economic impact on a substantial number of small entities.

B. Does the Regulatory Flexibility Act Apply to This Final Rule?

No. While this rule revises the NPL, an NPL revision is not a typical regulatory change since it does not automatically impose costs. As stated above, adding sites to the NPL does not in itself require any action by any party, nor does it determine the liability of any party for the cost of cleanup at the site. Further, no identifiable groups are affected as a whole. As a consequence, impacts on any group are hard to predict. A site's inclusion on the NPL could increase the likelihood of adverse impacts on responsible parties (in the form of cleanup costs), but at this time EPA cannot identify the potentially affected businesses or estimate the number of small businesses that might also be affected.

The Agency does expect that placing the sites in this rule on the NPL could significantly affect certain industries, or firms within industries, that have caused a proportionately high percentage of waste site problems. However, EPA does not expect the listing of these sites to have a significant economic impact on a substantial number of small businesses.

In any case, economic impacts would occur only through enforcement and cost-recovery actions, which EPA takes at its discretion on a site-by-site basis. EPA considers many factors when determining enforcement actions, including not only a firm's contribution to the problem, but also its ability to pay. The impacts (from cost recovery) on small governments and nonprofit organizations would be determined on a similar case-by-case basis.

For the foregoing reasons, I hereby certify that this rule, if promulgated, will not have a significant economic impact on a substantial number of small entities. Therefore, this regulation does not require a regulatory flexibility analysis.

VII. Possible Changes to the Effective Date of the Rule

A. Has This Rule Been Submitted to Congress and the General Accounting Office?

The Congressional Review Act, 5 U.S.C. section 801 *et seq.*, as added by the Small Business Regulatory Enforcement Fairness Act of 1996, generally provides that before a rule may take effect, the agency promulgating the rule must submit a rule report, which includes a copy of the rule, to each House of the Congress and to the Comptroller General of the United States. EPA has submitted a report containing this rule and other required information to the U.S. Senate, the U.S. House of Representatives, and the Comptroller General of the United States prior to publication of the rule in the **Federal Register**. A ''major rule'' cannot take effect until 60 days after it is published in the **Federal Register**. This rule is not a ''major rule'' as defined by 5 U.S.C. 804(2).

B. Could the Effective Date of This Final Rule Change?

Provisions of the Congressional Review Act (CRA) or section 305 of

CERCLA may alter the effective date of this regulation.

Under the CRA, 5 U.S.C. 801(a), before a rule can take effect the federal agency promulgating the rule must submit a report to each House of the Congress and to the Comptroller General. This report must contain a copy of the rule, a concise general statement relating to the rule (including whether it is a major rule), a copy of the cost-benefit analysis of the rule (if any), the agency's actions relevant to provisions of the Regulatory Flexibility Act (affecting small businesses) and the Unfunded Mandates Reform Act of 1995 (describing unfunded federal requirements imposed on state and local governments and the private sector), and any other relevant information or requirements and any relevant Executive Orders.

EPA has submitted a report under the CRA for this rule. The rule will take effect, as provided by law, within 30 days of publication of this document, since it is not a major rule. Section 804(2) defines a major rule as any rule that the Administrator of the Office of Information and Regulatory Affairs (OIRA) of the Office of Management and Budget (OMB) finds has resulted in or is likely to result in: an annual effect on the economy of $100,000,000 or more; a major increase in costs or prices for consumers, individual industries, Federal, State, or local government agencies, or geographic regions; or significant adverse effects on competition, employment, investment, productivity, innovation, or on the ability of United States-based enterprises to compete with foreign-based enterprises in domestic and export markets. NPL listing is not a major rule because, as explained above, the listing, itself, imposes no monetary costs on any person. It establishes no enforceable duties, does not establish that EPA necessarily will undertake remedial action, nor does it require any action by any party or determine its liability for site response costs. Costs that arise out of site responses result from site-by-site decisions about what actions to take, not directly from the act of listing itself. Section 801(a)(3) provides for a delay in the effective date of major rules after this report is submitted.

C. What Could Cause the Effective Date of This Rule to Change?

Under 5 U.S.C. 801(b)(1) a rule shall not take effect, or continue in effect, if Congress enacts (and the President signs) a joint resolution of disapproval, described under section 802.

Another statutory provision that may affect this rule is CERCLA section 305, which provides for a legislative veto of regulations promulgated under CERCLA. Although *INS* v. *Chadha*, 462 U.S. 919,103 S. Ct. 2764 (1983) and *Bd. of Regents of the University of Washington* v. *EPA*, 86 F.3d 1214,1222 (D.C. Cir. 1996) cast the validity of the legislative veto into question, EPA has transmitted a copy of this regulation to the Secretary of the Senate and the Clerk of the House of Representatives.

If action by Congress under either the CRA or CERCLA section 305 calls the effective date of this regulation into question, EPA will publish a document of clarification in the **Federal Register**.

VIII. National Technology Transfer and Advancement Act

A. What is the National Technology Transfer and Advancement Act?

Section 12(d) of the National Technology Transfer and Advancement Act of 1995 (NTTAA), Public Law 104–113, section 12(d) (15 U.S.C. 272 note), directs EPA to use voluntary consensus standards in its regulatory activities unless to do so would be inconsistent with applicable law or otherwise impractical. Voluntary consensus standards are technical standards (e.g., materials specifications, test methods, sampling procedures, and business practices) that are developed or adopted by voluntary consensus standards bodies. The NTTAA directs EPA to provide Congress, through OMB, explanations when the Agency decides not to use available and applicable voluntary consensus standards.

B. Does the National Technology Transfer and Advancement Act Apply to This Final Rule?

No. This rulemaking does not involve technical standards. Therefore, EPA did not consider the use of any voluntary consensus standards.

IX. Executive Order 12898

A. What Is Executive Order 12898?

Under Executive Order 12898, ''Federal Actions to Address Environmental Justice in Minority Populations and Low-Income Populations,'' as well as through EPA's April 1995, ''Environmental Justice Strategy, OSWER Environmental Justice Task Force Action Agenda Report,'' and National Environmental Justice Advisory Council, EPA has undertaken to incorporate environmental justice into its policies and programs. EPA is committed to addressing environmental justice concerns, and is assuming a leadership role in environmental justice initiatives to enhance environmental quality for all residents of the United States. The Agency's goals are to ensure that no segment of the population, regardless of race, color, national origin, or income, bears disproportionately high and adverse human health and environmental effects as a result of EPA's policies, programs, and activities, and all people live in clean and sustainable communities.

B. Does Executive Order 12898 Apply to This Final Rule?

No. While this rule revises the NPL, no action will result from this rule that will have disproportionately high and adverse human health and environmental effects on any segment of the population.

X. Executive Order 13045

A. What is Executive Order 13045?

Executive Order 13045: ''Protection of Children from Environmental Health Risks and Safety Risks'' (62 FR 19885, April 23, 1997) applies to any rule that: (1) is determined to be ''economically significant'' as defined under E.O. 12866, and (2) concerns an environmental health or safety risk that EPA has reason to believe may have a disproportionate effect on children. If the regulatory action meets both criteria, the Agency must evaluate the environmental health or safety effects of the planned rule on children, and explain why the planned regulation is preferable to other potentially effective and reasonably feasible alternatives considered by the Agency.

B. Does Executive Order 13045 Apply to This Final Rule?

This rule is not subject to E.O. 13045 because it is not an economically significant rule as defined by E.O. 12866, and because the Agency does not have reason to believe the environmental health or safety risks addressed by this section present a disproportionate risk to children.

XI. Paperwork Reduction Act

A. What is the Paperwork Reduction Act?

According to the Paperwork Reduction Act (PRA), 44 U.S.C. 3501 *et seq.*, an agency may not conduct or sponsor, and a person is not required to respond to a collection of information that requires OMB approval under the PRA, unless it has been approved by OMB and displays a currently valid OMB control number. The OMB control numbers for EPA's regulations, after initial display in the preamble of the final rules, are listed in 40 CFR part 9.

The information collection requirements related to this action have already been approved by OMB pursuant to the PRA under OMB control number 2070–0012 (EPA ICR No. 574).

B. Does the Paperwork Reduction Act Apply to This Final Rule?

No. EPA has determined that the PRA does not apply because this rule does not contain any information collection requirements that require approval of the OMB.

XII. Executive Order 12875

What is Executive Order 12875 and is it Applicable to This Final Rule?

Under Executive Order 12875, EPA may not issue a regulation that is not required by statute and that creates a mandate upon a State, local or tribal government, unless the Federal government provides the funds necessary to pay the direct compliance costs incurred by those governments, or EPA consults with those governments. If EPA complies by consulting, Executive Order 12875 requires EPA to provide to the Office of Management and Budget a description of the extent of EPA's prior consultation with representatives of affected State, local and tribal governments, the nature of their concerns, any written communications from the governments, and a statement supporting the need to issue the regulation. In addition, Executive Order 12875 requires EPA to develop an effective process permitting elected officials and other representatives of State, local and tribal governments ''to provide meaningful and timely input in the development of regulatory proposals containing significant unfunded mandates.''

This rule does not create a mandate on State, local or tribal governments. The rule does not impose any enforceable duties on these entities. Accordingly, the requirements of section 1(a) of Executive Order 12875 do not apply to this rule.

XIII. Executive Order 13084

What is Executive Order 13084 and is it Applicable to This Final Rule?

Under Executive Order 13084, EPA may not issue a regulation that is not required by statute, that significantly or uniquely affects the communities of Indian tribal governments, and that imposes substantial direct compliance costs on those communities, unless the Federal government provides the funds necessary to pay the direct compliance costs incurred by the tribal governments, or EPA consults with those governments. If EPA complies by consulting, Executive Order 13084 requires EPA to provide to the Office of Management and Budget, in a separately identified section of the preamble to the rule, a description of the extent of EPA's prior consultation with representatives of affected tribal governments, a summary of the nature of their concerns, and a statement supporting the need to issue the regulation. In addition, Executive Order 13084 requires EPA to develop an effective process permitting elected officials and other representatives of Indian tribal governments ''to provide meaningful and timely input in the development of regulatory policies on matters that significantly or uniquely affect their communities.''

This rule does not significantly or uniquely affect the communities of Indian tribal governments because it does not significantly or uniquely affect their communities. Accordingly, the requirements of section 3(b) of Executive Order 13084 do not apply to this rule.

List of Subjects in 40 CFR Part 300

Environmental protection, Air pollution control, Chemicals, Hazardous substances, Hazardous waste, Intergovernmental relations, Natural resources, Oil pollution, Penalties, Reporting and recordkeeping requirements, Superfund, Water pollution control, Water supply.

Dated: July 16, 1999.

Timothy Fields, Jr.,

Assistant Administrator, Office of Solid Waste and Emergency Response.

40 CFR part 300 is amended as follows:

PART 300—[AMENDED]

1. The authority citation for part 300 continues to read as follows:

Authority: 33 U.S.C. 1321(c)(2); 42 U.S.C. 9601–9657; E.O. 12777, 56 FR 54757, 3 CFR, 1991 Comp., p. 351; E.O. 12580, 52 FR 2923, 3 CFR, 1987 Comp., p. 193.

2. Table 1 and Table 2 of Appendix B to Part 300 are amended by adding the following sites in alphabetical order to read as follows:

Appendix B to Part 300—National Priorities List

TABLE 1.—GENERAL SUPERFUND SECTION

State	Site name	City/county	Notes (a)
*	*	*	*
AR	Mountain Pine Pressure Treating, Inc	Plainview.	
*	*	*	*
CO	Vasquez Boulevard and I–70	Denver.	
*	*	*	*
ME	Eastland Woolen Mill	Corinna.	
*	*	*	*
NC	North Belmont PCE	North Belmont.	
*	*	*	*
NJ	Emmell's Septic Landfill	Galloway Township.	
*	*	*	*
NJ	Martin Aaron, Inc	Camden.	
*	*	*	*
NJ	United States Avenue Burn	Gibbsboro.	

TABLE 1.—GENERAL SUPERFUND SECTION—Continued

State	Site name	City/county	Notes (a)
*	* * *	* * *	* *
OK	Hudson Refinery	Cushing.	
*	* * *	* * *	* *
PR	Vega Baja Solid Waste Disposal	Vega Baja.	
*	* * *	* * *	* *
TX	Hart Creosoting Company	Jasper.	
*	* * *	* * *	* *
VA	Former Nansemond Ordnance Depot	Suffolk.	
*	* * *	* * *	* *
VA	Kim-Stan Landfill	Selma.	
*	* * *	* * *	* *
WV	Hanlin-Allied-Olin	Moundsville.	
*	* * *	* * *	* *

(a) A=Based on issuance of health advisory by Agency for Toxic Substance and Disease Registry (if scored, HRS score need not be ≤ 28.50).
C=Sites on construction completion list.
S=State top priority (included among the 100 top priority sites regardless of score).
P=Sites with partial deletion(s).

TABLE 2.—FEDERAL FACILITIES SECTION

State	Site name	City/county	Notes (a)
*	* * *	* * *	* *
CA	Alameda Naval Air Station	Alameda.	
*	* * *	* * *	* *
VA	Norfolk Naval Shipyard	Portsmouth.	
*	* * *	* * *	* *

(a) A=Based on issuance of health advisory by Agency for Toxic Substance and Disease Registry (if scored, HRS score need not be ≤ 28.50).
C=Sites on construction completion list.
S=State top priority (included among the 100 top priority sites regardless of score).
P=Sites with partial deletion(s).

[FR Doc. 99–18602 Filed 7–21–99; 8:45 am]
BILLING CODE 6560–50–U

ENVIRONMENTAL PROTECTION AGENCY

40 CFR Part 300

[FRL–6401–4]

National Priorities List for Uncontrolled Hazardous Waste Sites, Proposed Rule No. 29

AGENCY: Environmental Protection Agency.

ACTION: Proposed rule.

SUMMARY: The Comprehensive Environmental Response, Compensation, and Liability Act (''CERCLA'' or ''the Act''), requires that the National Oil and Hazardous Substances Pollution Contingency Plan (''NCP'') include a list of national priorities among the known releases or threatened releases of hazardous substances, pollutants, or contaminants throughout the United States. The National Priorities List (''NPL'') constitutes this list. The NPL is intended primarily to guide the Environmental Protection Agency (''EPA'' or ''the Agency'') in determining which sites warrant further investigation to assess the nature and extent of public health and environmental risks associated with the site and to determine what CERCLA-financed remedial action(s), if any, may be appropriate. This rule proposes to add 11 new sites to the NPL. Ten of the sites are being proposed to the General Superfund Section of the NPL and one site is being proposed to the Federal Facilities Section.

DATES: Comments regarding any of these proposed listings must be submitted (postmarked) on or before September 20, 1999.

ADDRESSES: By Postal Mail: Mail original and three copies of comments (no facsimiles or tapes) to Docket Coordinator, Headquarters; U.S. EPA; CERCLA Docket Office; (Mail Code 5201G); 401 M Street, SW; Washington, DC 20460; 703/603–9232.

By Express Mail: Send original and three copies of comments (no facsimiles or tapes) to Docket Coordinator, Headquarters; U.S. EPA; CERCLA Docket Office; 1235 Jefferson Davis Highway; Crystal Gateway #1, First Floor; Arlington, VA 22202.

By E-Mail: Comments in ASCII format only may be mailed directly to superfund.docket@epa.gov. E-mailed comments must be followed up by an original and three copies sent by mail or express mail.

For additional Docket addresses and further details on their contents, see section II, ''Public Review/Public Comment,'' of the Supplementary Information portion of this preamble.

FOR FURTHER INFORMATION CONTACT: Yolanda Singer, phone (703) 603–8835, State, Tribal and Site Identification Center, Office of Emergency and Remedial Response (Mail Code 5204G), U.S. Environmental Protection Agency, 401 M Street, SW, Washington, DC, 20460, or the Superfund Hotline, Phone (800) 424–9346 or (703) 412–9810 in the Washington, DC, metropolitan area.

SUPPLEMENTARY INFORMATION:

Table of Contents

I. Background

A. What Are CERCLA and SARA?

In 1980, Congress enacted the Comprehensive Environmental Response, Compensation, and Liability Act, 42 U.S.C. 9601–9675 (''CERCLA'' or ''the Act''), in response to the dangers of uncontrolled releases of hazardous substances. CERCLA was amended on October 17, 1986, by the Superfund Amendments and Reauthorization Act (''SARA''), Public Law 99–499, 100 Stat. 1613 *et seq.*

B. What Is the NCP?

To implement CERCLA, EPA promulgated the revised National Oil and Hazardous Substances Pollution Contingency Plan (''NCP''), 40 CFR part 300, on July 16, 1982 (47 FR 31180), pursuant to CERCLA section 105 and Executive Order 12316 (46 FR 42237, August 20, 1981). The NCP sets guidelines and procedures for responding to releases and threatened releases of hazardous substances, pollutants, or contaminants under CERCLA. EPA has revised the NCP on several occasions. The most recent comprehensive revision was on March 8, 1990 (55 FR 8666).

As required under section 105(a)(8)(A) of CERCLA, the NCP also includes ''criteria for determining priorities among releases or threatened releases throughout the United States for the purpose of taking remedial action and, to the extent practicable, taking into account the potential urgency of such action for the purpose of taking removal action.'' ''Removal'' actions are defined broadly and include a wide range of actions taken to study, clean up, prevent or otherwise address releases and threatened releases (42 U.S.C. 9601(23)).

C. What Is the National Priorities List (NPL)?

The NPL is a list of national priorities among the known or threatened releases of hazardous substances, pollutants, or contaminants throughout the United

States. The list, which is appendix B of the NCP (40 CFR part 300), was required under section 105(a)(8)(B) of CERCLA, as amended by SARA. Section 105(a)(8)(B) defines the NPL as a list of ''releases'' and the highest priority ''facilities'' and requires that the NPL be revised at least annually. The NPL is intended primarily to guide EPA in determining which sites warrant further investigation to assess the nature and extent of public health and environmental risks associated with a release of hazardous substances. The NPL is only of limited significance, however, as it does not assign liability to any party or to the owner of any specific property. Neither does placing a site on the NPL mean that any remedial or removal action necessarily need be taken. See Report of the Senate Committee on Environment and Public Works, Senate Rep. No. 96–848, 96th Cong., 2d Sess. 60 (1980), 48 FR 40659 (September 8, 1983).

For purposes of listing, the NPL includes two sections, one of sites that are generally evaluated and cleaned up by EPA (the ''General Superfund Section''), and one of sites that are owned or operated by other Federal agencies (the ''Federal Facilities Section''). With respect to sites in the Federal Facilities section, these sites are generally being addressed by other Federal agencies. Under Executive Order 12580 (52 FR 2923, January 29, 1987) and CERCLA section 120, each Federal agency is responsible for carrying out most response actions at facilities under its own jurisdiction, custody, or control, although EPA is responsible for preparing an HRS score and determining whether the facility is placed on the NPL. EPA generally is not the lead agency at Federal Facilities Section sites, and its role at such sites is accordingly less extensive than at other sites.

D. How Are Sites Listed on the NPL?

There are three mechanisms for placing sites on the NPL for possible remedial action (see 40 CFR 300.425(c) of the NCP): (1) A site may be included on the NPL if it scores sufficiently high on the Hazard Ranking System (''HRS''), which EPA promulgated as a appendix A of the NCP (40 CFR part 300). The HRS serves as a screening device to evaluate the relative potential of uncontrolled hazardous substances to pose a threat to human health or the environment. On December 14, 1990 (55 FR 51532), EPA promulgated revisions to the HRS partly in response to CERCLA section 105(c), added by SARA. The revised HRS evaluates four pathways: Ground water, surface water, soil exposure, and air. As a matter of Agency policy, those sites that score 28.50 or greater on the HRS are eligible for the NPL; (2) Each State may designate a single site as its top priority to be listed on the NPL, regardless of the HRS score. This mechanism, provided by the NCP at 40 CFR 300.425(c)(2) requires that, to the extent practicable, the NPL include within the 100 highest priorities, one facility designated by each State representing the greatest danger to public health, welfare, or the environment among known facilities in the State (see 42 U.S.C. 9605(a)(8)(B)); (3) The third mechanism for listing, included in the NCP at 40 CFR 300.425(c)(3), allows certain sites to be listed regardless of their HRS score, if all of the following conditions are met:

- The Agency for Toxic Substances and Disease Registry (ATSDR) of the U.S. Public Health Service has issued a health advisory that recommends dissociation of individuals from the release.
- EPA determines that the release poses a significant threat to public health.
- EPA anticipates that it will be more cost-effective to use its remedial authority than to use its removal authority to respond to the release.

EPA promulgated an original NPL of 406 sites on September 8, 1983 (48 FR 40658). The NPL has been expanded since then, most recently on May 10, 1999 (64 FR 24949).

E. What Happens to Sites on the NPL?

A site may undergo remedial action financed by the Trust Fund established under CERCLA (commonly referred to as the ''Superfund'') only after it is placed on the NPL, as provided in the NCP at 40 CFR 300.425(b)(1). (''Remedial actions'' are those ''consistent with permanent remedy, taken instead of or in addition to removal actions. * * *'' 42 U.S.C. 9601(24).) However, under 40 CFR 300.425(b)(2) placing a site on the NPL ''does not imply that monies will be expended.'' EPA may pursue other appropriate authorities to remedy the releases, including enforcement action under CERCLA and other laws.

F. How Are Site Boundaries Defined?

The NPL does not describe releases in precise geographical terms; it would be neither feasible nor consistent with the limited purpose of the NPL (to identify releases that are priorities for further evaluation), for it to do so.

Although a CERCLA ''facility'' is broadly defined to include any area where a hazardous substance release has ''come to be located'' (CERCLA section 101(9)), the listing process itself is not intended to define or reflect the boundaries of such facilities or releases. Of course, HRS data (if the HRS is used to list a site) upon which the NPL placement was based will, to some extent, describe the release(s) at issue. That is, the NPL site would include all releases evaluated as part of that HRS analysis.

When a site is listed, the approach generally used to describe the relevant release(s) is to delineate a geographical area (usually the area within an installation or plant boundaries) and identify the site by reference to that area. As a legal matter, the site is not coextensive with that area, and the boundaries of the installation or plant are not the ''boundaries'' of the site. Rather, the site consists of all contaminated areas within the area used to identify the site, as well as any other location to which contamination from that area has come to be located, or from which that contamination came.

In other words, while geographic terms are often used to designate the site (e.g., the ''Jones Co. plant site'') in terms of the property owned by a particular party, the site properly understood is not limited to that property (e.g., it may extend beyond the property due to contaminant migration), and conversely may not occupy the full extent of the property (e.g., where there are uncontaminated parts of the identified property, they may not be, strictly speaking, part of the ''site''). The ''site'' is thus neither equal to nor confined by the boundaries of any specific property that may give the site its name, and the name itself should not be read to imply that this site is coextensive with the entire area within the property boundary of the installation or plant. The precise nature and extent of the site are typically not known at the time of listing. Also, the site name is merely used to help identify the geographic location of the contamination. For example, the ''Jones Co. plant site,'' does not imply that the Jones company is responsible for the contamination located on the plant site.

EPA regulations provide that the ''nature and extent of the threat presented by a release'' will be determined by a Remedial Investigation/Feasibility Study (''RI/FS'') as more information is developed on site contamination (40 CFR 300.5). During the RI/FS process, the release may be found to be larger or smaller than was originally thought, as more is learned about the source(s) and the migration of the contamination. However, this inquiry focuses on an evaluation of the threat posed; the boundaries of the

release need not be exactly defined. Moreover, it generally is impossible to discover the full extent of where the contamination ''has come to be located'' before all necessary studies and remedial work are completed at a site. Indeed, the boundaries of the contamination can be expected to change over time. Thus, in most cases, it may be impossible to describe the boundaries of a release with absolute certainty.

Further, as noted above, NPL listing does not assign liability to any party or to the owner of any specific property. Thus, if a party does not believe it is liable for releases on discrete parcels of property, supporting information can be submitted to the Agency at any time after a party receives notice it is a potentially responsible party.

For these reasons, the NPL need not be amended as further research reveals more information about the location of the contamination or release.

G. How Are Sites Removed From the NPL?

EPA may delete sites from the NPL where no further response is appropriate under Superfund, as explained in the NCP at 40 CFR 300.425(e). This section also provides that EPA shall consult with states on proposed deletions and shall consider whether any of the following criteria have been met: (i) Responsible parties or other persons have implemented all appropriate response actions required; (ii) All appropriate Superfund-financed response has been implemented and no further response action is required; or (iii) The remedial investigation has shown the release poses no significant threat to public health or the environment, and taking of remedial measures is not appropriate. As of July 13, 1999, the Agency has deleted 185 sites from the NPL.

H. Can Portions of Sites Be Deleted From the NPL as They Are Cleaned Up?

In November 1995, EPA initiated a new policy to delete portions of NPL sites where cleanup is complete (60 FR 55465, November 1, 1995). Total site cleanup may take many years, while portions of the site may have been cleaned up and available for productive use. As of July 13, 1999, EPA has deleted portions of 16 sites.

I. What Is the Construction Completion List (CCL)?

EPA also has developed an NPL construction completion list (''CCL'') to simplify its system of categorizing sites and to better communicate the successful completion of cleanup activities (58 FR 12142, March 2, 1993). Inclusion of a site on the CCL has no legal significance.

Sites qualify for the CCL when: (1) Any necessary physical construction is complete, whether or not final cleanup levels or other requirements have been achieved; (2) EPA has determined that the response action should be limited to measures that do not involve construction (e.g., institutional controls); or (3) The site qualifies for deletion from the NPL.

Of the 185 sites that have been deleted from the NPL, 176 sites were deleted because they have been cleaned up (the other 9 sites were deleted based on deferral to other authorities and are not considered cleaned up). In addition, there are 432 sites also on the NPL CCL. Thus, as of July 13, 1999, the CCL consists of 608 sites. For the most up-to-date information on the CCL, see EPA's Internet site at http://www.epa.gov/superfund.

II. Public Review/Public Comment

A. Can I Review the Documents Relevant to This Proposed Rule?

Yes, documents that form the basis for EPA's evaluation and scoring of the sites in this rule are contained in dockets located both at EPA Headquarters in Washington, DC and in the Regional offices.

B. How Do I Access the Documents?

You may view the documents, by appointment only, in the Headquarters or the Regional dockets after the appearance of this proposed rule. The hours of operation for the Headquarters docket are from 9 a.m. to 4 p.m., Monday through Friday excluding Federal holidays. Please contact the Regional dockets for hours.

Following is the contact information for the EPA Headquarters docket: Docket Coordinator, Headquarters, U.S. EPA CERCLA Docket Office, Crystal Gateway ι1, 1st Floor, 1235 Jefferson Davis Highway, Arlington, VA 22202, 703/603–9232. (Please note this is a visiting address only. Mail comments to EPA Headquarters as detailed at the beginning of this preamble.)

The contact information for the Regional dockets is as follows:

Barbara Callahan, Region 1 (CT, ME, MA, NH, RI, VT), U.S. EPA, Records Center, Mailcode HBS, One Congress Street, Suite 1100, Boston, MA 02114–2023; 617/918–1356

Ben Conetta, Region 2 (NJ, NY, PR, VI), U.S. EPA, 290 Broadway, New York, NY 10007–1866; 212/637–4435

Dawn Shellenberger (GCI), Region 3 (DE, DC, MD, PA, VA, WV), U.S. EPA, Library, 1650 Arch Street, Mailcode 3PMH52, Philadelphia, PA 19103; 215/814–5364.

Sherryl Decker, Region 4 (AL, FL, GA, KY, MS, NC, SC, TN), U.S. EPA, 61 Forsyth Street, SW, 9th floor, Atlanta, GA 30303; 404/562–8127.

Region 5 (IL, IN, MI, MN, OH, WI), U.S. EPA, Records Center, Waste Management Division 7–J, Metcalfe Federal Building, 77 West Jackson Boulevard, Chicago, IL 60604; 312/886–7570.

Brenda Cook, Region 6 (AR, LA, NM, OK, TX), U.S. EPA, 1445 Ross Avenue, Mailcode 6SF–RA, Dallas, TX 75202–2733; 214/665–7436.

Carole Long, Region 7 (IA, KS, MO, NE), U.S. EPA, 901 North 5th Street, Kansas City, KS 66101; 913/551–7224.

David Williams, Region 8 (CO, MT, ND, SD, UT, WY), U.S. EPA, 999 18th Street, Suite 500, Mailcode 8EPR–SA, Denver, CO 80202–2466; 303/312–6757.

Carolyn Douglas, Region 9 (AZ, CA, HI, NV, AS, GU), U.S. EPA, 75 Hawthorne Street, San Francisco, CA 94105; 415/744–2343.

David Bennett, Region 10 (AK, ID, OR, WA), U.S. EPA, 11th Floor, 1200 6th Avenue, Mail Stop ECL–115, Seattle, WA 98101; 206/553–2103.

You may also request copies from EPA Headquarters or the Regional dockets. An informal request, rather than a formal written request under the Freedom of Information Act, should be the ordinary procedure for obtaining copies of any of these documents.

C. What Documents Are Available for Public Review at the Headquarters Docket?

The Headquarters docket for this rule contains: HRS score sheets for the proposed site; a Documentation Record for the site describing the information used to compute the score; information for any site affected by particular statutory requirements or EPA listing policies; and a list of documents referenced in the Documentation Record.

D. What Documents Are Available for Public Review at the Regional Dockets?

The Regional dockets for this rule contain all of the information in the Headquarters docket, plus, the actual reference documents containing the data principally relied upon and cited by EPA in calculating or evaluating the HRS score for the sites. These reference documents are available only in the Regional dockets.

E. How Do I Submit My Comments?

Comments must be submitted to EPA Headquarters as detailed at the beginning of this preamble in the **ADDRESSES** section.

F. What Happens to My Comments?

EPA considers all comments received during the comment period. Significant comments will be addressed in a support document that EPA will publish concurrently with the **Federal Register** document if, and when, the site is listed on the NPL.

G. What Should I Consider When Preparing My Comments?

Comments that include complex or voluminous reports, or materials prepared for purposes other than HRS scoring, should point out the specific information that EPA should consider and how it affects individual HRS factor values or other listing criteria (*Northside Sanitary Landfill* v. *Thomas*, 849 F.2d 1516 (D.C. Cir. 1988)). EPA will not address voluminous comments that are not specifically cited by page number and referenced to the HRS or other listing criteria. EPA will not address comments unless they indicate which component of the HRS documentation record or what particular point in EPA's stated eligibility criteria is at issue.

H. Can I Submit Comments After the Public Comment Period Is Over?

Generally, EPA will not respond to late comments. EPA can only guarantee that it will consider those comments postmarked by the close of the formal comment period. EPA has a policy of not delaying a final listing decision solely to accommodate consideration of late comments.

I. Can I View Public Comments Submitted by Others?

During the comment period, comments are placed in the Headquarters docket and are available to the public on an ''as received'' basis. A complete set of comments will be available for viewing in the Regional docket approximately one week after the formal comment period closes.

J. Can I Submit Comments Regarding Sites Not Currently Proposed to the NPL?

In certain instances, interested parties have written to EPA concerning sites which were not at that time proposed to the NPL. If those sites are later proposed to the NPL, parties should review their earlier concerns and, if still appropriate, resubmit those concerns for consideration during the formal comment period. Site-specific correspondence received prior to the period of formal proposal and comment will not generally be included in the docket.

III. Contents of This Proposed Rule

A. Proposed Additions to the NPL

With today's proposed rule, EPA is proposing to add 11 new sites to the NPL; 10 sites to the General Superfund Section of the NPL and one site to the Federal Facilities Section. The sites are being proposed based on HRS scores of 28.50 or above. The sites being proposed to the General Superfund Section in this rule are presented in Table 1 while the site being proposed to the Federal Facilities Section is presented in Table 2. These tables follow this preamble.

B. Status of NPL

A final rule published elsewhere in today's **Federal Register** finalizes 15 sites to the NPL; resulting in an NPL of 1,226 final sites; 1,068 in the General Superfund Section and 158 in the Federal Facilities Section. With this proposal of 11 new sites, there are now 59 sites proposed and awaiting final agency action, 53 in the General Superfund Section and 6 in the Federal Facilities Section. Final and proposed sites now total 1,285.

IV. Executive Order 12866

A. What Is Executive Order 12866?

Under Executive Order 12866, (58 FR 51735 (October 4, 1993)) the Agency must determine whether a regulatory action is ''significant'' and therefore subject to OMB review and the requirements of the Executive Order. The Order defines ''significant regulatory action'' as one that is likely to result in a rule that may: (1) have an annual effect on the economy of $100 million or more or adversely affect in a material way the economy, a sector of the economy, productivity, competition, jobs, the environment, public health or safety, or State, local, or tribal governments or communities; (2) create a serious inconsistency or otherwise interfere with an action taken or planned by another agency; (3) materially alter the budgetary impact of entitlements, grants, user fees, or loan programs or the rights and obligations of recipients thereof; or (4) raise novel legal or policy issues arising out of legal mandates, the President's priorities, or the principles set forth in the Executive Order.

B. Is This Proposed Rule Subject to Executive Order 12866 Review?

No, the Office of Management and Budget (OMB) has exempted this regulatory action from Executive Order 12866 review.

V. Unfunded Mandates

A. What Is the Unfunded Mandates Reform Act (UMRA)?

Title II of the Unfunded Mandates Reform Act of 1995 (UMRA), Public Law 104–4, establishes requirements for Federal Agencies to assess the effects of their regulatory actions on State, local, and tribal governments and the private sector. Under section 202 of the UMRA, EPA generally must prepare a written statement, including a cost-benefit analysis, for proposed and final rules with ''Federal mandates'' that may result in expenditures by State, local, and tribal governments, in the aggregate, or by the private sector, of $100 million or more in any one year. Before EPA promulgates a rule for which a written statement is needed, section 205 of the UMRA generally requires EPA to identify and consider a reasonable number of regulatory alternatives and adopt the least costly, most cost-effective, or least burdensome alternative that achieves the objectives of the rule. The provisions of section 205 do not apply when they are inconsistent with applicable law. Moreover, section 205 allows EPA to adopt an alternative other than the least costly, most cost-effective, or least burdensome alternative if the Administrator publishes with the final rule an explanation why that alternative was not adopted. Before EPA establishes any regulatory requirements that may significantly or uniquely affect small governments, including tribal governments, it must have developed under section 203 of the UMRA a small government agency plan. The plan must provide for notifying potentially affected small governments, enabling officials of affected small governments to have meaningful and timely input in the development of EPA regulatory proposals with significant Federal intergovernmental mandates, and informing, educating, and advising small governments on compliance with the regulatory requirements.

B. Does UMRA Apply to This Proposed Rule?

No, EPA has determined that this rule does not contain a Federal mandate that may result in expenditures of $100 million or more for State, local, and tribal governments in the aggregate, or by the private sector in any one year.

This rule will not impose any federal intergovernmental mandate because it imposes no enforceable duty upon State, tribal or local governments. Listing a site on the NPL does not itself impose any costs. Listing does not mean that EPA necessarily will undertake remedial action. Nor does listing require any action by a private party or determine liability for response costs. Costs that arise out of site responses result from site-specific decisions regarding what actions to take, not directly from the act of listing a site on the NPL.

For the same reasons, EPA also has determined that this rule contains no regulatory requirements that might significantly or uniquely affect small governments. In addition, as discussed above, the private sector is not expected to incur costs exceeding $100 million. EPA has fulfilled the requirement for analysis under the Unfunded Mandates Reform Act.

VI. Effect on Small Businesses

A. What Is the Regulatory Flexibility Act?

Pursuant to the Regulatory Flexibility Act (5 U.S.C. 601 *et seq.*, as amended by the Small Business Regulatory Enforcement Fairness Act (SBREFA) of 1996) whenever an agency is required to publish a notice of rulemaking for any proposed or final rule, it must prepare and make available for public comment a regulatory flexibility analysis that describes the effect of the rule on small entities (i.e., small businesses, small organizations, and small governmental jurisdictions). However, no regulatory flexibility analysis is required if the head of an agency certifies the rule will not have a significant economic impact on a substantial number of small entities. SBREFA amended the Regulatory Flexibility Act to require Federal agencies to provide a statement of the factual basis for certifying that a rule will not have a significant economic impact on a substantial number of small entities.

B. Has EPA Conducted a Regulatory Flexibility Analysis for This Rule?

No. While this rule proposes to revise the NPL, an NPL revision is not a typical regulatory change since it does not automatically impose costs. As stated above, adding sites to the NPL does not in itself require any action by any party, nor does it determine the liability of any party for the cost of cleanup at the site. Further, no identifiable groups are affected as a whole. As a consequence, impacts on any group are hard to predict. A site's inclusion on the NPL could increase the likelihood of adverse impacts on responsible parties (in the form of cleanup costs), but at this time EPA cannot identify the potentially affected businesses or estimate the number of small businesses that might also be affected.

The Agency does expect that placing the sites in this proposed rule on the NPL could significantly affect certain industries, or firms within industries, that have caused a proportionately high percentage of waste site problems. However, EPA does not expect the listing of these sites to have a significant economic impact on a substantial number of small businesses.

In any case, economic impacts would occur only through enforcement and cost-recovery actions, which EPA takes at its discretion on a site-by-site basis. EPA considers many factors when determining enforcement actions, including not only a firm's contribution to the problem, but also its ability to pay. The impacts (from cost recovery) on small governments and nonprofit organizations would be determined on a similar case-by-case basis.

For the foregoing reasons, I hereby certify that this proposed rule, if promulgated, will not have a significant economic impact on a substantial number of small entities. Therefore, this proposed regulation does not require a regulatory flexibility analysis.

VII. National Technology Transfer and Advancement Act

A. What Is the National Technology Transfer and Advancement Act?

Section 12(d) of the National Technology Transfer and Advancement Act of 1995 (NTTAA), Public Law 104–113, section 12(d) (15 U.S.C. 272 note), directs EPA to use voluntary consensus standards in its regulatory activities unless to do so would be inconsistent with applicable law or otherwise impractical. Voluntary consensus standards are technical standards (e.g., materials specifications, test methods, sampling procedures, and business practices) that are developed or adopted by voluntary consensus standards bodies. The NTTAA directs EPA to provide Congress, through OMB, explanations when the Agency decides not to use available and applicable voluntary consensus standards.

B. Does the National Technology Transfer and Advancement Act Apply to This Proposed Rule?

No. This proposed rulemaking does not involve technical standards. Therefore, EPA did not consider the use of any voluntary consensus standards.

VIII. Executive Order 12898

A. What Is Executive Order 12898?

Under Executive Order 12898, ''Federal Actions to Address Environmental Justice in Minority Populations and Low-Income Populations,'' as well as through EPA's April 1995, ''Environmental Justice Strategy, OSWER Environmental Justice Task Force Action Agenda Report,'' and National Environmental Justice Advisory Council, EPA has undertaken to incorporate environmental justice into its policies and programs. EPA is committed to addressing environmental justice concerns, and is assuming a leadership role in environmental justice initiatives to enhance environmental quality for all residents of the United States. The Agency's goals are to ensure that no segment of the population, regardless of race, color, national origin, or income, bears disproportionately high and adverse human health and environmental effects as a result of EPA's policies, programs, and activities, and all people live in clean and sustainable communities.

B. Does Executive Order 12898 Apply to This Proposed Rule?

No. While this rule proposes to revise the NPL, no action will result from this proposal that will have disproportionately high and adverse human health and environmental effects on any segment of the population.

IX. Executive Order 13045

A. What Is Executive Order 13045?

Executive Order 13045: ''Protection of Children from Environmental Health Risks and Safety Risks'' (62 FR 19885, April 23, 1997) applies to any rule that: (1) is determined to be ''economically significant'' as defined under E.O. 12866, and (2) concerns an environmental health or safety risk that EPA has reason to believe may have a disproportionate effect on children. If the regulatory action meets both criteria, the Agency must evaluate the environmental health or safety effects of the planned rule on children, and explain why the planned regulation is preferable to other potentially effective and reasonably feasible alternatives considered by the Agency.

B. Does Executive Order 13045 Apply to This Proposed Rule?

This proposed rule is not subject to E.O. 13045 because it is not an economically significant rule as defined by E.O. 12866, and because the Agency

does not have reason to believe the environmental health or safety risks addressed by this proposed rule present a disproportionate risk to children.

X. Paperwork Reduction Act

A. What Is the Paperwork Reduction Act?

According to the Paperwork Reduction Act (PRA), 44 U.S.C. 3501 *et seq.*, an agency may not conduct or sponsor, and a person is not required to respond to a collection of information that requires OMB approval under the PRA, unless it has been approved by OMB and displays a currently valid OMB control number. The OMB control numbers for EPA's regulations, after initial display in the preamble of the final rules, are listed in 40 CFR part 9. The information collection requirements related to this action have already been approved by OMB pursuant to the PRA under OMB control number 2070–0012 (EPA ICR No. 574).

B. Does the Paperwork Reduction Act Apply to This Proposed Rule?

No. EPA has determined that the PRA does not apply because this rule does not contain any information collection requirements that require approval of the OMB.

XI. Executive Order 12875

What Is Executive Order 12875 and Is It Applicable to This Proposed Rule?

Under Executive Order 12875, EPA may not issue a regulation that is not required by statute and that creates a mandate upon a State, local or tribal government, unless the Federal government provides the funds necessary to pay the direct compliance costs incurred by those governments, or EPA consults with those governments. If EPA complies by consulting, Executive Order 12875 requires EPA to provide to the Office of Management and Budget a description of the extent of EPA's prior consultation with representatives of affected State, local and tribal governments, the nature of their concerns, any written communications from the governments, and a statement supporting the need to issue the regulation. In addition, Executive Order 12875 requires EPA to develop an effective process permitting elected officials and other representatives of State, local and tribal governments ''to provide meaningful and timely input in the development of regulatory proposals containing significant unfunded mandates.''

This proposed rule does not create a mandate on State, local or tribal governments. The rule does not impose any enforceable duties on these entities. Accordingly, the requirements of section 1(a) of Executive Order 12875 do not apply to this rule.

XII. Executive Order 13084

What Is Executive Order 13084 and Is It Applicable to This Proposed Rule?

Under Executive Order 13084, EPA may not issue a regulation that is not required by statute, that significantly or uniquely affects the communities of Indian tribal governments, and that imposes substantial direct compliance costs on those communities, unless the Federal government provides the funds necessary to pay the direct compliance costs incurred by the tribal governments, or EPA consults with those governments. If EPA complies by consulting, Executive Order 13084 requires EPA to provide to the Office of Management and Budget, in a separately identified section of the preamble to the rule, a description of the extent of EPA's prior consultation with representatives of affected tribal governments, a summary of the nature of their concerns, and a statement supporting the need to issue the regulation. In addition, Executive Order 13084 requires EPA to develop an effective process permitting elected officials and other representatives of Indian tribal governments ''to provide meaningful and timely input in the development of regulatory policies on matters that significantly or uniquely affect their communities.''

This proposed rule does not significantly or uniquely affect the communities of Indian tribal governments because it does not significantly or uniquely affect their communities. Accordingly, the requirements of section 3(b) of Executive Order 13084 do not apply to this rule.

TABLE 1.—NATIONAL PRIORITIES LIST PROPOSED RULE NO. 29, GENERAL SUPERFUND SECTION

State	Site name	City/county
NJ	Iceland Coin Laundry Area Ground Water Plume	Vineland.
NJ	Lightman Drum Company	Winslow Township.
NM	Fruit Avenue Plume	Albuquerque.
MT	Basin Mining Area	Basin.
MT	Upper Tenmile Creek Mining Area	Lewis and Clark County.
PA	Old Wilmington Road Ground Water Contamination	Sadsburyville.
TX	Garland Creosoting	Longview.
TX	Star Lake Canal	Port Neches.
TX	State Road 114 Ground Water Plume	Levelland.
UT	Jacobs Smelter	Stockton.

Number of Sites Proposed to General Superfund Section: 10.

TABLE 2.—NATIONAL PRIORITIES LIST PROPOSED RULE NO. 29, FEDERAL FACILITIES SECTION

State	Site name	City/county
NJ	McGuire Air Force Base #1	Wrightstown.

Number of Sites Proposed to Federal Facilities Section: 1.

List of Subjects in 40 CFR Part 300

Environmental protection, Air pollution control, Chemicals, Hazardous substances, Hazardous waste, Intergovernmental relations, Natural resources, Oil pollution, Penalties, Reporting and recordkeeping requirements, Superfund, Water pollution control, Water supply.

Authority: 33 U.S.C. 1321(c)(2); 42 U.S.C. 9601–9657; E.O. 12777, 56 FR 54757, 3 CFR, 1991 Comp., p. 351; E.O. 12580, 52 FR 2923, 3 CFR, 1987 Comp., p. 193.

Dated: July 16, 1999.

Timothy Fields, Jr.,

Assistant Administrator, Office of Solid Waste and Emergency Response.

[FR Doc. 99–18603 Filed 7–21–99; 8:45 am]

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Federal Register

Thursday
July 22, 1999

Part IX

The President

Proclamation 7209—Captive Nations Week, 1999

Federal Register
Vol. 64, No. 140
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Presidential Documents

Title 3—

The President

Proclamation 7209 of July 16, 1999

Captive Nations Week, 1999

By the President of the United States of America

A Proclamation

This month Americans mark 223 years of freedom from tyranny. We celebrate the vision of our founders who, in signing the Declaration of Independence, proclaimed the importance of liberty, the value of human dignity, and the need for a new form of government dedicated to the will of the people. As heirs to that legacy and the fortunate citizens of a democratic Nation, we continue to cherish the values of freedom and equality. Many people across the globe, however, are still denied the rights we exercise daily and too often take for granted. During Captive Nations Week, we reaffirm our solidarity with those around the world who suffer under the shadow of dictators and tyrants.

Americans have expressed their devotion to freedom and human rights through actions as well as words, having fought and died for these ideals time and again. In World War II, we battled the brutality of fascism. In Korea, Vietnam, and throughout the Cold War, we stood up to the despotism of communism. In the Persian Gulf, and in partnership with our NATO allies in the skies over Serbia and Kosovo, we have fought brutal and oppressive regimes.

Thanks to our strength and resolve and the courage of countless men and women in countries around the world, we can be proud that the list of captive nations has grown smaller. The fall of the Berlin Wall a decade ago finally enabled us to pursue democratic reform in Central and Eastern Europe and to lay the firm foundations of freedom, peace, and prosperity. And in countries around the world, from South Africa to South Korea to South America, democracy is flourishing, and citizens enjoy the liberty to seek their own destiny.

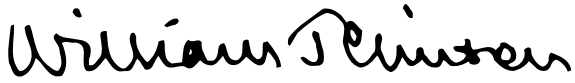
The post-Cold War world, however, confronts us with a new set of dangers to freedom—threats such as civil wars, terrorism, and ethnic cleansing. There are still rulers in the world who refuse to join the march toward freedom, who believe that the only way to govern is with an iron fist, and who rely on reprehensible practices like arbitrary detention, forced labor, torture, and execution to subjugate their people.

As we observe this Captive Nations Week, let us once again reaffirm our profound commitment to freedom and universal human rights. Let us continue to promote tolerance, justice, and equality and to speak out for those who have no voice. Let us rededicate ourselves to the growth of democracy and the rule of law; and let us resolve that in the next century we will foster the further expansion of the rights and freedoms with which Americans have been blessed for so long.

The Congress, by Joint Resolution approved July 17, 1959 (73 Stat. 212), has authorized and requested the President to issue a proclamation designating the third week in July of each year as ''Captive Nations Week.''

NOW, THEREFORE, I, WILLIAM J. CLINTON, President of the United States of America, do hereby proclaim July 18 through July 24, 1999, as Captive Nations Week. I call upon the people of the United States to observe this week with appropriate ceremonies and activities and to rededicate ourselves to supporting the cause of freedom, human rights, and self-determination for all the peoples of the world.

IN WITNESS WHEREOF, I have hereunto set my hand this sixteenth day of July, in the year of our Lord nineteen hundred and ninety-nine, and of the Independence of the United States of America the two hundred and twenty-fourth.



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